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Think about the future

You've worked hard to create opportunities for yourself and your family, today and in the future. To help ensure you and your loved ones continue to benefit from all of your work, we encourage you to use this booklet to document and organize your financial information.

With everything in one convenient place:

- You'll have a helpful tool for discussing future plans with your family.
- Your loved ones will have a valuable resource with answers to questions they may have.
- Vital information you or your loved ones may need to respond to questions or take action is organized and available for easy access.

Getting started

- We understand that gathering information can be time-consuming. We are here to help because getting organized now may save you and your loved ones time when access to this information is critical.
- Documents referenced in this document may be paper or electronic. While paper files may be easier for a family member or trusted friend to locate, access to electronic files is also important.

Protect your personal information

- Abbreviate information and/or names whenever possible.
- Store this document and other private information in a secure location (e.g., a fireproof safe box or share with a trusted family member).
- Don't send this document or other private information via email, which is usually not a secure form of communication.

Helpful hints for completing and maintaining this document

Couples—You and your spouse or partner may wish to complete some sections of the document together to avoid duplication. For example, a single copy of *Section 2—Location of Key Records and Section 5—Financial Information,* along with any clarifying notes, may suffice for you both.

Notes—We have included space for Notes throughout this document to allow you to add useful or clarifying information, such as the expiration date of your passport, the names of joint account holders, or account numbers, where applicable. Page 44 also provides significant space for additional notes.

Often legal and financial documents do not tell the whole story of why you have structured your wealth and its disposition in the manner that you have. We strongly encourage and can facilitate intergenerational family meetings to more fully discuss these issues; however, you may also wish to leave separate letters or notes to your loved ones regarding any aspect of the information included in this document.

Section 9—Important due dates—Are family members, advisors or your designated attorney-in-fact aware of important due dates or recurring action items? If not, you may want to record these events to assist anyone who needs to take action on your behalf. Keep in mind that a valid power of attorney may be required for someone to execute these items for you.

Section 10—Caregiver supplement—Are you acting as a caregiver for a loved one? If so, you may want to help that individual create a separate document. In addition, you may want to complete the Caregiver Supplement to keep critical information about the individual accessible to you or whoever may step into your role, due to unforeseen circumstances.

Maintaining this workbook

- We suggest you keep a dated copy of this document in a safe place and tell a loved one or your attorney-in-fact where it is stored. You may also want to give a copy to your attorney.
- In addition, you may want to consider a personal record-keeping software program, application or online solution to maintain and organize your personal data and copies of important documents.

Today's date _____

Don't send this document or other private information via email, which is usually not a secure form of communication.

Plan ahead

When the unexpected happens, the information in this document can help make it easier for you and your family to deal with the changes life can bring.

Have a discussion

Answering the questions below will help you have a better understanding of the future you see for your finances and your family. It's OK if you don't have all the answers just yet.

What are your most important financial goals?

How do you define retirement? When will you retire, and at what age do you plan to take Social Security benefits? Where will you live, and in what ways will your lifestyle be similar or different from how it is now?

Do you anticipate any significant financial or life changes in the foreseeable future?

Estate planning/gifting

Do you intend to make gifts of money or assets to your children, grandchildren or other relatives? If yes, under what conditions?

Do you have a will in place? Have you prepared your finances to match what's expressed in your will?

Have you established any trusts? Who are the beneficiaries and what are the goals of the trusts?

Have you given anyone power of attorney? If yes, is this person aware of your financial situation and wishes?

Start gathering important information

To help complete this document, you need to review your records and gather as much of the following information as you can.

- ☐ Bank and brokerage account statements
- ☐ Retirement plan statements (IRAs, 401(k) and 403(b) plans)
- ☐ Education plans (529 plans, education trusts)
- ☐ Estimates of death benefits and cash values of life insurance policies
- ☐ Estimates of property values and mortgage amounts
- ☐ Estimates of any additional liabilities (credit card debt)
- ☐ Estimates of defined pension plan benefits and Social Security benefits
- ☐ Estimates of your current compensation (salary, bonus, deferred compensation, stock options, restricted stock)
- ☐ Estimates of your current retirement plan contributions (and any matching contributions)
- ☐ A general understanding of your estate plans (wills, trusts, advanced estate planning vehicles)

