




GO BOOK






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## PERSONAL INFORMATION

MY INFORMATION		
Name		
Address		
City	State	Zip Code
Social Security Number	 Location of Social Security Card	
Date of Birth		
 Location of Birth Certificate		
Maiden Name	 Location of Marriage Certificate	
Mother's Maiden Name		
Telephone		
Email		

NOTES:

SPOUSE'S INFORMATION		
Name		
Address		
City	State	Zip Code
Social Security Number	 Location of Social Security Card	
Date of Birth		
 Location of Birth Certificate		
Maiden Name	 Location of Marriage Certificate	
Mother's Maiden Name		
Telephone		
Email		

NOTES:

## IMPORTANT CONTACTS

FAMILY AND FRIENDS			
Name	Relationship	Phone Number	Email
Name	Relationship	Phone Number	Email
Name	Relationship	Phone Number	Email
Name	Relationship	Phone Number	Email
Name	Relationship	Phone Number	Email

PROFESSIONALS			
Truepoint Advisor:			
	Name	Phone Number	Email
Accountant:			
	Name	Phone Number	Email
Attorney:			
	Name	Phone Number	Email

INSURANCE REPRESENTATIVES				
Life Insurance:				
	Name	Company	Phone Number	Email
Home Insurance:				
	Name	Company	Phone Number	Email
Auto Insurance:				
	Name	Company	Phone Number	Email

BENEFITS CONTACTS					
Employer 1:			Employer 2:		
	Name	Phone Number		Name	Phone Number
Social Security Administration:			Veterans Administration:		
		Phone Number			Phone Number

LIFE PLANNING					
Funeral Home:			Cemetery:		
	Name	Phone Number		Name	Phone Number

## DEPENDENT'S INFORMATION

PERSON 1			
Name		Relationship	
Address			
City	State	Zip Code	
Phone		Email	
Social Security Number		Date of Birth	

PERSON 2			
Name		Relationship	
Address			
City	State	Zip Code	
Phone		Email	
Social Security Number		Date of Birth	



PERSON 3			
Name		Relationship	
Address			
City	State	Zip Code	
Phone		Email	
Social Security Number		Date of Birth	


PERSON 4			
Name		Relationship	
Address			
City	State	Zip Code	
Phone		Email	
Social Security Number		Date of Birth	



PERSON 5			
Name		Relationship	
Address			
City	State	Zip Code	
Phone		Email	
Social Security Number		Date of Birth	


PERSON 6			
Name		Relationship	
Address			
City	State	Zip Code	
Phone		Email	
Social Security Number		Date of Birth	



## FINANCIAL INFORMATION


BANK ACCOUNTS		
<b>Account 1:</b>		
Bank	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Bank Statements		 Location of Checkbook

INVESTMENT ACCOUNTS		
<b>Account 1:</b>		
Bank	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Bank Statements		


<b>Account 2:</b>		
Bank	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Bank Statements		 Location of Checkbook


<b>Account 2:</b>		
Bank	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Bank Statements		


<b>Account 3:</b>		
Bank	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Bank Statements		 Location of Checkbook


<b>Account 3:</b>		
Bank	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Bank Statements		


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


Account 1:		
Name of Institution	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Statements	Contact	Phone Number

Account 2:		
Name of Institution	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Statements	Contact	Phone Number

Account 3:		
Name of Institution	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Statements	Contact	Phone Number



Account 4:		
Name of Institution	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Statements	Contact	Phone Number

Account 5:		
Name of Institution	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Statements	Contact	Phone Number



Account 6:		
Name of Institution	Account Type	Last 4 of Account #
Owners		
Beneficiaries		
 Location of Statements	Contact	Phone Number

CREDIT CARDS



**Card 1:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date



**Card 2:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date



**Card 3:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date



**Card 4:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date



**Card 5:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date



**Card 6:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date

**Card 7:**

Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date

**Card 8:**


Bank/Institution	Owner	 Statement Location
Authorized User(s)		Last 4 of Card #
 Location of Card(s)	Toll Free Phone #	Due Date








## INSURANCE

### LIFE INSURANCE AND ANNUITIES



Company Name	Policy Type	Policy/Contract #
Policy Holder	Beneficiary	
Agent Name	Phone Number	
 Location of Policy/Contract	Death Benefit/Value \$	



Company Name	Policy Type	Policy/Contract #
Policy Holder	Beneficiary	
Agent Name	Phone Number	
 Location of Policy/Contract	Death Benefit/Value \$	



Company Name	Policy Type	Policy/Contract #
Policy Holder	Beneficiary	
Agent Name	Phone Number	
 Location of Policy/Contract	Death Benefit/Value \$	



Company Name	Policy Type	Policy/Contract #
Policy Holder	Beneficiary	
Agent Name	Phone Number	
 Location of Policy/Contract	Death Benefit/Value \$	

### HEALTH, DISABILITY & LONG TERM CARE INSURANCE


Insurance Company	Policy #
Coverage Type	
Agent Name	Phone Number
 Location of Policy	 Location of Insurance Card


Insurance Company	Policy #
Coverage Type	
Agent Name	Phone Number
 Location of Policy	 Location of Insurance Card


Insurance Company	Policy #
Coverage Type	
Agent Name	Phone Number
 Location of Policy	 Location of Insurance Card

Insurance Company	Policy #
Coverage Type	
Agent Name	Phone Number
 Location of Policy	 Location of Insurance Card

**PROPERTY INSURANCE**

<b>Primary Residence:</b>	
Insurance Company	Policy #
Property Address	
Agent Name	Phone Number
 Location of Policy	Deductible Amount


<b>Secondary Residence:</b>	
Insurance Company	Policy #
Property Address	
Agent Name	Phone Number
 Location of Policy	Deductible Amount


<b>Other Residence:</b>	
Insurance Company	Policy #
Property Address	
Agent Name	Phone Number
 Location of Policy	Deductible Amount

<b>Auto Insurance - Vehicle #1</b>	
Insurance Company	Policy #
Vehicle Make and Model	VIN #
Agent Name	Phone Number
License Plate Number	Deductible Amount

<b>Auto Insurance - Vehicle #2</b>	
Insurance Company	Policy #
Vehicle Make and Model	VIN #
Agent Name	Phone Number
License Plate Number	Deductible Amount


<b>Auto Insurance - Vehicle #3</b>	
Insurance Company	Policy #
Vehicle Make and Model	VIN #
Agent Name	Phone Number
License Plate Number	Deductible Amount


<b>Other Policies – Boat, Trailer, etc.:</b>	
Insurance Company	Policy #
Make and Model	Description
Agent Name	Phone Number
 Location of Policy	Deductible Amount


<b>Other Policies – Boat, Trailer, etc.:</b>	
Insurance Company	Policy #
Make and Model	Description
Agent Name	Phone Number
 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	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$


Item	
 Location	Estimated Value \$

Item	
 Location	Estimated Value \$

Item	
 Location	Estimated Value \$

Item	
 Location	Estimated Value \$

Item	
 Location	Estimated Value \$

Item	
 Location	Estimated Value \$



## ESTATE PLANNING

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

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

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

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

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

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