

FOOTNOTES BY ANNOUNCING OFFICERS

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

[Redacted text]

PERSONAL INFORMATION

(Blacked out)

Date Completed

Full Legal Name

(Blacked out)

(Blacked out)

(Blacked out)

(Blacked out)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

H high concern C some concerned L low concern N/A no concern

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

IMPORTANT FAMILY QUESTIONS

Child # 1

Child's Full Legal Name _____

Child # 3

Child's Full Legal Name _____

Home telephone _____

County of Residence _____

Employer _____

Occupation _____

Education _____

Business address _____

City _____

State _____

Zip _____

Child # 5

Child's Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Organization _____

Special Needs Medical Educational Physical

Dependent # 1

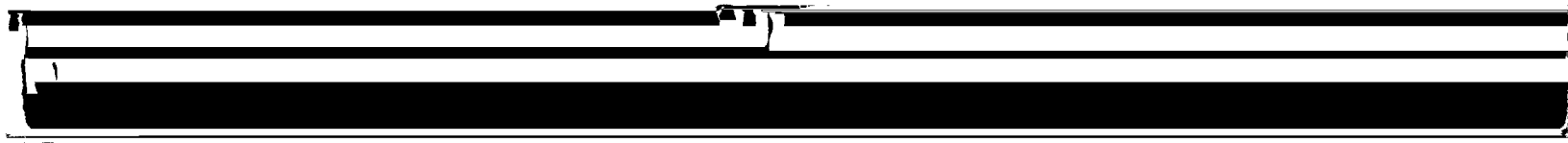
Dependent's Full Legal Name _____

Relationship: _____

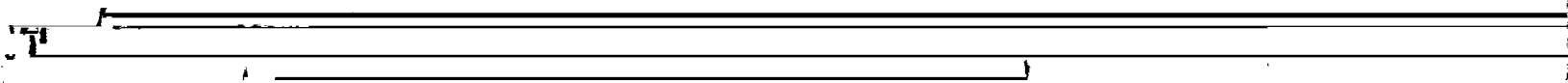
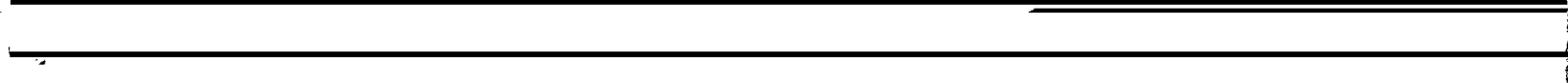
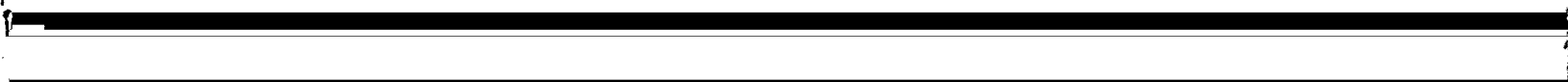
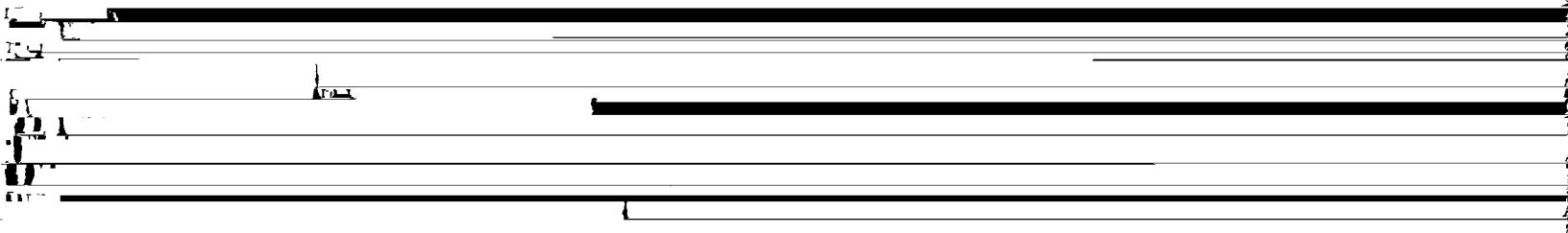
Nickname _____

