

Your trusted advisor....
Wherever the road may take you.



PERSONAL PLANNING GUIDE



May & Company
A Limited Liability Partnership

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS



PERSONAL PLANNING GUIDE

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Though many people call themselves “Estate Planners”, there is not a better planner than you. With the assistance of professionals, you can easily create a plan that will help reduce your estate taxes, protect your assets and help your loved ones avoid any hassles after you are gone.

Since 1922, May & Company has served as trusted coordinator for countless estate planning needs. Who better to help you make decisions about your assets than your accountant? We are the most familiar with your assets, liabilities, income, dependents, investments and a number of other factors affecting your financial situation. We also understand tax law and can help you accomplish your objectives at the least tax cost.

As professional advisors, we cannot decide what you want to do; however, we can provide you with the options and outcomes that will work for your situation so that you CAN make the best possible decision regarding your estate. Make your final footprints on this Earth a celebration of life lived.

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General Information

VITAL STATISTICS

INFORMATION OF _____

Name: _____
First Middle Last

Address: _____

Social Security Number: _____ - _____ - _____ Phone Number: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____
City County State

Marital Status: Married _____ Never Married Widowed Divorced
Date

Name of Surviving Spouse: _____
Maiden Name if Wife

Father's Name: _____ Place of Birth: _____
First Middle Last

Mother's Name: _____ Place of Birth: _____
First Middle Last

Usual Occupation: _____ Type of Business/Industry: _____

Employer: _____

Education (*highest grade completed*): Elementary/Secondary _____ College _____
0-12 1-4 or 5+

Degree(s): _____

MILITARY

Branch of Service : _____ Service No.: _____

Date Entered Service : _____ Location: _____

Type of Separation or Discharge: _____ Date: _____

Place of Separation: _____ Location of Discharge Papers (DD214): _____

Highest Rank Achieved: _____

Wars/Conflicts Served In: _____

Additional Information/Medals/Honors/Citations: _____

General Information



INFORMATION OF _____

I have a Will: Yes No Date of Will: _____

Location of Will: _____

Executor/Executrix: Name: _____

Address: _____

Phone #: _____

Prepared by (attorney): Name: _____

Address: _____

Phone #: _____

I have a Power of Attorney: Yes No Date of POA: _____

Location of POA: _____

Attorney-in-Fact: Name: _____

Address: _____

Phone #: _____

VETERAN'S BURIAL ALLOWANCE

The U.S. Department of Veterans Affairs (VA) furnishes a partial reimbursement of eligible veterans' burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance. You may be entitled to VA burial allowance if:

- You paid for a veteran's burial or funeral AND
- You have not been reimbursed by any other government agency or some other source, such as the deceased veteran's employer AND
- The veteran was discharged under condition other than dishonorable.

In addition, at least one of the following conditions must be met:

- The veteran died because of a service-related disability OR
- The veteran was getting VA pension or compensation at the time of death OR
- The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
- The veteran died in a VA hospital or while in a nursing home under VA contract.

Veterans' Administration
Toll-Free Phone Number
800-827-1000
www.va.gov



Financial Information

BANKING

INFORMATION OF _____

Bank : _____ Branch : _____

Banker Name : _____ Phone # : _____

Type of Account : Checking # _____ Savings # _____

Bank : _____ Branch : _____

Banker Name : _____ Phone # : _____

Type of Account : Checking # _____ Savings # _____

Bank : _____ Branch : _____

Banker Name : _____ Phone # : _____

Type of Account : Checking # _____ Savings # _____

Safe Deposit Location: _____

Box Number: _____ Key Location: _____

LOANS

Home Mortgage Loan : _____
Institution *Account #*

Home Mortgage Loan : _____
Institution *Account #*

Automobile Loan : _____
Institution *Account #*

Second Auto Loan : _____
Institution *Account #*

Recreational Vehicle Loan : _____
Institution *Account #*

Student Loan : _____
Institution *Account #*

Credit Card: _____
Mastercard, Visa, AMEX, Discover, Other *Account #*

Credit Card: _____
Mastercard, Visa, AMEX, Discover, Other *Account #*

Credit Card: _____
Mastercard, Visa, AMEX, Discover, Other *Account #*

Other Loan : _____
Institution *Account #*

Financial Information



INFORMATION OF _____

Retirement Account(s): Institution: _____

Broker Name : _____ Phone #: _____

Type of Account : _____ Account # _____

Retirement Account(s): Institution: _____

Broker Name : _____ Phone #: _____

Type of Account : _____ Account # _____

Retirement Account(s): Institution: _____

Broker Name : _____ Phone #: _____

Type of Account : _____ Account # _____

Other Account(s): Institution: _____

Type of Account : _____ Account # _____

Other Account(s): Institution: _____

Type of Account : _____ Account # _____

Mutual Funds, Stocks, Bonds, Etc.

