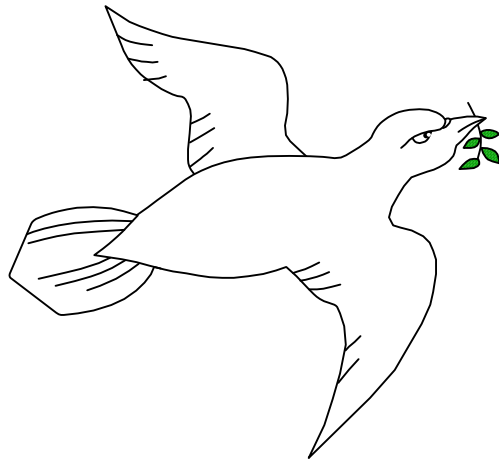


Legacy Life Planner



Offered as a public service.



Dear Friend:

Welcome to Starmount Life Insurance Company! As promised, enclosed please find your “*Legacy Life Planner*.” This booklet can be an important planning guide to help you through some of life’s many cycles. Your patronage is very much appreciated.

Hans J. Sternberg, Chairman

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About Starmount

Founded in 1983, Starmount Life is a traditional, family-run business, owned and operated by the Sternbergs. Until 1992, they owned Maison Blanche, then this country’s largest family-owned department store, employing 8,000. For over 200 years, in retailing and now in insurance, the Sternbergs have been in the business of customer satisfaction. We look forward to serving your needs with innovative insurance products—like extra accidental death coverage and living benefits—enhanced by our unusual, risk-free 90-day money-back guarantee. With our reputation for reliable, personal and efficient service, Starmount was named by the national publication, “Insurance Advocate,” as “one of the fastest growing insurance companies in the country.” Email us at Info@StarmountLife.com—or call us 8 a.m. to 8:30 p.m. Central Time weekdays, and 9 a.m. to 1 p.m. Saturdays. You’ll speak with trained professionals sensitive to your needs and able to make on-the-spot decisions for your benefit. We at Starmount take very seriously our role of helping safeguard the future of families like yours with affordable, quality insurance protection. That’s why we promptly pay millions of dollars in claims every year—to keep American families financially secure, no matter what life holds.

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Chapter I

SOME HELPFUL SUGGESTIONS FOR PROPER PLANNING

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What can you do now? Here are some guidelines.

First, prepare.

- ❖ Get a will. A will is fundamental in determining how personal and real property in an estate is divided. A will also can name a guardian to care for minor children, in the event both parents die.
- ❖ Buy enough life insurance to ensure your family will be well taken care of. How much you need depends on your age, your assets, how many years you want to provide for your family and your current lifestyle. Some experts say you need a minimum of 5½ times your current household income, although it is best to consult a financial planner or insurance agent.

Because many company plans don't offer this level of insurance, financial planners recommend you buy a policy to supplement your employer's.

- ❖ Write a letter of instruction. This is not a legal document; it's a list of everything the deceased person owns and owes and where it can be located.

A letter of instruction should be kept handily available in your home. (You don't want to keep it in a safe deposit box because the box's contents are sealed temporarily at the time of death.)

It should list the location and policy numbers of life insurance, mortgage insurance, checking and savings accounts, investments, real estate titles, stock certificates, safe deposit boxes, credit cards, motor vehicle titles, employee benefits, debts and other personal property.

- ❖ Maintain a friendly relationship with a lawyer, an accountant and, when necessary, a financial planner. It's much easier to deal with unexpected problems when a professional knows your situation ahead of time.

Other things you will need to do after a death:

- ❖ Collect the necessary documents in order to file for various benefits and finalize the estate. If you have a letter of instruction listing where everything is, this process will go much more smoothly.

What do you need? Certified copies of the death certificate. When claiming insurance proceeds or changing titles to property, most companies require an original certified copy.

You'll also need copies of your marriage certificate and birth certificates for children if you are applying for Social Security or other benefits—often available through court clerks where the marriage occurred and through the vital records bureau where the child was born.

