

Personal FINANCIAL ORGANIZER

Name _____ Date: _____

Print out this form, fill in the spaces and store it in a safe place, along with other important documents – but *not* in a safe deposit box. Tell your spouse, adult child, or trusted friend, where this information could be found in an emergency.

Personal Information

Your Name _____ Spouse/Partner _____

Place of Birth _____ Place of Birth _____

Social Security # _____ Social Security # _____

Children

Name _____ Birth Date _____ Social Sec. No. _____

Name _____ Birth Date _____ Social Sec. No. _____

Name _____ Birth Date _____ Social Sec. No. _____

Name _____ Birth Date _____ Social Sec. No. _____

Trusted Advisors (Name, phone number, e-mail or address)

Physician _____

Physician _____

Attorney _____

Accountant _____

Financial Planner _____

Bank Accounts (Financial Institutions, Account Numbers, Contact name/number, or user ID/online password)

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Safe Deposit Box _____ Location of Key _____

Life Insurance

Agent's Name/Phone/Email _____

Location of Policies _____

Company _____ Policy # _____ Type (Cash, Term) _____

On Life of _____ Beneficiary _____

Company _____ Policy # _____ Type (Cash, Term) _____

On Life of _____ Beneficiary _____

Company _____ Policy # _____ Type (Cash, Term) _____

On Life of _____ Beneficiary _____

Investments

Mutual Fund Accounts (Fund Company, Toll-free #, ID/password)

Individual Retirement Accounts – IRAs (Institution, Acct#, ID/Password, Have you named a Beneficiary?)

401(k) Plans (Company, contact name & phone, ID/password, beneficiary)

Annuities (company name, acct #, location of policy)

Real Estate Investments (attach detailed information)

Location of Stock Certificates _____

What's In My Wallet

Date _____

(If your wallet is lost or stolen, this list will help immediately cancel all credit/debit cards. Find the toll-free number on your monthly statement.)

Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____

Driver's License # _____

Auto Insurance _____ Contact # _____

Health Insurance _____ Contact # _____

Membership Cards, Health Club, etc.

(Never carry Social Security card, ask insurance companies not to use it as ID.)

Cell Phone Stored Numbers Date _____

(Take the time to make a list of names/numbers, just in case your phone is lost or stolen!)

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Contact Number for Cell Phone Provider to Report Lost/Stolen Phone:

Location of Documents

(You may want to keep originals or copies of some of these documents together in a portable file box that you can take with you in an emergency.)

Estate Planning Records

Living Trust/Will (location of copy, attorney contact, latest date revised) _____

Successor Trustee/Executor (Name, phone number) _____

Living Will (Attach copy, name, contact for empowered person) _____

Health Care Power of Attorney (name of empowered person, location of document) _____

Location of Medical Records _____

Organ Donor Instruction Card _____

Funeral Instructions/Cemetery Deed _____

Financial Records:

Checkbook/Statements _____

Income Tax Records (7 years) _____

Stock Transaction Records _____

Property Records:

Title to Home _____

Mortgage Documents _____

Home Equity Loan _____

Property Insurance _____

Cost of Home Improvement Files _____

Important Documents

Marriage Certificate _____

Divorce/Separation Decrees _____

Military Service Records _____

Passport (number, location, make a copy of first page and attach to this inventory) _____

Notes

(Notes on this form are not legally binding. Consult an attorney for written, legal documents required in all instances.)