**Instructions to my Executors and Guardian**

These instructions are meant to communicate my directions and personal desires to my family and my executors, trustees, and guardians in handling certain matters. However, the thoughts expressed in these instructions should not be considered rigid or binding, and they should always be considered only after careful deliberation of the facts and circumstances existing when a decision is made.

These instructions are not intended as a Will, and if anything included in these instructions conflict with the provisions of my Will or Trust, the provisions of my Will or Trust shall prevail.

**Funeral and Burial Instructions**

The following are my wishes concerning my funeral and burial arrangements and last rites:

Add instructions here

**Guidance for Executors**

The following are clarifying instructions for my executor. Nothing in these instructions shall be considered binding as they are merely an expression of my thoughts and feelings that I wish to convey to my executor as guidance in their duties.

Add instructions here

|  |  |
| --- | --- |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add your name here | Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Guidance for Trustees**

The following are clarifying instructions for trustees. Nothing in these instructions shall be considered binding as they are merely an expression of my thoughts and feelings that I wish to convey to my trustees as guidance in their duties.

I have placed a checkmark (✓) next to items that I would like my trustees to consider providing for my beneficiaries as part of their “health, education, maintenance, and support (HEMS):”

**Health**

\_\_\_\_\_ All items below, as well as any other items the trustee, in their discretion, deems to be necessary for the health of the beneficiary, or

Select individual items:

\_\_\_\_\_ healthcare, dental, vision insurance premiums, and deductibles

\_\_\_\_\_ eye care, glasses, contact lenses, vision correction surgery

\_\_\_\_\_ regular medical treatments, checkups, and exams

\_\_\_\_\_ allergen services

\_\_\_\_\_ restorative cosmetic surgeries

\_\_\_\_\_ alternative therapeutic medical treatments (e.g., acupuncture, massage therapy, etc.)

\_\_\_\_\_ substance abuse rehabilitation programs

\_\_\_\_\_ vacations or retreats to improve mental health

\_\_\_\_\_ health-related home improvements or renovations

\_\_\_\_\_ home health care or long-term care

\_\_\_\_\_ health clubs, gym, spa, golf club memberships

\_\_\_\_\_ exercise equipment

\_\_\_\_\_ healthcare supplements

\_\_\_\_\_ mental health counseling & treatments

\_\_\_\_\_ handicap-related equipment, transport and mobility services

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Education**

\_\_\_\_\_ All items below, as well as any other items the trustee, in their discretion, deems to be necessary for the education of the beneficiary, or

Select individual items:

\_\_\_\_\_ tuition for all levels of public or private schools

\_\_\_\_\_ graduate or professional degrees including medical school, law school, etc.

\_\_\_\_\_ study-abroad programs and related travel expenses

\_\_\_\_\_ a beneficiary’s support between semesters or during unpaid internships

\_\_\_\_\_ school-related expenses including room, board, books, computer, uniforms etc.

\_\_\_\_\_ private tutoring

\_\_\_\_\_ extracurricular activities related to the education experience

\_\_\_\_\_ certification and graduation costs

\_\_\_\_\_ career counseling and training

\_\_\_\_\_ daycare for dependents to allow a parent time to attend classes and study

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Maintenance and Support**

\_\_\_\_\_ All items below, as well as any other items the trustee, in their discretion, deems to be necessary for the maintenance and support of the beneficiary, or

Select individual items:

\_\_\_\_\_ rent or mortgage payments or subsidy to live near work or school

\_\_\_\_\_ down payment on a home

\_\_\_\_\_ study-abroad programs and related travel expenses

\_\_\_\_\_ living expenses and support for a beneficiary engaged in charitable work or low-income vocations that provide social and community benefits

\_\_\_\_\_ insurance premiums including life, auto, disability, or homeowner’s policies

\_\_\_\_\_ vehicles and related repairs and maintenance

\_\_\_\_\_ continuation of family gifting for birthdays, weddings, holidays, baby showers, etc.

\_\_\_\_\_ travel for family events (funerals, support, weddings, etc.)

\_\_\_\_\_ legal fees

\_\_\_\_\_ continuation of typical family vacations

\_\_\_\_\_ home repair and maintenance

\_\_\_\_\_ mobile phone service and equipment

\_\_\_\_\_ utility bills, such as electricity, water, television, internet, streaming etc.

\_\_\_\_\_ seed money to start a business

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add your name here | Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Guidance for Guardians**

The following are clarifying instructions for the guardian of my minor children. Nothing in these instructions shall be considered binding as they are merely an expression of my thoughts and feelings that I wish to convey to the guardian as guidance in their duties.

Add instructions here

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Add your name here

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_