A letter of instruction should also provide you with a list of all property owned jointly or singly—real estate, savings accounts, stocks, bonds, insurance policies, honorable discharge from the service, etc.

- ❖ Apply for life insurance proceeds quickly.
- ❖ Apply for Social Security benefits if the deceased paid in for at least 40 quarters, or 10 years. (Check with your local office to determine eligibility.)

The local Social Security office can provide more details and help you fill out forms.

- ❖ Apply for other benefits. If your spouse was a veteran, survivors may be eligible to receive a lump sum for burial expenses and allowance toward a plot in a private cemetery. The funeral director can help you with this, or contact your local Department of Veterans' Affairs. Some spouses and dependent children of veterans receiving disability benefits may be entitled to monthly payments.

Contact your spouse's current and past employers regarding any benefits from a pension plan. The deceased may also be due a final paycheck for vacation or sick leave. If the death was work-related, you may be entitled to workers' compensation.

- ❖ Locate a copy of the will and check with your lawyer about procedure. The estate may go into probate, the legal process of paying the deceased's debts and distributing the inheritance to the heirs. Depending on the size of the estate, probate can be expensive and lengthy. (*Starmount note: You should ask your attorney for an estimate of cost*)

and a not-to-exceed maximum, in writing. If the maximum is more than you think reasonable, feel free to consult a second attorney.)

If the spouse died without a will (dying intestate), a probate judge will determine how the estate will be settled based on state law and the heirs' claims on assets.

- ❖ Transfer ownership or titles to your name. These include insurance policies, autos, bank accounts, stocks, bonds, safe deposit boxes, credit cards, utilities and any other real property you may have owned together.

LIFE INSURANCE

Chapter II

Buyer's Guide



This Guide can help you when you shop for life insurance. It discusses how to...



Prepared by the
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefits of all consumers.

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Starmount Life Insurance Company

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need – and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

WHAT ABOUT THE POLICY YOU HAVE NOW?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You must pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

HOW MUCH DO YOU NEED?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would you family sell or cash in to pay expenses after your death?

WHAT IS THE RIGHT KIND OF LIFE INSURANCE?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and build up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build

up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this type of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

LIFE INSURANCE ILLUSTRATIONS

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

FINDING A GOOD VALUE IN LIFE INSURANCE

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

-----**IMPORTANT THINGS TO CONSIDER**-----

- Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
- Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
- Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
- Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
- Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
- Read your policy carefully. Ask your agent or company about anything that is not clear to you.
- Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

**THIS GUIDE DOES NOT ENDORSE ANY
COMPANY OR POLICY**



Chapter III

Sample Last Will and Testament—Reprinted with permission from Nolo.com © 2000. It is a sample only. To prepare a Last Will and Testament appropriate for you in your jurisdiction, consult your attorney. Starmount Life Insurance Company takes no responsibility for the validity or enforceability of this document.

WILL FOR ADULT WITH CHILD(REN)

I, John Doe a resident of Travis (county), State of Texas, declare that this is my will.

- 1. **Revocation.** I revoke all wills that I have previously made.
- 2. **Marital Status.** I am married single.
- 3. **Children.** I have the following natural and legally adopted child(ren):

Name	Date of Birth
<u>Thomas Doe</u>	<u>July 4, 1985</u>
<u>Mary Doe</u>	<u>October 21, 1980</u>

If I do not leave property to one or more of the children whom I have identified above, my failure to do so is intentional.

- 4. **Specific Gifts.** I make the following specific gifts:

I leave my 1999 Mercedes car
to my son, Thomas Doe
or, if he she they do does not survive me, to _____
my wife, Jane Doe.

I leave the furniture and all furnishings in my living and dining rooms
to my daughter, Mary Doe
or, if he she they do does not survive me, to _____
my wife, Jane Doe.

[repeat as needed]

- 5. **Residuary Estate.** I leave my residuary estate, that is, the rest of my property not otherwise specifically and validly disposed of by this will or in any other manner, to my wife, Jane Doe
or, if he she they do does not survive me, to _____
my children, evenly divided.

- 6. **Beneficiary Provisions.** The following terms and conditions apply to the beneficiary clauses of this will.