Additional wishes and notes

A. Contact information

You

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	

Spouse/Partner

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	

Children

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Children (continued)

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Children (continued)

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Grandchildren

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Grandchildren

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
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Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
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Guardian(s) for minor(s) (if applicable)	Phone	Email

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Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
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Guardian(s) for minor(s) (if applicable)	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Grandchildren

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Name	Date and place of birth	Social Security Number
Driver's license number	Naturalization number (if non-U.S. citizen)	Visa number and type (if not born in the U.S.)
Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
Guardian(s) for minor(s) (if applicable)	Phone	Email
Guardian(s) for minor(s) (if applicable)	Phone	Email

B. Residence information

Primary address	Type (house, apartment, condo)	Notes (property manager, residency agreement)
Home security company	Access code(s)	Phone
Extra keys held by		
Secondary address	Type (house, apartment, condo)	Notes (property manager, residency agreement)
Home security company	Access code(s)	Phone
Extra keys held by		

C. Family and friends contact information in case of an emergency

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

If additional space is needed, please use notes section provided on page 44.

D. Employer(s) contact information

Employer	Employer contact
Phone	Email
Employer	Employer contact
Phone	Email

E. Key contacts

Advisor

Name	Phone	Email

Attorney

Firm name	Phone	Email
Firm name	Phone	Email

Banker

Firm name	Phone	Email
Firm name	Phone	Email

Accountant

Firm name	Phone	Email
Firm name	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Other advisors

Firm name	Phone	Email

Notes

Firm name	Phone	Email

Notes

Name of real estate advisor/agent	Phone	Email
Name of real estate advisor/agent	Phone	Email
Name of property manager	Phone	Email
Name of property manager	Phone	Email
Name of personal assistant	Phone	Email
Name of personal assistant	Phone	Email
Country club membership chair(s)	Phone	Email
Dining club membership chair(s)	Phone	Email
Golf club membership chair(s)	Phone	Email
Guardian(s) for estate	Phone	Email
Insurance agent name	Phone	Email
Clergy name	Phone	Email

If additional space is needed, please use notes section provided on page 44.

Personal and family

Location of Social Security card(s)	Notes
Location of birth certificate(s)	Notes
Location of passport(s)	Notes
Location of naturalization papers	Notes
Location of Visa(s)	Notes
Location of driver's license(s)	Notes
Location of adoption papers	Notes
Location of marriage/civil union documents	Notes
Location of prenuptial agreement(s)	Notes
Location of divorce or separation papers	Notes
Location of military discharge papers	Notes
Location of voter registration card(s)	Notes
Location of death certificate(s)	Notes
Location of prepaid funeral plan(s)	Notes
Location of cemetery plot deed(s)	Notes

Work and retirement

Location of employment agreement(s)	Notes
Location of noncompete agreement(s)	Notes

If additional space is needed, please use notes section provided on page 44.

Closely held business(es)

Location of family business agreement(s)	Notes
Location of buy/sell agreement(s)	Notes
Location of business valuation(s)	Notes
Location of business investment partnership(s)/LLC(s) documents	Notes

Ownership

Location of real estate deed(s)	Notes
Location of motor vehicle title(s)	Notes
Location of other title(s) of ownership	Notes
Location of appraisals and inventory of valuable items	Notes

Taxes and statements

Location of income, gift and estate tax returns	Notes
Location of bank statements	Notes
Location of investment account statements	Notes
Location of K-1s	Notes
Location of other financial statement(s)	Notes

If additional space is needed, please use notes section provided on page 44.

A. Doctors/Health care

Physicians (primary, dental and specialists)

Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes

Pediatrician

Name	Phone	Notes

Pharmacy

Name	Address
Phone	Email
Name	Address
Phone	Email
Name	Address
Phone	Email

Preferred hospital

Name	Address	Phone

B. Insurance

Primary health insurance provider	Account or ID #	Phone	Location (card, policy)
Secondary health insurance provider	Account or ID #	Phone	Location (card, policy)
Disability insurance provider	Account or ID #	Phone	Location (card, policy)
Long-term care insurance provider	Account or ID #	Phone	Location (card, policy)
Dental insurance provider	Account or ID #	Phone	Location (card, policy)
Vision insurance provider	Account or ID #	Phone	Location (card, policy)
Medicare insurance provider	Account or ID #	Phone	Location (card, policy)
Medicare insurance prescription plan	Account or ID #	Phone	Location (card, policy)
Other medical insurance carrier	Account or ID #	Phone	Location (card, policy)

If additional space is needed, please use notes section provided on page 44.