Type /Description: _____

Location: _____

Type /Description: _____

Location: _____

Type /Description: _____

Location: _____

Type /Description: _____

Location: _____

BROKERAGE

ASSETS



Financial Information

LIFE INSURANCE

INFORMATION OF _____

Location of Policy/Policies : _____

Type: Term Whole Life Universal Group Other: _____

Agent Name : _____ Phone # : _____

Company Name : _____ Policy # _____ Beneficiary : _____

Type: Term Whole Life Universal Group Other: _____

Agent Name : _____ Phone # : _____

Company Name : _____ Policy # _____ Beneficiary : _____

Type: Term Whole Life Universal Group Other: _____

Agent Name : _____ Phone # : _____

Company Name : _____ Policy # _____ Beneficiary : _____

Type: Term Whole Life Universal Group Other: _____

Agent Name : _____ Phone # : _____

Company Name : _____ Policy # _____ Beneficiary : _____

SOCIAL SECURITY BENEFITS

To facilitate receiving Social Security benefits, you will need the following when you contact your Social Security Office:

- Social Security Number
- Marriage License
- Children's Birth Certificates
- W-2 for the previous 2 years
- Proof of widow(er)'s age if 62 years or older
- Certified Copy of Death Certificate

Social Security Administration
 Toll-Free Number
 800-772-1213
 www.ssa.gov

A lump sum payment will be made when an eligible person dies. This payment will only be made if there is an eligible surviving widow, widower, or entitled child. Also, survivor's checks may go to certain members of a worker's family.

Financial Information



INFORMATION OF _____

Description: _____

Address: _____

Deed Location: _____

Purchase Date: _____ Purchase Price: _____

Appraiser : _____ Phone #: _____

Description: _____

Address: _____

Deed Location: _____

Purchase Date: _____ Purchase Price: _____

Appraiser : _____ Phone #: _____

Description: _____

Address: _____

Deed Location: _____

Purchase Date: _____ Purchase Price: _____

Appraiser : _____ Phone #: _____

Description: _____

Address: _____

Deed Location: _____

Purchase Date: _____ Purchase Price: _____

Appraiser : _____ Phone #: _____

REAL ESTATE



OUR MISSION

Our mission is to bring valuable solutions to our clients through exceptional service, by developing our associates, and contributing to our community & profession.



Additional Information

INFORMATION OF _____

List all family heirlooms & items of sentimental value below:

BEQUESTS

Article	Beneficiary
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL ADVISORS

Attorney: _____ Phone #: _____

Address: _____

CPA: _____ Phone #: _____

Address: _____

Insurance Agent: _____ Phone #: _____

Address: _____

Physician: _____ Phone #: _____

Address: _____

Funeral Director: _____ Phone #: _____

Address: _____

Burial Plot: Cemetary: _____

Plot #: _____

Estate Checklist



INFORMATION OF _____

Club: _____	Phone #: _____
Club: _____	Phone #: _____
Club: _____	Phone #: _____
Other: _____	Phone #: _____
Other: _____	Phone #: _____
Other: _____	Phone #: _____

SETTLING THE ESTATE CHECKLIST

- Collect personal documents and financial information
- Obtain extra notarized copies of the death certificate and/or funeral director's statement of death from the funeral director
- Contact the lawyer regarding settlement and probate of the will
- Cancel all the deceased's credit cards
- On all assets jointly owned, change title to the surviving owner's name (property, securities, vehicles)
- Contact home and auto insurance companies to change or transfer coverage
- Contact financial institutions to:
 - Request that the deceased's name be removed from all accounts unless there is a possibility that some items may not have cleared the account yet
 - Request that automatic mortgage payments cease if the mortgage was life insured
 - Transfer safety deposit box and RRSPs to the beneficiary
- Contact the life insurance company. Ask which documents are needed to complete the claim
- Contact employer or business associates. Ask the personnel department to send information on all benefits provided by the company and the necessary forms to complete the claims



Since 1922.

Tax Return Preparation



Tax Planning & Wealth Retention



Estate Planning

Retirement Structuring



Small Business Services



Computer Installation & Support



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