A. 45-Day Survivorship Period. As used in this will, the phrase “survive me” means to be alive or in existence as an organization on the 45th day after my death. Any beneficiary, except any alternate residuary beneficiary, must survive me to take property under this will.

B. Shared Gifts. If I leave property to be shared by two or more beneficiaries, it shall be shared equally between them unless this will provides otherwise.

If any beneficiary of a shared specific gift left in a single paragraph of the Specific Gifts clause, above, does not survive me, that deceased beneficiary’s portion of the gift shall be given to the surviving beneficiaries in equal shares.

If any residuary beneficiary of a shared residuary gift does not survive me, that deceased beneficiary’s portion of the residue shall be given to the surviving residuary beneficiaries in equal shares.

C. Encumbrances. All property that I leave by this will shall pass subject to any encumbrances or liens on the property.

- 7. **Executor.** I name Henry James, Sr.
as executor, to serve without bond. If he/she does not qualify, or ceases to serve, I name Ronald James
as executor, also to serve without bond.

I direct that my executor take all actions legally permissible to probate this will, including filing a petition in the appropriate court for the independent administration of my estate.

I grant to my executor the following powers, to be exercised as the executor deems to be in the best interests of my estate:

- 1. To retain property, without liability for loss or depreciation resulting from such retention.
- 2. To sell, lease or exchange property and to receive or administer the proceeds as a part of my estate.
- 3. To vote stock, convert bonds, notes, stocks or other securities belonging to my estate into other securities, and to exercise all other rights and privileges of a person owning similar property.
- 4. To deal with and settle claims in favor of or against my estate.
- 5. To continue, maintain, operate or participate in any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business.

- 6. To pay all debts and taxes that may be assessed against my estate, as provided under state law.
- 7. To do all other acts, which in the executor's judgment may be necessary or appropriate for the proper and advantageous management, investment and distribution of my estate.

8. Personal Guardian. If at my death any of my children are minors, and a personal guardian is needed, I nominate my mother, Helen Doe

to be appointed personal guardian of my minor children. If he she cannot serve as personal guardian, I nominate my father, William Doe to be appointed personal guardian. I direct that no bond be required of any personal guardian.

9. Property Guardian. If at my death any of my children are minors, and a property guardian is needed, I appoint my mother, Helen Doe

as the property guardian of my minor children. If he she cannot serve as property guardian, I appoint my father, William Doe as property guardian. I direct that no bond be required of any property guardian.

10. Gifts Under the Uniform Transfer to Minors Act. All property left by this will to Thomas Doe and Mary Doe [name of minor] shall be given to Helen Doe [name of custodian] as custodian for Thomas Doe and Mary Doe [name of minor] under the Uniform Transfers to Minors Act of Texas [your state].

If Helen Doe [name of custodian] cannot serve as custodian, William Doe [name of successor custodian] shall serve as custodian. If

Texas [your state] allows testators to choose the age at which the custodianship ends, I choose the oldest age allowed by my state's Uniform Transfers to Minors Act.

[repeat as needed]

Signature

I subscribe my name to this will this 15th day of November, 2000, at Travis [county], State of Texas. I declare that it is my will, that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed and that I am of the age of majority or otherwise legally empowered to make a will and under no constraint or undue influence.

Signature: _____

Witnesses

On this 15th day of November, 2000, the testator, John Doe, declared to us, the undersigned, that this instrument was his her will and requested us to act as witnesses to it. The testator signed this will in our presence, all of us being present at the same time. We now, at the testator's request, in the testator's presence and in the presence of each other, subscribe our names as witnesses and each declare that we are of sound mind and of proper age to witness a will. We further declare that we understand this to be the testator's will, and that to the best of our knowledge the testator is of the age of majority, or is otherwise legally empowered to make a will and appears to be of sound mind and under no constraint or undue influence.

We declare under penalty of perjury that the foregoing is true and correct, this 15th day of November, 2000, at Travis [county], State of Texas.