C. Health information

Current medications (drug, dosage, frequency and related condition)

Medical history

Allergy information

Immunization record(s)

Location	Contact
Phone	Email

D. Location of critical records and documents

Location of health care proxy	Attorney-in-fact
Phone	Email
Location of durable power of attorney	Attorney-in-fact
Phone	Email
Other (e.g., Living wills, DNR)	Contact
Phone	Email

Organ donor registration

Yes or no	Notes

Are your advance directives and medical information stored with an electronic storage service? ___Yes ___No

If yes, indicate

Name of service	Storage Service URL	Login/password

If additional space is needed, please use notes section provided on page 44.

A. Property information

Primary home

Property address

Loan number (if you have a mortgage) | Monthly payment amount (if you have a mortgage) | Year loan may be paid off (if you have a mortgage)

Price spent on property improvements

Purchase date and property price | Location of title

Home equity lender (if appropriate) | Contact | Phone

Notes (location of documents, co-signer)

Additional property (Investment real estate)

Property address

Loan number (if you have a mortgage) | Monthly payment amount (if you have a mortgage) | Year loan may be paid off (if you have a mortgage)

Price spent on property improvements | What your survivors may do with this property upon your death

Purchase date and property price | Location of title

Home equity lender (if appropriate) | Contact | Phone

Notes (location of documents, co-signer)

Property address

Loan number (if you have a mortgage) | Monthly payment amount (if you have a mortgage) | Year loan may be paid off (if you have a mortgage)

Price spent on property improvements | What your survivors may do with this property upon your death

Purchase date and property price | Location of title

Home equity lender (if appropriate) | Contact | Phone

Notes (location of documents, co-signer)

If additional space is needed, please use notes section provided on page 44.

Property address

Loan number (if you have a mortgage) | Monthly payment amount (if you have a mortgage) | Year loan may be paid off (if you have a mortgage)

Price spent on property improvements | What your survivors may do with this property upon your death

Purchase date and property price | Location of title

Home equity lender (if appropriate) | Contact | Phone

Notes (location of documents, co-signer)

Property address

Loan number (if you have a mortgage) | Monthly payment amount (if you have a mortgage) | Year loan may be paid off (if you have a mortgage)

Price spent on property improvements | What your survivors may do with this property upon your death

Purchase date and property price | Location of title

Home equity lender (if appropriate) | Contact | Phone

Notes (location of documents, co-signer)

If additional space is needed, please use notes section provided on page 44.

A. Government-sponsored income

Type (Social Security, Medicare)	Contact name	Account number (optional)
Type (Social Security, Medicare)	Contact name	Account number (optional)

B. General accounts (see page 36 for passwords/pins)

Checking/saving account(s)

Institution	Contact name	Phone
Account title (e.g.,. John and Jane Doe checking account)		Notes (sole or joint ownership, account #)
Institution	Contact name	Phone
Account title (e.g.,. John and Jane Doe checking account)		Notes (sole or joint ownership, account #)
Institution	Contact name	Phone
Account title (e.g.,. John and Jane Doe checking account)		Notes (sole or joint ownership, account #)
Institution	Contact name	Phone
Account title (e.g.,. John and Jane Doe checking account)		Notes (sole or joint ownership, account #)
Institution	Contact name	Phone
Account title (e.g.,. John and Jane Doe checking account)		Notes (sole or joint ownership, account #)

ATM/Debit cards

Institution	Contact name	Phone
Institution	Contact name	Phone
Institution	Contact name	Phone

Investment account(s)

Institution	Contact name	Phone	Notes (account #, joint holders)
Institution	Contact name	Phone	Notes (account #, joint holders)
Institution	Contact name	Phone	Notes (account #, joint holders)
Institution	Contact name	Phone	Notes (account #, joint holders)

Physical stock certificate(s)

Custodian	Number of shares/certificate	Location	
Contact name	Phone	Notes	
Custodian	Number of shares/certificate	Location	
Contact name	Phone	Notes	
Custodian	Number of shares/certificate	Location	
Contact name	Phone	Notes	

Other (e.g., CDs)

Institution	Contact name	Phone	Notes (account #, joint holders)
Institution	Contact name	Phone	Notes (account #, joint holders)
Institution	Contact name	Phone	Notes (account #, joint holders)

C. Other financial accounts

Stock options

Custodian	Contact name	Phone	Notes

Restricted stock plan(s)

Custodian	Contact name	Phone	Notes

If additional space is needed, please use notes section provided on page 44.

