

Checklist For Life

User Guidelines

On the following pages you will find Huntington's Checklist for Life. It has been developed to help you organize all of your financial information or your parents' financial information in one place.

As you complete and use this checklist, please remember to store it, as well as any documents you are using to complete it, in a secure location. Do not leave these forms or any other statements or documents lying around where others can see them.

For more information or to speak with a Huntington Investment Company representative, call toll-free 1-800-322-4600.



Date	Huntington Checklist For Life
Total Assets	
Total Debt	
MY MONEY	CDS
	Financial institution
Total	Account number
	Current balance
Primary Bank	Interest rate
Address	Months until maturity
Contact	Financial institution
Phone #	Account number
	Current balance
CHECKING ACCOUNTS	Interest rate
Financial institution	Months until maturity
Account number	*
Average balance	MONEY MARKET ACCOUNTS
Financial institution	Financial institution
Account number	Account number
Average balance	Current balance
Financial institution	Interest rate
Account number	Financial institution
Average balance	Account number
	Current balance
SAVINGS ACCOUNTS	Interest rate
Financial institution	
Account number	OTHER
Current balance	Type(s)
Interest rate	
Financial institution	

Type(s)
Current balance(s)

Account number _____ Current balance _____ Interest rate _____

MY LOANS MY PROPERTY EQUITY Negative Total ____ Total **Mortgages HOME NO. 1** Location _____ **HOME NO. 1** Current Equity _____ Location _____ Remaining Debt? ☐ Yes ☐ No Mortgage Lender Account Number _____ **HOME NO. 2** Interest Rate _____ Location _____ Term Current Equity _____ Years Remaining ______ Remaining Debt? \square Yes \square No Current Debt _____ **VEHICLES HOME NO. 2** \square Boat \square Plane Type ☐ Classic Auto Location _____ Current Equity Mortgage Lender _____ Remaining Debt? ☐ Yes \square No Account Number _____ Interest Rate _____ **OTHER** Type(s) Years Remaining _____ Current Equity Current Debt Remaining Debt? \square Yes \square No **HOME EQUITY LOANS** Location Mortgage Lender _____ Account Number Interest Rate _____ Years Remaining _____

Current Debt _____

VEHICLE NO. 1	
\/a\a\:a\a	
Vehicle	
Lender	
Account Number	
Interest Rate	
Term Current Debt	
Years Remaining Current Debt MY INVESTMENTS	
Current Debt MY INVESTMENTS	
VEHICLE NO. 2 Total	
Vehicle	
Lender My Workplace Investments	
Account Number	
Interest Rate RETIREMENT PLANS	
Term 401/403 EMPLOYER PLANS	
Years Remaining Account Name	
Current Debt Account Number	
Current Assets	
OTHER VEHICLES Beneficiary	
Type of Vehicle ☐ Boat ☐ Plane ☐ Classic Auto	
Lender PENSION	
Account Number Account Name	
Interest Rate Account Number	
Term Current Assets	
Beneficiary	
CREDIT BALANCES	
Credit Lender STOCK OPTIONS	
Interest Rate Account Name	
Current Debt Account Number	
Credit Lender Current Assets	
Interest Rate Beneficiary	
Current Debt	

EMPLOYER INSURANCE COVERAGE	EDUCATION	
Insurance Provider	Account Type	
Type of Insurance		
Account Number		
Beneficiary		
Pays Upon ☐ Death ☐ Disability	Current Assets	
Total Payout	Account Type	
OTHER	Account Name	
Type(s)	Account Number	
	Beneficiary	
	Current Assets	
	INDIVIDUAL STOCKS	
	Stock Name	
	Account Number	
Current balance(s)	Beneficiary	
My Personal Investments	Current Assets	
Wiy i cisonal investments	Stock Name	
RETIREMENT	Account Number	
Account Type		
Account Name		
Account Number		
Beneficiary		
Current Assets	Account Name	
Account Type	Account Number	
	- Interest Rate	
Account NameAccount Number	Vaare lintil matiiritu	
Beneficiary		
Current Assets		
OUITOIIL ASSOLIS	_	

MY PROFESSIONALS

MY INSURANCE PROTECTION

LIFE	BANKER
Insurance Provider	Name
Account Number	Institution
Beneficiary	Phone Number
Total Payout	
	FINANCIAL ADVISOR
DISABILITY	Name
Insurance Provider	Institution
Account Number	Phone Number
Beneficiary	
Total Payout	ACCOUNTANT
	Name
PROPERTY/CASUALTY	Institution
Item Insured	Phone Number
Insurance Provider	
Account Number	ATTORNEY
Amount Insured	Name
Item Insured	Institution
Insurance Provider	Phone Number
Account Number	
Amount Insured	PRIMARY CARE PHYSICIAN
	Name
OTHER	Institution
Type(s)	Phone Number
Total Coverage	

MY SAFE DEPOSIT BOX FUNERAL INSURANCE Insurance Provider _____ Account Number _____ Financial Institution _____ Beneficiary _____ Account Number _____ Total Payout _____ Location _____ Location of key _____ **BURIAL PLOT** Contents Name of Cemetery _____ Location _____ Contact _____ Phone Number _____ My Estate Financial Institution _____ Account Number _____ **EXECUTOR** Location _____ Name Location of key _____ Phone Number Contents **HEIRS AND CONTACTS MY ARRANGEMENTS** What to do with this information **Prearrangements**

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FUNERAL HOME

Name of Facility _____

Contact

Phone Number _____