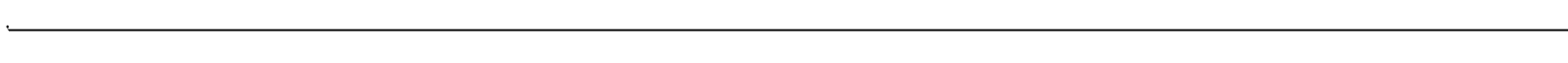
Birth date _____

Social Security Number _____



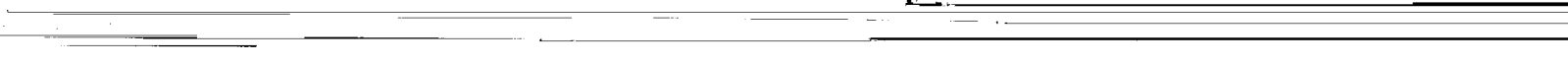
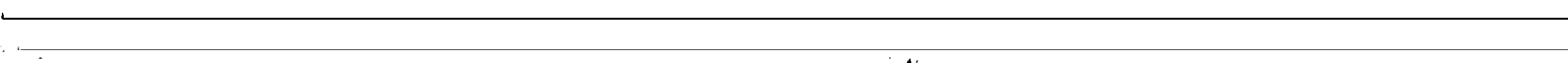
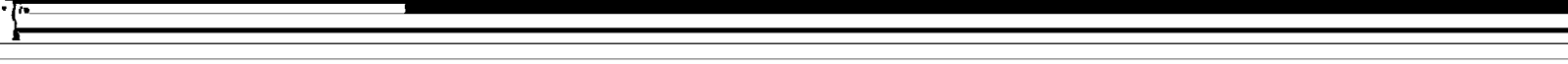
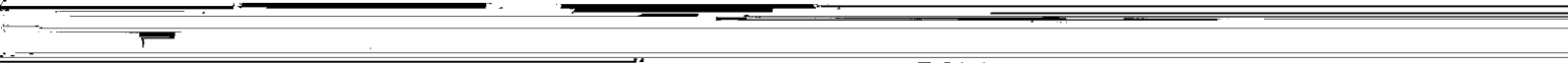
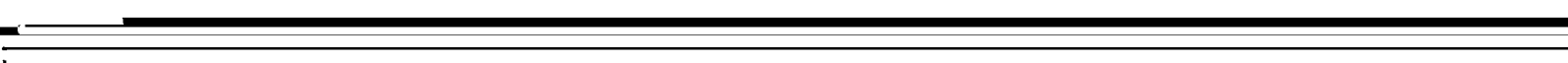
DEPARTMENT OF THE ARMY
WASHINGTON, D. C. 20315





Company _____

Address _____



Name of Financial Advisor: _____

Company _____

Address _____ City _____ State _____ Zip _____

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18, list in order of preference the persons

you wish to be guardian.

POWER OF ATTORNEY:

If you were unable to make financial decisions for yourself, who would you want to

HUSBAND'S AGENT

Name	Relationship	Instructions or Guidelines
------	--------------	----------------------------

WIFE'S AGENT

Name	Relationship	Instructions or Guidelines
------	--------------	----------------------------

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are

incapacitated?