Witness 1

Signature: _____

Typed or printed name: Monica LaRose

Residing at: 7800 Sweet Park Boulevard

City, state, zip: Houston, Texas 12345

Witness 2

Signature: _____

Typed or printed name: Harold Johnson

Residing at: 5500 Country Estate Avenue

City, state, zip: Houston, Texas 12345



Chapter IV

IN CASE YOUR PHYSICAL CONDITION AT SOME FUTURE TIME IS SUCH THAT YOU CANNOT COMMUNICATE YOUR WISHES, MANY PEOPLE HAVE FOUND IT PRUDENT TO MAKE THEIR DESIRES KNOWN NOW, THROUGH A "LIVING WILL." THIS BOTH FULFILLS YOUR WISHES, AND LESSENS THE BURDEN OF LOVED ONES HAVING TO MAKE DIFFICULT, LIFE AFFECTING DECISIONS WITHOUT YOUR INPUT. THIS CAN BE DONE WITH A "LIVING WILL," A SAMPLE OF WHICH IS SHOWN BELOW. (ALTHOUGH ACCEPTABLE IN MANY JURISDICTIONS, IT IS WISE TO ALSO GET ADVICE FROM A LOCAL ATTORNEY.)

A LIVING WILL

(Sample)

DECLARATION

Declaration made this _____ day of _____ (month, year).

I, _____, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedure would serve only to prolong artificially the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Your Signature _____

Your Full Name (please print) _____

Your Current Street Address _____

City, County or Parish and State of Residence _____

The declarant is known to me and I believe him or her to be of sound mind.

Witness _____ Witness _____



Chapter V

Sample Medical Power of Attorney—This form has been reprinted with permission from Partnership for Caring, Inc., Washington, D.C. It is a sample only. To prepare a power of attorney appropriate for you in your jurisdiction, consult your attorney or Partnership for Caring (800-989-9455). Starmount Life Insurance Company takes no responsibility for the validity or enforceability of this document.

TEXAS MEDICAL POWER OF ATTORNEY

DESIGNATION OF HEALTH CARE AGENT.

I, _____, appoint: _____
(name) *(name of the person you are appointing as your agent)*

(agent's address)

(agent's work telephone number) _____
(agent's home telephone number)

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

The original of this document is kept at: _____

The following individuals or institutions have signed copies:

Name _____ Address _____

Name _____ Address _____

DURATION. I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date: __/__/__

PRIOR DESIGNATIONS REVOKED. I revoke any prior medical power of attorney.

ACKNOWLEDGEMENT OF DISCLOSURE STATEMENT.

I have been provided with a disclosure statement explaining the effect of this document. I have read and understood that information contained in the disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this medical power of attorney on the _____ day of _____
(date)

_____, 2_____, at _____
(month) *(year)* *(city and state)*

(signature)

(print name)

STATEMENT OF FIRST WITNESS.

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner or business office employee of the health care facility or any parent organization of the health care facility.

Signature: _____

Print Name: _____ Date: ___/___/___

Address: _____

SIGNATURE OF SECOND WITNESS.

Witness Signature: _____

Print Name: _____ Date: ___/___/___

Address: _____



Chapter VI

YOU CAN HELP OTHERS AFTER YOUR DEATH BY BECOMING AN ORGAN DONOR. YOU MAY WANT TO GIVE THIS SERIOUS CONSIDERATION. IF THIS IS YOUR DECISION, SIGN THIS STATEMENT, BUT ALSO REGISTER YOUR DESIRE WITH YOUR STATE'S DONOR REGISTRY. PLEASE TELL YOUR FRIENDS AND FAMILY. SHARING YOUR DECISION TO BECOME A DONOR IS AS IMPORTANT AS MAKING THE DECISION YOURSELF. CARRY A DONOR CARD.

ORGAN DONOR INTENT

Accept the challenge: Say **“Yes”** to Donation.
SIGN UP FOR LIFE.
BECOME A DONOR.

“Do you wish to be an organ donor?” If you say **Yes**, what does that mean?

