



MERIT
Financial Advisors



IN CASE OF EMERGENCY (ICE) WORKSHEET

NAME: _____

| Wills & Trusts - Location: | | |
|---------------------------------------|-------------|---------------------|
| Dated | | |
| | Name | Contact Info |
| Executor/Executrix* | | |
| 1st | | |
| Relationship | | |
| 2nd | | |
| Relationship | | |
| 3rd | | |
| Relationship | | |
| Trustees: | | |
| 1st | | |
| Relationship | | |
| 2nd | | |
| Relationship | | |
| 3rd | | |
| Relationship | | |
| Guardians for Minor Children | | |
| 1st | | |
| Relationship | | |
| 2nd | | |
| Relationship | | |
| 3rd | | |
| Relationship | | |

NOTES: _____

*Your executor will need access to articles of incorporation, buy sell agreements, key person insurance, etc.

Power of Attorney (Financial)

| | | |
|--|-------------|---------------------|
| Dated | | |
| | Name | Contact Info |
| Power of Attorney/Trusted Contact | | |
| Agent | | |
| Relationship | | |
| 1st Alt. | | |
| Relationship | | |
| 2nd Alt. | | |
| Relationship | | |

Declaration of Guardian

| | | |
|-----------------|-------------|---------------------|
| Dated | | |
| | Name | Contact Info |
| Person | | |
| Agent | | |
| Relationship | | |
| 1st Alt. | | |
| Relationship | | |
| 2nd Alt. | | |
| Relationship | | |
| Estate | | |
| Agent | | |
| Relationship | | |
| 1st Alt. | | |
| Relationship | | |
| 2nd Alt. | | |
| Relationship | | |

| Medical Insurance | | |
|--------------------------|-------------|---------------------|
| Dated | | |
| | Name | Contact Info |
| Primary | | |
| | | |
| Supplement | | |
| | | |
| Rx | | |
| | | |
| | | |
| | | |
| Other Insurance | | |
| Dental | | |
| | | |
| Vision | | |
| | | |
| Car/Home | | |
| | | |
| Life | | |
| | | |
| Long-term Care | | |

NOTES: _____

| Other Information | | |
|---|-------------|---------------------|
| | Name | Contact Info |
| Preferred Hospital | | |
| Location of Pre Paid Burial or Cremation Information | | |
| Desired Facility for Long-Term Care | | |
| Contact Information of | | |
| Doctors | | |
| | | |
| | | |
| | | |
| | | |
| Others | | |
| | | |
| | | |
| | | |

NOTES: _____

| Miscellaneous Notes & Contact Info for Professionals | | |
|---|-------------|---------------------|
| | Name | Contact Info |
| Financial Planner* and/or location of items | | |
| | | |
| CPA or Tax Professional | | |
| | | |
| Life Insurance Professional | | |
| | | |
| Estate Planning Attorney | | |
| | | |
| Business Attorneys and/or Work Contact** | | |
| | | |
| Human Resource Dept or Work Contact | | |
| | | |
| Personal and Business Bank Account Locations | | |
| | | |
| | | |

*Your Financial Plan should include your balance sheet, cash flow, titling and location of assets and liabilities, insurance, and estate plan information including beneficiaries. If you do not have a Financial Plan, all these items should be included with your ICE Document.

**Your executor will need access to articles of incorporation, buy sell agreements, key person insurance, etc.

| |
|--|
| Location of: |
| List of Passwords* |
| |
| List of Medications |
| |
| Important Documents** |
| |
| Safety Deposit Box and Keys*** |
| |
| Storage Unit and Keys*** |
| |
| List of Monthly Subscriptions**** |
| |

*Your list of passwords should include access to your phone and computer, as well as Credit Cards. We recommend giving your emergency contact secondary access to your phone.

**Deeds, titles, birth and marriage certificates, social security cards, passports, etc.

***We highly recommend getting a "key identifier" system as unidentified keys are a regularly mentioned painpoint for survivors.

****For example: Magazines, streaming services, gym memberships, music and gaming sites, etc. that will need to be stopped. These are often found on the Credit Cards