

# 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)

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

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

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

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Real Estate Investments (attach detailed information)

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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!)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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