Employee stock ownership plan(s) (for example, ESOP)

Custodian	Contact name	Phone	Notes

Dividend reinvestment plan(s) (DRIP(s))

Custodian	Contact name	Phone	Notes)

529 college savings plan(s) or other education funding plans

Custodian	Contact name	Phone
Plan location		Notes (account #)
Custodian	Contact name	Phone
Plan location		Notes (account #)
Custodian	Contact name	Phone
Plan location		Notes (account #)
Custodian	Contact name	Phone
Plan location		Notes (account #)
Custodian	Contact name	Phone
Plan location		Notes (account #)

Alternative investments (including oil, gas, precious metals, mineral interests, timberland, ranch/farmland)

Custodian	Contact name	Phone	Notes (account #, location of agreement)
Custodian	Contact name	Phone	Notes (account #, location of agreement)

D. Credit and lending (see page 36 for passwords/pins)

Credit card

Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone
Provider and Card type (e.g., Bank of America Visa)	Account number	Phone

Vehicle loan(s)/lease(s)

Lien holder	Contact name	Phone
Notes (location of documents, co-signer)		
Lien holder	Contact name	Phone
Notes (location of documents, co-signer)		

Student loan(s)

Institution	Contact name	Phone
Notes (location of documents, co-signer)		

Other loans/lines of credit

Type	Lender	Phone
Notes (location of documents, co-signer)		
Type	Lender	Phone
Notes (location of documents, co-signer)		

If additional space is needed, please use notes section provided on page 44.

E. Retirement accounts

Traditional, Roth and inherited IRAs

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

Deferred compensation plan(s)

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

Pension plan(s)

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

Annuities

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

If additional space is needed, please use notes section provided on page 44.

Health savings account(s)

Institution | Contact name | Phone

Notes (type, account #, beneficiary designation)

F. Insurance

Homeowner's/renter's insurance

Agent | Address | Phone | Carrier policy number

Notes (policy location)

Agent | Address | Phone | Carrier policy number

Notes (policy location)

Agent | Address | Phone | Carrier policy number

Notes (policy location)

Insurance rider(s)

Agent | Address | Phone | Carrier policy number

Notes (policy location)

Agent | Address | Phone | Carrier policy number

Notes (policy location)

Agent | Address | Phone | Carrier policy number

Notes (policy location)

If additional space is needed, please use notes section provided on page 44.

Life insurance policies

Agent | Address | Phone | Location of policy

Carrier policy number | Amount beneficiary

Notes (policy location, ownership)

Agent | Address | Phone | Location of policy

Carrier policy number | Amount beneficiary

Notes (policy location, ownership)

Agent | Address | Phone | Location of policy

Carrier policy number | Amount beneficiary

Notes (policy location, ownership)

Other insurance (such as auto, umbrella, travel)

Provider

Type of policy | Contact name | Phone | Notes (policy location)

Type of policy | Contact name | Phone | Notes (policy location)

Type of policy | Contact name | Phone | Notes (policy location)

If additional space is needed, please use notes section provided on page 44.

G. Other

Artwork and other collectibles (list here or attach a separate schedule)

Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)

Jewelry (list here or attach a separate schedule)

Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)

Other major assets (cars, boats, RVs, etc.) (list here or attach a separate schedule)

Identification of piece	Location	Notes (location of appraisal)
Identification of piece	Location	Notes (location of appraisal)

If additional space is needed, please use notes section provided on page 44.