- ☞ **“Yes”** means that you want to give someone a very special gift—a second chance at life. **“Yes”** means you have decided to give organs or tissues after your death to people who urgently need a transplant. The title **“Donor”** will appear on your license.
- ☞ The urgent need for organ transplants grows daily with over 50,000 people nationally anxiously waiting. You can save lives through donation. Your choice to become a donor can make a life-saving difference for these critically ill people.
- ☞ You are not under pressure to say **“Yes.”** This is your personal decision which should be discussed with your family. If you have questions, speak to your physician or call the nearest donor registry. Every citizen has the right to make this decision.

SHARE YOUR LIFE...

BY BECOMING A DONOR

SHARE YOUR DECISION...

BY DISCUSSING IT WITH YOUR FAMILY

VOLUNTARY ORGAN TRANSPLANT STATEMENT

1. **Will becoming a donor affect my medical care if I am in an accident?** The doctors and nurses treating you will always try to save your life. There is no conflict of interest. These doctors are not part of the transplant team.
2. **Will my body be disfigured by donation?** Organs and tissues are removed in an operation at the hospital. Your body is treated with respect and an open casket funeral is possible after donation.
3. **Is my family charged if I am a donor?** Families who donate do not pay for the donation. Families pay only for the costs involved in trying to save the life of the injured person. Donation is a gift—not a charge to the family.
4. **Can I wait and talk to my family about organ donation before I decide?** Yes, information about donation and transplantation is available by calling **1-800-521-GIVE**. Share the facts with your family, talk with your doctor and clergy and discuss how they feel about helping others through organ and tissue donation.
5. **Why register your donation?** Those willing to donate express a concern for their families as well as wanting to help others through their donation. Registering with your state's **Donor Registry** will identify you as a donor and will help facilitate the process for your family.
6. **Where to obtain Donor Registry Forms?** Registry forms are available at most Drivers License offices, at most hospitals, and can be mailed to you if you call your local Donor Registry office.

7. **I have diabetes. Can I be a donor?** People have many different ailments that might cause them to think they can't be a donor. However, don't rule yourself out. Let the medical experts evaluate the function of your organs at the time of your death.
8. **Who can be a donor?** All individuals can indicate their intent to donate. Medical suitability for donation is determined at the time of death.
9. **Are there age limits for donors?** There are no age limitations on who can donate. The deciding factor on whether a person can donate is the person's physical condition, not the person's age. Newborns as well as senior citizens have been organ donors. Persons under 18 years of age must have parent's or guardian's consent.
10. **Why should minorities be particularly concerned about organ donation?** Some diseases of the kidney, heart, lung, pancreas and liver are found more frequently in racial and ethnic minority populations than in the general population. For example, African Americans, Asian and Pacific Islanders and Hispanics are three times more likely to suffer from end-stage renal disease than Whites. Native Americans are four times more likely than Whites to suffer from diabetes. Some of these diseases are best treated through transplants; others can only be treated through transplants.

Successful transplantation often is enhanced by the matching of organs between members of the same ethnic and racial group. For example, an African American patient is often less likely to reject a kidney if it is donated by an individual who is genetically similar. Generally, people are genetically more similar to people of their race than to people of other races. A shortage of organs donated by minorities can contribute to death and longer waiting periods for transplants for minorities.

More information on Minorities and Organ Donation and Transplantation

National Institutes of Allergy and Infectious Diseases of the National Institutes of Health: [Minority Programs and Initiatives—Allergy, Immunology, and Transplantation](#)

Minority Organ Tissue Transplantation Education Program (MOTTEP): 202-865-4888

United Network for Organ Sharing (UNOS) [Minority Affairs Committee](#)

11. **Can I sell my organs?** No! The National Organ Transplant Act ([Public Law 98-507](#)) makes it **ILLEGAL** to sell human organs and tissues. Violators are subject to fines and imprisonment. Among the reasons for this rule is the concern of Congress that buying and selling of organs might lead to inequitable access to donor organs with the wealthy having an unfair advantage.
12. **How are organs distributed?** Patients are matched to organs based on a number of factors including blood and tissue typing, medical urgency, time on the waiting list, and geographical location.

DID YOU KNOW?

