Death is not an easy subject to talk about however it will happen to all of us one day. The purpose of this form is to help you prepare your spouse/loved ones for the many decisions that must be made. Cothran Capital, LLC is always available to assist you and your loved ones in these important decisions. Please feel free to print and fill out this confidential form. We recommend that you update this form at least annually and share it with your spouse/loved ones. Thank you again for putting your trust and confidence in Cothran Capital, LLC!

Confidential Information Form

Family Status					
Your Full Name				Social Secu	rity Number
Spouse/Partner Full Name				Social Secu	rity Number
Child Full Name				Social Secu	rity Number
Child Full Name				Social Secu	rity Number
Child Full Name				Social Secu	rity Number
Residence Address		City		State	Zip
Home Phone	Cell Phone		Email Address		

Insurance, Investmen	its and Bank Informati	ion	
Life Insurance Company	Policy Number	Contact Information	
Life Insurance Company	Policy Number	Contact Information	
Life insurance company	roncy Number	contact information	
Life Insurance Company	Policy Number	Contact Information	
Retirement Account	Policy Number	Contact Information	
Retirement Account	Policy Number	Contact Information	

nvestment Account	Policy Number	Contact Information	
Investment Account	Policy Number	Contact Information	
Checking Account Institution Name	·	Phone Number	Password (if online banking)
Savings Account Institution Name	Account Number	Phone Number	Password (if online banking)

Important Documents
Marriage Certificate Location
Military Discharge Papers Location
Deeds or Titles Type and Location
Deeds or Titles Type and Location
Adoption Papers for Children Location
Safety Deposit Box Location, Location of Key, Instructions to Access (Name of Institution and Contact Information)
Mortgage Company (Name and Contact Information)
Will or Trust (Location and Name of Contact Person)

Other Important Information
Attorney Name and Contact Information
Pension Information Current Employer (Name of Company and Human Resources Contact Information)
Pension Information Past Employer (Name of Company and Human Resources Contact Information)
Social Security Benefits? (Contact Information)

Medicare Benefits? (Medicare Number and Contact Information)

Veterans Benefits? (Policy Information and Contact Information)

Financial Advisor

Bryan Cothran

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