A. Trust, estate & charitable planning

Burial or other final instructions

Identifying information	Contact name	Phone	Email

Notes (deed, location)

Identifying information	Contact name	Phone	Email

Notes (deed, location)

Last will and testament

Date	Executor(s)	Phone	Email

Location

Revocable living trust

Date	Trustee(s)	Phone	Email

Location

Amendment(s) to living trust

Date	Trustee(s)	Phone	Email

Location

Date	Trustee(s)	Phone	Email

Location

Personal property memo for estate plan

Date	Executor(s)	Phone	Email

Location

Trust(s) for descendants

Name of trust | Type

Date | Trustee(s) | Phone | Email

Location of documents

Name of trust | Type

Date | Trustee(s) | Phone | Email

Location of documents

Charitable trust(s)

Name of trust | Type

Date | Trustee(s) | Phone | Email

Location of documents

Name of trust | Type

Date | Trustee(s) | Phone | Email

Location of documents

Other trust(s)

Name of trust | Type

Date | Trustee(s) | Phone | Email

Location of documents

Name of trust | Type

Date | Trustee(s) | Phone | Email

Location of documents

If additional space is needed, please use notes section provided on page 44.

A. Pets

Kind/name	Veterinarian	Phone	Notes
Kind/name	Veterinarian	Phone	Notes

B. Clubs and other memberships

Institution	Contact name	Phone	Email
Institution	Contact name	Phone	Email
Institution	Contact name	Phone	Email

C. Passport and Trusted Traveler Programs

Passport

Number/ID	Expiration	Location

Global entry

Number/ID	Expiration	Location

TSA Pre-check

Number/ID	Expiration	Location

D. Other household or personal services (such as landscaping, gutters, sprinkler system, garbage removal)

Company	Contact name	Phone	Email
Notes			
Company	Contact name	Phone	Email
Notes			
Company	Contact name	Phone	Email
Notes			

If additional space is needed, please use notes section provided on page 44.

D. Other household or personal services (such as landscaping, gutters, sprinkler system, garbage removal) (continued)

Company | Contact name | Phone | Email

Notes

Company | Contact name | Phone | Email

Notes

Company | Contact name | Phone | Email

Notes

Company | Contact name | Phone | Email

Notes

Company | Contact name | Phone | Email

Notes

Company | Contact name | Phone | Email

Notes

Company | Contact name | Phone | Email

Notes

If additional space is needed, please use notes section provided on page 44.

A. Online banking/other accounts

Institution	Login/user name	Password/PIN	Notes
Institution	Login/user name	Password/PIN	Notes
Institution	Login/user name	Password/PIN	Notes
Institution	Login/user name	Password/PIN	Notes
Institution	Login/user name	Password/PIN	Notes

B. Credit/debit cards

Name	Login/user name	Password/PIN (optional)
Name	Login/user name	Password/PIN (optional)
Name	Login/user name	Password/PIN (optional)
Name	Login/user name	Password/PIN (optional)
Name	Login/user name	Password/PIN (optional)

C. Loyalty programs

Frequent flyer account(s)

Airline	Account #	Password/PIN
Airline	Account #	Password/PIN
Airline	Account #	Password/PIN
Airline	Account #	Password/PIN
Airline	Account #	Password/PIN

If additional space is needed, please use notes section provided on page 44.

Hotel and other loyalty account(s)

Institution	Account #	Password/PIN
Institution	Account #	Password/PIN
Institution	Account #	Password/PIN
Institution	Account #	Password/PIN
Institution	Account #	Password/PIN

D. Technology

Computer(s)

System name	Login/user name	Password/PIN
System name	Login/user name	Password/PIN

Email

Email address	Password/PIN	Notes
Email address	Password/PIN	Notes

Cell/Home phone (you may wish to provide the PIN to unlock your phone and the PIN to access voicemail, if applicable)

Carrier	Password/PIN	Notes
Carrier	Password/PIN	Notes

Social media (such as Facebook, LinkedIn)

System name	Login/user name	Password/PIN
System name	Login/user name	Password/PIN
System name	Login/user name	Password/PIN
System name	Login/user name	Password/PIN
System name	Login/user name	Password/PIN

If additional space is needed, please use notes section provided on page 44.

E. Safe deposit box(es)

Location	Combination/Key location	Notes (authorized users)
Location	Combination/Key location	Notes (authorized users)

F. Personal safe(s)

Location	Combination/Key location	Notes
Location	Combination/Key location	Notes

G. Other account(s) and password(s)

Account	Login/user name	Password/PIN
Account	Login/user name	Password/PIN
Account	Login/user name	Password/PIN
Account	Login/user name	Password/PIN
Account	Login/user name	Password/PIN

If additional space is needed, please use notes section provided on page 44.