- ◆ **Donation is similar to surgery. It takes place in an operating room.**
- ◆ **No major religion opposes donation: ask your religious leader about your faith's views.**
- ◆ **A donation does not prevent normal funeral arrangements.**

PLEASE PRINT

1. Full Name _____ Today's Date ____ / ____ / ____
Last First Middle/Maiden
2. Mailing Address _____
Street City State Zip
3. Phone # (____) _____ 4. Social Security # ____ - ____ - ____
5. Date of Birth ____ / ____ / ____ 6. Drivers License # _____

Each person has the right to donate or will his/her organs and tissues.

7. Do you wish to make an anatomical donation? Yes No
8. **I, _____, being of sound mind, do hereby desire to make an anatomical gift of the organs, tissues or other portions of my body as indicated below, subject to the limitations or special wish, if any, indicated.**
9. **Fill in all that apply**

Organs to be donated:

- Kidneys Lungs
- Heart Pancreas
- Liver Small Bowel

Tissues to be donated:

- Heart Valves Bones Above the Waist
- Skin Grafts Bones Below the Waist
- Eyes/Corneas Soft Tissues
- (includes ligaments, tendons, and blood vessels)

Special wishes: _____

10. Mark only one response for each question.

Purpose of Donation: Transplant Research Both (Select ONE)

11. (Optional) To fulfill your desire to be a donor, the recovery agency may need more information about your health history. Identify the appropriate person to be contacted at the time of your death and provide his/her address or phone number.

 Name of Person to Contact (PRINT)

 Complete Address or Phone (PRINT)

12. Bone Marrow and Blood may be donated while living. To participate mark "Yes" where indicated and you will be contacted by the center nearest you.

- Do you wish to be considered as a Bone Marrow Donor? Yes No
- Do you authorize your State Agent to provide donor information to the Bone Marrow Registry? Yes No
- Do you wish to be contacted by your local Blood Bank to be a donor? Yes No

13. _____ 14. _____
 Donor Applicant (SIGNATURE) Witness #1 (SIGNATURE) Witness #2 (SIGNATURE)

 Address

 Address



Chapter VII

My Intent

Date ____/____/____

Dear Loved One,

Realizing that life is limited, and aware of the fact that the modern approach to this problem is to make preparations for meeting this limit in advance of need, I have set forth in this pre-arrangement booklet my desires and other information which will assist you in arranging my memorial service.

In this booklet I have provided information concerning documents and important papers, of which I want you to be aware.

When the need arises, please use this guide as you see fit.

I sincerely hope these arrangements will be agreeable to you, and spare you needless concern in knowing that arrangements will be as I wished them.

Persons to Notify

Name _____

Address _____

Relationship _____ Phone (____) _____

Name _____

Address _____

Relationship _____ Phone (____) _____

Name _____

Address _____

Relationship _____ Phone (____) _____

Vital Statistics and Historical Record

Full Name _____

Address _____

City _____ State _____ Zip _____

County/Parish _____ Phone (_____) _____

Birthdate _____ Age _____ Sex _____

Birth Place _____

Social Security Number _____

Occupation (or retired from) _____

Employed by _____

Single _____ Married _____ Widowed _____ Divorced _____

Spouse's Name _____

Have lived in city of _____ since (year) _____

Name of father _____

Address _____ Phone (_____) _____

Father's Birthplace _____

Maiden name of mother _____

Address _____ Phone (_____) _____

Mother's Birthplace _____

IF A VETERAN, COMPLETE THIS INFORMATION:

Name of War _____ Service No. _____

Branch of service _____

Date entered _____ Date discharged _____

Location of original discharge papers _____

Location of copy of discharge papers _____

Vital Statistics and Historical Record

Full Name _____

Address _____

City _____ State _____ Zip _____

County/Parish _____ Phone (_____) _____

Birthdate _____ Age _____ Sex _____

Birth Place _____

Social Security Number _____

Occupation (or retired from) _____

Employed by _____

Single _____ Married _____ Widowed _____ Divorced _____

Spouse's Name _____

Have lived in city of _____ since (year) _____

Name of father _____

Address _____ Phone (_____) _____

Father's Birthplace _____

Maiden name of mother _____

Address _____ Phone (_____) _____

Mother's Birthplace _____

IF YOU HAVE CHILDREN, COMPLETE THIS INFORMATION:

Name _____ Birth Date ____ / ____ / ____

Name _____ Birth Date ____ / ____ / ____

Name _____ Birth Date ____ / ____ / ____

Name _____ Birth Date ____ / ____ / ____

Name _____ Birth Date ____ / ____ / ____

Name _____ Birth Date ____ / ____ / ____

Documents

You will find my Last Will and Testament at _____

You will find my birth certificate in _____

My attorney is _____

Phone () _____ City _____ State _____

My accountant is _____

Phone () _____ City _____ State _____

Location of safe deposit boxes and bank books:

I have bank deposits at the following banks:

	Company	Policy Number
Life Insurance	_____	_____
	_____	_____
Hospital & Medical Insurance	_____	_____
	_____	_____
Automobile Insurance	_____	_____
	_____	_____
Disability Insurance	_____	_____
	_____	_____
Others (Organizations or lodges, etc.	_____	_____
	_____	_____

I have appointed _____ Phone () _____
to be the Executor of my Estate.

Preference for Immediate Contact

Funeral Director Designation _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Type of Casket _____

Outside Vault or Container _____

Type of clothing _____

ADDITIONAL PROFESSIONAL SERVICES

Pick up from place of death
(no charge if within 50-mile radius)

Embalming and proper care of body

Dressing

Cosmetology and hair dressing

Restorative art work when necessary

Use of Mortuary & Facilities:

Funeral coach limousine for
family use

Car for pallbearers

Reposing room

Handling of floral offerings

GENERAL ASSISTANCE

Preparation of necessary papers

Obtaining of burial permit

Notifying newspapers

Furnishing of memorial book

Furnishing of acknowledgement cards

Preparing Social Security forms

Preparing insurance forms

Preparing veterans forms

Arranging for grave space

Arranging for opening and closing
of grave

Memorial Instructions

The following are my desires as to a Memorial Service.

Church affiliation _____

Officiating clergy _____ Phone (____) _____

Service to be held at _____

Pallbearers: To be selected by Funeral Home _____ by Family _____

Flower preferences _____

After services, donate flowers to:

Rest homes _____

Hospitals _____

Obituary to list survivors? Yes _____ No _____

Music selected and prepared by: Funeral Home _____ Family _____

or I would like the following musical selections played: _____

Prayers or special requests _____

Lodges & Societies _____

Glasses: Leave on through an open casket _____ Remove _____

Jewelry: Leave on _____ Leave to family _____

Clothing:

Purchased at time of need _____

Selected from personal wardrobe _____



Obituary

Newspapers need information for news articles. I have filled in the information below, so that it will be accurate.

Full name _____

Born at _____ Birthdate ____ / ____ / ____

Education _____

Married to _____ Date ____ / ____ / ____

Place _____

Religious preference _____

Clubs, lodges & organizations _____

War record _____

Information about employment _____

Achievements & honors _____

Other information _____

Surviving relatives:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of children _____ grandchildren _____
great-grandchildren _____ great-great-grandchildren _____



Obituary

Newspapers need information for news articles. I have filled in the information below, so that it will be accurate.

Full name _____

Born at _____ Birthdate ____ / ____ / ____

Education _____

Married to _____ Date ____ / ____ / ____

Place _____

Religious preference _____

Clubs, lodges & organizations _____

War record _____

Information about employment _____

Achievements & honors _____

Other information _____

Surviving relatives:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of children _____ grandchildren _____
great-grandchildren _____ great-great-grandchildren _____



Obituary

Newspapers need information for news articles. I have filled in the information below, so that it will be accurate.