Gift Power Details:

LIVING WILL:

Do you want to provide that the moment of your death not be unnecessarily prolonged by

TYPE: - Checking Account "CA" - Savings Account "SA" - Certificate of Deposit "CD" - Money Market "MM" - Other "OD"

Safety Deposit Box "SD" (Indicate type below for all bank and credit institutions) (X) (10/1/19)

PERSONAL EFFECTS

TXZDFE M... ..

personal property (Indicate type below)

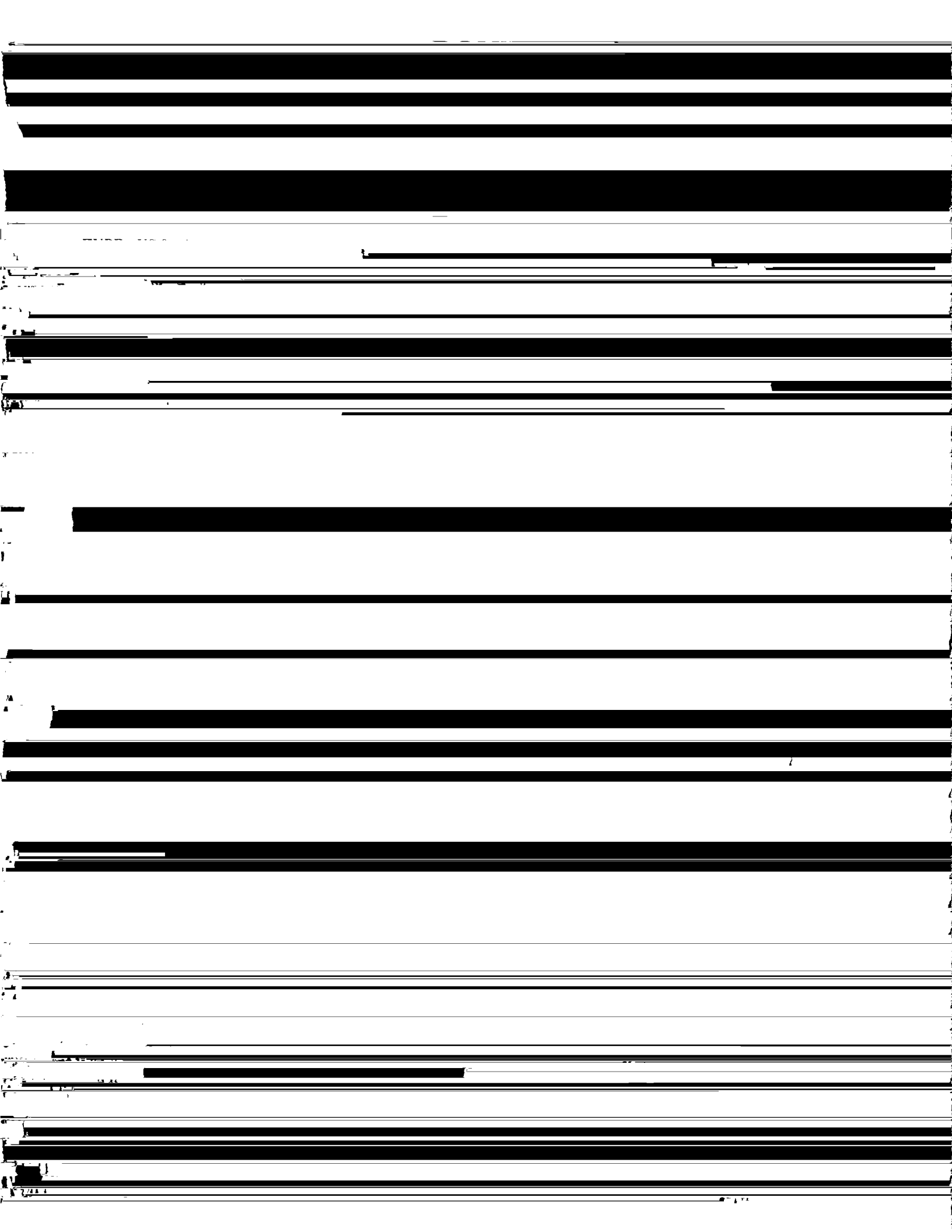
TYPE D. C. 1. (20) 11. 10. 1911

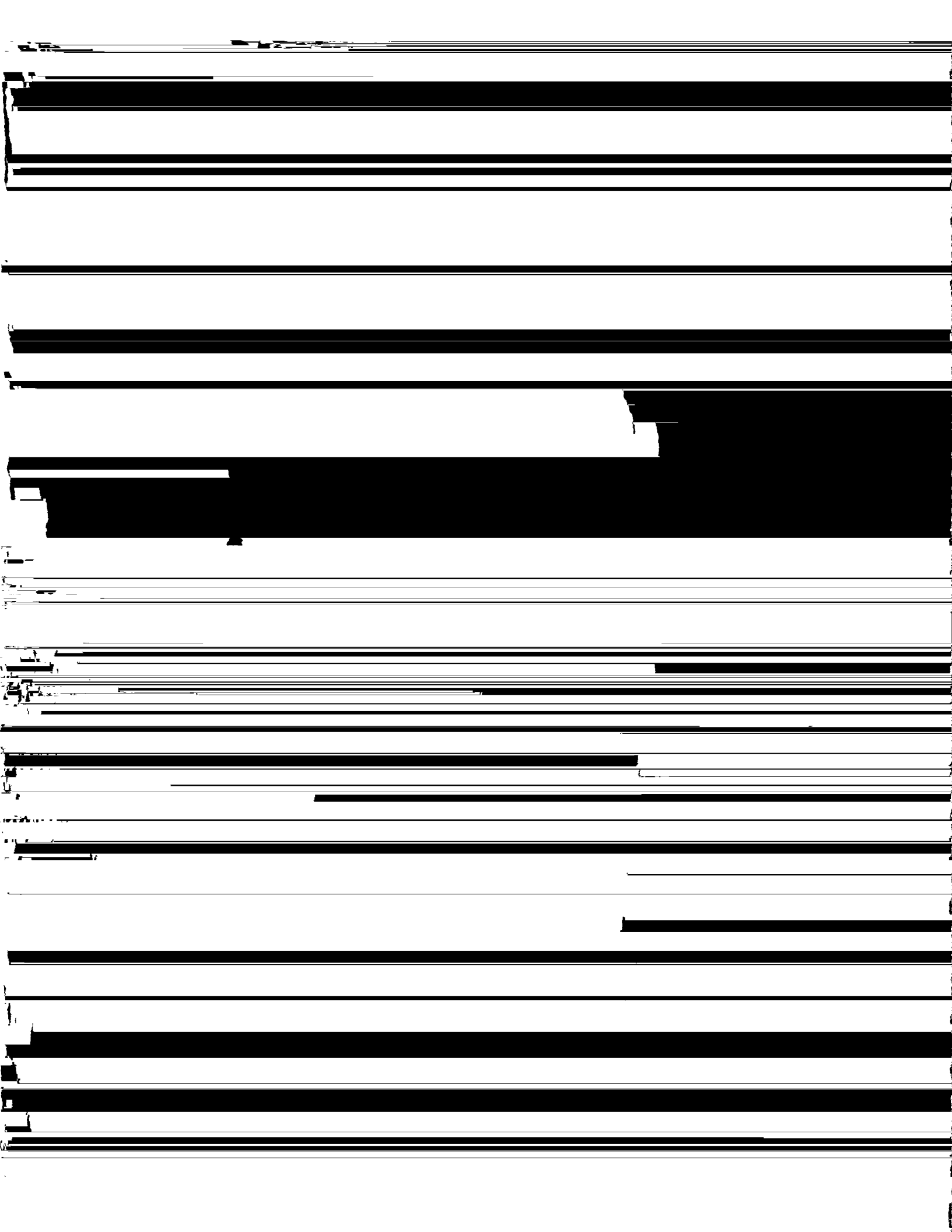
PENSION PLANS

ACCOUNT LISTED BELOW.

INSURANCE POLICIES

To-Die ♦ Disability ♦ Long Term Care *Indicate type of policy below. If a corporation or*





[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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