Requested dates/items to consider

- ☐ Life insurance premium payments
- ☐ Filing requirements with the state/IRS
- ☐ Ongoing gifts/charitable donations
- ☐ Income tax payment deadlines
- ☐ Property, vehicle and casualty insurance premium payments
- ☐ Loan payments
- ☐ Quarterly state sales tax return
- ☐ Property tax due dates

Item	Action	Due date	Frequency	Notes

A. Caregiver supplement (Complete this section for any individual for whom you serve as a caregiver.)

Name	Date of birth	Relationship to you
Phone	Email	
Address	Type (house, apartment, condo)	Notes (property manager, residency agreement)

B. Contact information in case of an emergency (family, friends, attorney and/or clergy)

Name	Relationship	Phone	Email
Name	Relationship	Phone	Email
Name	Relationship	Phone	Email
Name	Relationship	Phone	Email
Name	Relationship	Phone	Email
Name	Relationship	Phone	Email

Emergency notification device

Company Name	Phone	Email

C. Health and medical information

Home health aide(s)

Name	Agency	Phone	Bonded (y/n)
Notes (contract, billing information)			
Name	Agency	Phone	Bonded (y/n)
Notes (contract, billing information)			

If additional space is needed, please use notes section provided on page 44.

Physicians (primary, dental and specialists)

Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes
Name	Specialty	Phone	Notes

Pharmacy

Name	Address	Phone

Preferred hospital

Name	Address	Phone

Insurance

Primary health insurance provider	Account or ID #	Phone	Location (card, policy)
Secondary health insurance provider	Account or ID #	Phone	Location (card, policy)
Disability insurance provider	Account or ID #	Phone	Location (card, policy)
Long-term care insurance provider	Account or ID #	Phone	Location (card, policy)
Dental insurance provider	Account or ID #	Phone	Location (card, policy)
Vision insurance provider	Account or ID #	Phone	Location (card, policy)
Medicare insurance ID #	Card location	Notes	
Prescription insurance drug plan	Account or ID #	Location (card, policy)	
Other insurance provider	Account or ID #	Phone	Location (card, policy)
Other insurance provider	Account or ID #	Phone	Location (card, policy)
Other insurance provider	Account or ID #	Phone	Location (card, policy)

If additional space is needed, please use notes section provided on page 44.

D. Location of critical records and documents

Current medications (drug, dosage, frequency and related condition)

Medical history

Allergy information

Location of health care proxy | Attorney-in-fact

Phone | Email

Location of durable power of attorney | Attorney-in-fact

Phone | Email

Other (e.g., Living wills, DNR) | Contact

Phone | Email

Organ donor registration ___Yes ___No

Notes

Has this individual completed his or her own copy of this document? ___Yes ___No

If yes, location

Are the above advance directives and medical information stored with an electronic storage service? ___Yes ___No

If yes, indicate

Name of service | Storage Service URL | Login/password

If additional space is needed, please use notes section provided on page 44.

Record keeping

Where and how long should you keep your financial records? There are no strict rules. It truly depends on the type of information being addressed. There is a difference between routine and frequently used items and those that are difficult to replace and infrequently used. (It might be easy to find another copy of your most recent credit card statement, but it will take time and effort to obtain another Social Security card.) Here's a sampling:

Keep 1–3 years in household files

- Routine bills—keep until next bill comes showing payment of prior bill
- Credit card statements and credit reports
- Insurance policies
- Expired lease agreements

Keep 6–7 years in household files

- Income, compensation and deduction records for tax purposes
- Income tax returns (federal and state)
- Records for sales of real estate or major transactions
- Repaid loan agreements
- Annual account statements (e.g., bank, investment, IRA, 401(k), etc.)

Keep indefinitely in a fireproof safe

- Personal documents, such as birth certificates, Social Security cards, passports, prenuptial agreements, marriage certificates and divorce decrees
- Estate planning documents, such as wills, revocable trusts, health care powers of attorney, durable powers of attorney and living wills
- Beneficiary designations for active insurance policies and retirement plans
- Gift and estate tax returns
- Stock and bond certificates
- Family business records

If additional space is needed, please use notes section provided on page 44.

Notes

Notes


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