Full name _____

Born at _____ Birthdate ____ / ____ / ____

Education _____

Married to _____ Date ____ / ____ / ____

Place _____

Religious preference _____

Clubs, lodges & organizations _____

War record _____

Information about employment _____

Achievements & honors _____

Other information _____

Surviving relatives:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of children _____ grandchildren _____
great-grandchildren _____ great-great-grandchildren _____



Further Instructions

I prefer: Below ground interment _____
 Above ground entombment _____
 Cremation _____

Do you have a deed to any cemetery property? Yes _____ No _____

Location of deed _____

Lot is owned in the name of _____

Section _____ Lot _____ Block _____

If interment is to be elsewhere, complete the following:

Ship to _____

City _____ State _____

Receiving Funeral Director _____

For the purpose of relieving my family of having to make decisions and arrangements in the event of need, the preceding arrangements are my personal wishes and desires. I would prefer that my family spend between:

\$ _____ and \$ _____ for my funeral arrangements.

Date ____ / ____ / ____

Signed _____

How Others Can Help

Your minister should be contacted prior to the final illness, and can offer great solace, comfort and advice. If not practical before, then call him immediately at the time death occurs.

Your Funeral Director should be consulted immediately at the time of death. He is a professional man, licensed by your State. In order to obtain his state license as a Funeral Director, he had to meet the educational requirements of your State Board, and his professional training and experience will be needed in order to carry out the service you have outlined in this Legacy Planner. At your request, he will give a written estimate of the total cost of all burial expenses, and your alternatives. Do not hesitate to get a cost estimate from more than one company. They will vary.

Consult your Funeral Director as to the time and place of service. He can assist in having the grave opened, obtaining signers, and contacting churches and clergymen. He will arrange newspaper notices to be published and can help in procuring certified copies of the death certificate. He also is qualified to advise you about the Veterans' Burial Allowance and Social Security Death Benefits.

If shipment is to be made to another locality for burial, he will arrange for shipment by funeral coach, rail or air, and can advise you as to the most economical and best means of shipment.

He will be able to aid you in your selection of a casket and can help you in providing clothing, if needed.

All legal work in filing of death certificate with the Vital Statistics Bureau and obtaining a Burial permit will be taken care of by him.



Chapter VIII

A Checklist of Things to do for Family and Friends

1. **Notify**
 - The doctor or coroner
 - The funeral director
 - The cemetery or memorial park
 - The minister and church
 - All relatives
 - All friends
 - Organist and soloist
 - Pallbearers
 - Insurance agents
 - Unions and fraternal organizations
 - Newspapers
2. **Select** (see Personal Memorial Instructions on pages 15 thru 25):
 - Memorial estate and plot, if not already done
 - Casket
 - Vault or outer case
 - Clothing
 - Blanket or robe
 - Flowers
 - Music
 - Food for guests
 - Furniture
 - Time and place
 - Transportation
 - Thank You cards
3. **Additional Obligations Include**
 - Providing vital statistics about deceased to the newspaper and person planning the service
 - Preparing and signing necessary papers
 - Providing addresses for all interested people who must be notified
 - Answering phone calls, messages, letters, and acknowledging donations and flowers
 - Greeting friends and relatives who call
 - Providing lodging for out-of-town guests
 - Cleaning the home
 - Planning funeral car list
 - Security at the home during time of bereavement
4. **Arrange Payment For:**
 - Doctor
 - Nurse
 - Hospital
 - Medicine
 - Funeral
 - Cemetery plot
 - Interment service
 - Minister
 - Organist
 - Florist
 - Clothing
 - Transportation
 - Telephone
 - Food
 - Memorials

We hope you found the accompanying material useful.

If you would like a printed copy of this booklet with a soft cover, please email your request to:

Info@StarmountLife.com.

For questions, please call us, toll free, at 1-888-SAY-LIFE (1-888-729-5433), ext. 2015.

We are celebrating over 25 years of service, and our customer representatives are anxious to help.

Monday through Friday phone from 7:30 a.m. to 8:30 p.m., Central time; Saturdays 9 a.m.-1 p.m.

Our mailing address is Starmount Life Insurance Company, P. O. Box 98100, Baton Rouge, LA 70898-9100.

Thank you again for your interest in Starmount Life Insurance Company.