



# **CONTENTS**

Personal Information	3
Important Contacts	4
Dependent Information	5
Financial Information	6
<ul> <li>Bank Accounts</li> <li>Investment Accounts</li> <li>Retirement Plans</li> <li>Credit Cards</li> <li>Loans and Lines</li> </ul>	
Insurance Information	10
<ul> <li>Life Insurance and Annuities</li> <li>Health, Disability and Long Term Care</li> <li>Property (Home, Auto, Other)</li> </ul>	
Personal Property	12
<ul><li>Property Inventory</li><li>Safety Deposit Box</li></ul>	
Estate Planning	14



#### PERSONAL INFORMATION

MY INFORMA			П	SPOUSE'S INFORMATION						
Name				Name						
Address					Address					
City	State		Zip Code		City	State		Zip Code		
Social Security Num	ber	Q Locatio	n of Social Security Card		Social Security Numb	oer	Q Locatio	n of Social Security Card		
Date of Birth					Date of Birth					
O Location of Birth C	Certificat	te			O Location of Birth Certificate					
Maiden Name		O Location	n of Marriage Certificate		Maiden Name		Location	on of Marriage Certificate		
Mother's Maiden Nar	me				Mother's Maiden Name					
Telephone					Telephone					
Email					Email					
NOTES:				Н	NOTES:					
				1						
				+						



### **IMPORTANT CONTACTS**

FAMILY ANI	O FRIE	NDS								
Name		Relati	ionship		F	Phone Number E			Email	
Name		Relati	ionship		F	Phor	ne Num	nber	Email	
Name		Relati	ionship		F	Phor	ne Num	nber	Email	
Name		Relati	ionship		F	Phor	ne Num	nber	Email	
Name		Relati	ionship		F	Phor	ne Num	nber	Email	
PROFESSIO	NALS									
Truepoint Ad	lvisor:	Name					Phor	ne Number	Emai	il
						Filone Number				
Accountant:		Name					Phor	ne Number	Emai	il
Attorney:		Name					Phor	ne Number	Emai	il
INSURANCE		DECENITATI	\/ <b>E</b> \$							
INSURANCE	LKEPR	CESENTATI	VES							
Life Insurance	e:	Name		Cox	Company		Phone Number		Email	
		ivairie		Company		Phone Number		Priorie Number		EIIIdii
Home Insuar	nce:	Name		Cor	Company			Phone Number		Email
		rvarrie		COI	Прапу			Thore Number		Email
Auto Insuran	ce:	Name		Company			Phone Number		Email	
BENEFITS C	CONTA	CTS								
Employer 1:					Emp	loy	er 2:			
	Name		Phone Numbe	r				Name		Phone Number
Social Security Administratio						Veterans Administration			tion:	
-			Phone Number							Phone Number
LIFE PLANN	IING									
Funeral					Ceme	ata:	r\/·			
Home:	Name		Phone Number	r	Cent		у.	Name		Phone Number



### **DEPENDENT'S INFORMATION**

PERSON 1				PERSON 2					
Name		Rela	tionship	Name	Name		Relationship		
		·							
Address			Address						
City	State		Zip Code	City	State		Zip Code		
Phone		Email		Phone		Email	nail		
Social Security Num	ber	Date of	Birth	Social Security Nun	nber	Date of	Birth		
PERSON 3				PERSON 4					
FERSON 3				PERSON 4					
N		5.1		N		5.1			
Name		Rela	tionship	Name	Rela	Relationship			
Address				Address					
0	a			011					
City	State		Zip Code	City	State		Zip Code		
				21		- "			
Phone		Email		Phone		Email			
Control Control November 1	L	Datas	D' III	Carial Caracita Na	. I	Data	D' II		
Social Security Num	ber	Date of	Birth	Social Security Nun	nber	Date of	Birth		
PERSON 5				PERSON 6					
Name		Rela	tionship	Name		Rela	tionship		
		<u>'</u>							
Address				Address					
City	State		Zip Code	City	State		Zip Code		
Phone		Email		Phone		Email			
Social Security Num	ber	Date of	Birth	Social Security Number		Date of	Date of Birth		



