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PERSONAL INFORMATION

MY INFORMATION					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) FRIE	NDS								
Name		Relati	Relationship				Phone Number Em			
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
						Prione Number			Lilian	
Accountant:		Name					Phor	ne Number	Emai	il
Attorney:		Name					Phor	ne Number	Emai	il
INSURANCE		DECENITATI	\/ E \$							
INSURANCE	REPR	CESENTATI	VES							
Life Insuranc	e:	Mana				Company		Phone Number		Email
		Name		Company			Phone Number			Email
Home Insurar	nce:	Name				Company		Phone Number		Email
		ivaille		Company				Priorie Number		Citiali
Auto Insuran	ce:	Name		Company		Phone Number		Email		
				COI	прапу			Thore Number		Email
BENEFITS C	CONTA	CTS								
Employer 1:					Emp	loy	er 2:			
Name			Phone Numbe	r				Name		Phone Number
Social Security Administration			on:			Veterans Administrati			tion:	
			Phone Numbe	r						Phone Number
LIFE PLANN	IING									
Funeral					Com	o+ o	K) /!			
Home:	Name		Phone Number			emetery:		Name		Phone Number



DEPENDENT'S INFORMATION

PERSON 1				PERSON 2					
Name	lame Rel		tionship	Name		Rela	Relationship		
Address			Address						
City	State		Zip Code	City	State		Zip Code		
Phone		Email		Phone		Email	ail		
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	tionship		
Address				Address					
0	a			011					
City	State		Zip Code	City	State		Zip Code		
				21		- "			
Phone		Email		Phone		Email	:maii		
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				
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)	Authorized User(s) Last 4		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 Ph		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		Beneficiary		Coverage Type			
		21			DI AI		
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/	/Contract	Death 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	