### FINANCIAL INFORMATION

BANK ACCOL	JNTS			INVESTMENT ACCOUNTS				
Account 1:				Account 1:				
Bank	Account	Туре	Last 4 of Account #	Bank	Account Type	Last 4 of Account #		
Owners				Owners				
Beneficiaries				Beneficiaries				
O Location of Bank S	tatements	O Location	on of Checkbook	O Location of Bank S	tatements			
Account 2:				Account 2:				
Bank	Account	Туре	Last 4 of Account #	Bank	Account Type	Last 4 of Account #		
Owners				Owners				
Beneficiaries				Beneficiaries				
O Location of Bank S	tatements	Q Location	on of Checkbook	O Location of Bank Statements				
Account 3:				Account 3:				
Bank	Account	Туре	Last 4 of Account #	Bank	Account Type	Last 4 of Account #		
Owners				Owners				
Beneficiaries				Beneficiaries				
O Location of Bank S	tatements	Q Location	on of Checkbook	O Location of Bank Statements				



#### RETIREMENT ACCOUNTS (401(k), 403(b), PENSION, TRADITIONAL IRA, ROTH IRA, ETC.)

Account 1:			Account 2:					
Name of Institution	Account Type	Last 4 of Account #	Name of Institution	Account Type	Last 4 of Account #			
Owners			Owners	Owners				
Beneficiaries			Beneficiaries					
Cocation of Statements	Contact	Phone Number	O Location of Statements	Contact	Phone Number			
Account 3:			Account 4:					
No. 20 Charling	A I T	1 - 1 4 - 5 4 1 #	Nicolar Charles	A T	1			
Name of Institution	Account Type	Last 4 of Account #	Name of Institution	Account Type	Last 4 of Account #			
Owners			Owners					
Beneficiaries			Beneficiaries					
Location of Statements	Contact	Phone Number	Location of Statements	Contact	Phone Number			
Account 5:			Account 6:					
Name of Institution	Account Type	Last 4 of Account #	Name of Institution	Account Type	Last 4 of Account #			
Owners			Owners					
Beneficiaries			Beneficiaries					
• Location of Statements	Contact	Phone Number	Cocation of Statements	Contact	Phone Number			



#### CREDIT CARDS

Card 1:				Card 2:			
Bank/Institution	Owner		Statement Location	Bank/Institution	Owner		Statement Location
Authorized User(s)		Last 4 o	f Card #	Authorized User(s)		Last 4 o	f Card #
• Location of Card(s)	Toll Free	Phone #	Due Date	Card(s)	Toll Free	Phone #	Due Date
Card 3:				Card 4:			I
Bank/Institution	Owner		Statement Location	Bank/Institution	Owner		Statement Location
Authorized User(s)		Last 4 o	f Card #	Authorized User(s)		Last 4 of Card #	
Location of Card(s)	Toll Free	Phone #	Due Date	Card(s)	Toll Free Pho		Due Date
Card 5:				Card 6:			
Bank/Institution	Owner		Statement Location	Bank/Institution	Owner		Statement Location
Authorized User(s)		Last 4 o	f Card #	Authorized User(s)		Last 4 of Card #	
Location of Card(s)	Toll Free	Phone #	Due Date	Location of Card(s)	Toll Free	Phone #	Due Date
Card 7:				Card 8:			
Bank/Institution	Owner		Statement Location	Bank/Institution	Owner		Statement Location
Authorized User(s)		Last 4 o	f Card #	Authorized User(s)		Last 4 o	f Card #
• Location of Card(s)	Toll Free	Phone #	Due Date	Location of Card(s)	Toll Free	Phone #	Due Date



### LENDING (MORTGAGES, LINES OF CREDIT, AUTO LOANS)

Account 1:			Account 2:					
Lender	Borrowe	r	Account Type	Lender	Borrowe	r	Account Type	
Payment Amount	Payment	: Due Date	Maturity Date	Payment Amount	Payment	Due Date	Maturity Date	
Collateral				Collateral				
Location of Stater	ments	Last 4 of	Account #	O Location of Staten	nents	Last 4 of	Account #	
Account 3:			Account 4:					
Lender	Borrowe	r	Account Type	Lender	Borrowe	r	Account Type	
Payment Amount	Payment	: Due Date	Maturity Date	Payment Amount	Payment	Due Date	Maturity Date	
Collateral				Collateral				
O Location of Stater	ments	Last 4 of	Account #	O Location of Staten	nents	Last 4 of	Account #	
NOTES:								



### **INSURANCE**

LIFE INSURANC	E AND A	ITIUNI	ES	HEALTH, DISABILITY & LONG TERM CARE INSURANCE			
Company Name	Policy Typ	oe	Policy/Contract #	Insurance Company	Policy #		
Policy Holder		Benef	iciary	Coverage Type			
					DI N		
Agent Name		Phone	e Number	Agent Name	Phone Number		
O Location of Policy/	/Contract	Death	Benefit/Value \$	O Location of Policy	O Location of Insurance Card		
Company Name	Policy Typ	oe	Policy/Contract #	Insurance Company	Policy #		
Policy Holder		Benef	iciary	Coverage Type			
Agent Name	Agent Name		e Number	Agent Name	Phone Number		
O Location of Policy/	O Location of Policy/Contract		Benefit/Value \$	• Location of Policy	• Location of Insurance Card		
Company Name	Policy Typ	ре	Policy/Contract #	Insurance Company	Policy #		
Policy Holder		Beneficiary		Coverage Type			
A march Nieura		Dhana	. Niverala au	A graph Name a	Phone Number		
Agent Name		Phone	e Number	Agent Name	Priorie Number		
• Location of Policy/	/Contract	Death	Benefit/Value \$	O Location of Policy	O Location of Insurance Card		
Company Name	Policy Typ	oe	Policy/Contract #	Insurance Company	Policy #		
Policy Holder		Benef	iciary	Coverage Type			
Agent Name		Phone	e Number	Agent Name	Phone Number		
<u> </u>				-			
O Location of Policy/Contract		Death	Benefit/Value \$	O Location of Policy	O Location of Insurance Card		



#### PROPERTY INSURANCE

Primary Residence:		Auto Insurance - Vehicle #2	Auto Insurance - Vehicle #2			
Insurance Company	Policy #	Insurance Company	Policy #			
Property Address		Vehicle Make and Model	VIN#			
Agent Name	Phone Number	Agent Name	Phone Number			
O Location of Policy	Deductible Amount	License Plate Number	Deductible Amount			
Secondary Residence:		Auto Insurance - Vehicle #3				
Inguirance Commany	Delieu #	Insurance Company	Policy #			
Insurance Company	Policy #	insurance Company	Policy #			
Property Address		Vehicle Make and Model	VIN#			
Agent Name	Phone Number	Agent Name	Phone Number			
O Location of Policy	Deductible Amount	License Plate Number	Deductible Amount			
Other Residence:		Other Policies — Boat, Trailer	, etc.:			
Insurance Company	Policy #	Insurance Company	Policy #			
Property Address		Make and Model	Description			
Froperty Address		Plake and Plodel	Description			
Agent Name	Phone Number	Agent Name	Phone Number			
O Location of Policy	Deductible Amount	O Location of Policy	Deductible Amount			
Auto Insurance - Vehicle #1						
Insurance Company	Policy #	Insurance Company	Policy #			
Vehicle Make and Model	VIN#	Make and Model	Description			
Agent Name	Phone Number	Agent Name	Phone Number			
License Plate Number	Deductible Amount	• Location of Policy	Deductible Amount			



#### PERSONAL PROPERTY

List automobiles, boats, jewelry, firearms, stock certificates, household items, art, antiques, collections, or other items of monetary or intrinsic value and their location

Item		Item			
• Location	Estimated Value \$	Location	Estimated Value \$		
Item		Item			
• Location	Estimated Value \$	• Location	Estimated Value \$		
Item		Item			
• Location	Estimated Value \$	• Location	Estimated Value \$		
Item		Item			
item		item			
• Location	Estimated Value \$	• Location	Estimated Value \$		
Item		Item			
• Location	Estimated Value \$	Cocation	Estimated Value \$		
Item		Item			
Location	Estimated Value \$	Location	Estimated Value \$		
Item		Item			
Location	Estimated Value \$	• Location	Estimated Value \$		



# SAFE DEPOSIT BOX/SAFE

O Location of Box	Owners		O Location of Keys
CONTENTS	NOTES	DATE	DATE
CONTENTS	NOTES	DATE DEPOSITED	DATE REMOVED



# **ESTATE PLANNING**

FINANCIAL POWER OF ATTORNEY (POA)		FINANCIAL POWER OF ATTORNEY (POA)	
Primary POA	Phone Number	Primary POA	Phone Number
Alternate	Phone Number	Alternate	Phone Number
Secondary Alternate	Phone Number	Secondary Alternate	Phone Number
O Location of POA		O Location of POA	

HEALTH CARE POWER OF ATTORNEY (HCPOA)		HEALTH CARE POWER OF ATTORNEY (HCPOA)	
Primary HCPOA	Phone Number	Primary HCPOA	Phone Number
Alternate	Phone Number	Alternate	Phone Number
Secondary Alternate	Phone Number	Secondary Alternate	Phone Number
Location of POA		O Location of POA	

LIVING WILL		LIVING WILL	
Primary	Phone Number	Primary	Phone Number
Alternate	Phone Number	Alternate	Phone Number
Secondary Alternate	Phone Number	Secondary Alternate	Phone Number
O Location of POA		O Location of POA	