

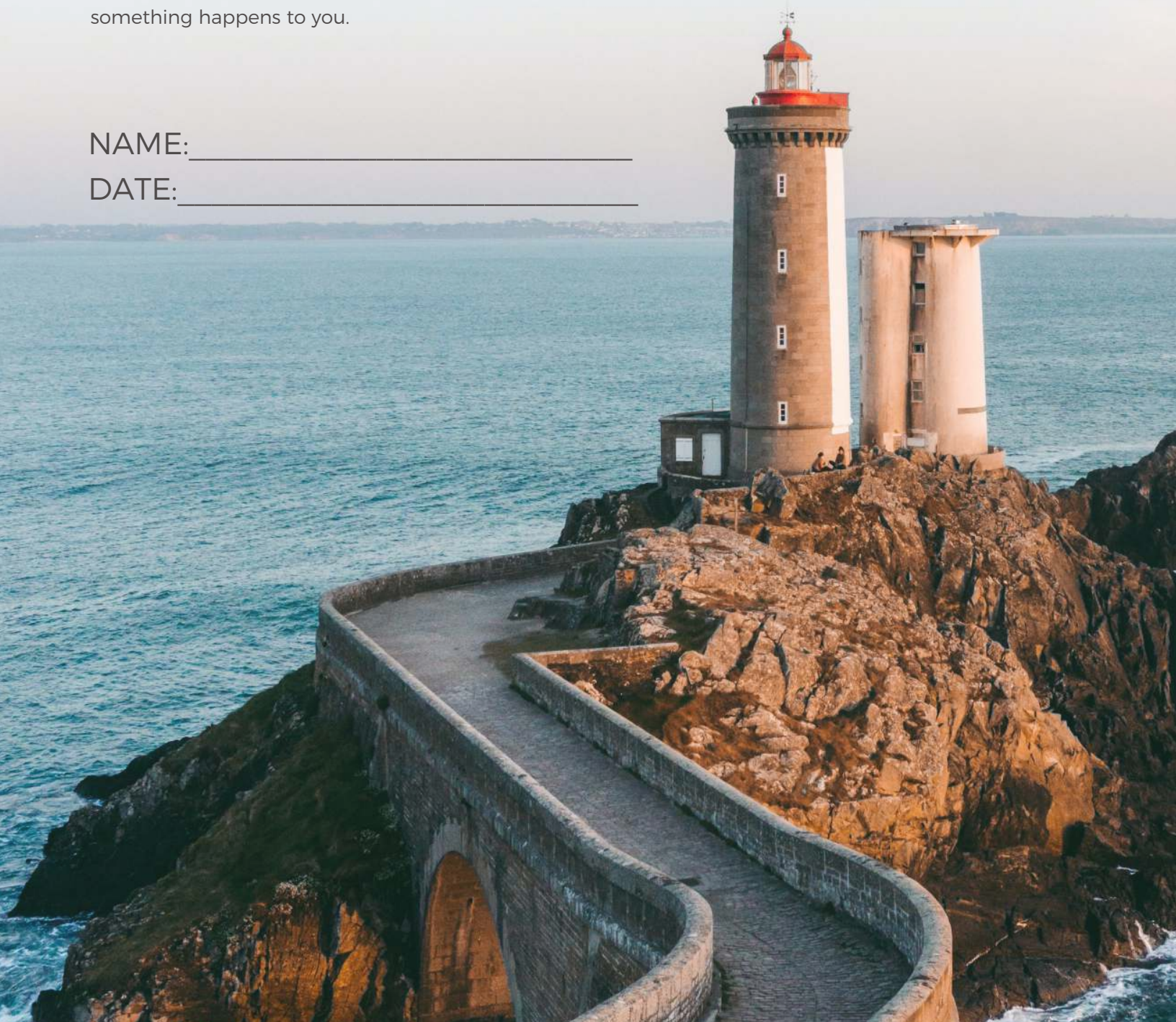
# ORGANIZE YOUR PERSONAL FINANCES

---

Having your financial house in order can help you prepare for the future and whatever life might bring. This personal financial organizer provides a convenient place where you can store all of your key financial data. It will also provide valuable information for the personal representative of your estate if something happens to you.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



Once completed, this form will contain sensitive and confidential data. Given that, we would recommend that you fill out the form, print it and then store it along with your other important documents in a secure location such as a personal safe. Also, make sure your trusted family member or friend knows where these documents are stored and how to access them if necessary.

**PERSONAL**

My Social Security card can be found: \_\_\_\_\_

My Driver's License can be found: \_\_\_\_\_

My passport can be found: \_\_\_\_\_

My computer password is: \_\_\_\_\_

My e-mail address/password is: \_\_\_\_\_

My safe deposit box can be found: \_\_\_\_\_

The key can be found \_\_\_\_\_

My personal safe can be found: \_\_\_\_\_

The combination is: \_\_\_\_\_

**OWNERSHIP**

My real estate deed can be found: \_\_\_\_\_

My motor vehicle title can be found: \_\_\_\_\_

Other titles of ownership can be found: \_\_\_\_\_

**ADVISORS**

**Attorney:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Accountant:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Insurance Advisor:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Financial Advisor:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## ADDITIONAL KEY CONTACTS

**Family Member:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Friend:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Primary Care Physician:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Pediatrician:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dentist:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Executor:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Telephone Provider:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Gas Company:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family Member:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Friend:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other Physician:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Guardian for Minors:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Veterinarian:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Power of Attorney:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Cable Provider:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Electric Company:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## INCOME

### Employer:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

HR Contact: \_\_\_\_\_

### Pension:

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Monthly Benefit: \_\_\_\_\_

Recipient: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### Other Income:

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Recipient: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### Employer:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

HR Contact: \_\_\_\_\_

### Pension:

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Monthly Benefit: \_\_\_\_\_

Recipient: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### Other Income:

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Recipient: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## BANKING

### Checking Account:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

### Savings Account:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

### Checking Account:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

### Savings Account:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

## RETIREMENT ACCOUNTS

### Employer:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Employer:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### IRA:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Employer:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Employer:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### IRA:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

## INVESTMENTS

### Brokerage Account:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Partnership Interest:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Brokerage Account:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Partnership Interest:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

## INVESTMENTS (CONTINUED)

### 529 Plan:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

### Stock Options

Company: \_\_\_\_\_

HR Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### Deferred Compensation:

Company: \_\_\_\_\_

HR Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### Employee Stock Purchase Plan:

Company: \_\_\_\_\_

HR Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### 529 Plan:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

### Stock Options:

Company: \_\_\_\_\_

HR Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### Deferred Compensation:

Company: \_\_\_\_\_

HR Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### Employee Stock Purchase Plan:

Company: \_\_\_\_\_

HR Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## REAL ESTATE

### Primary Residence:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Adjusted Basis: \_\_\_\_\_

### Investment Property:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Adjusted Basis: \_\_\_\_\_

### Secondary Residence:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Adjusted Basis: \_\_\_\_\_

### Investment Property:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Adjusted Basis: \_\_\_\_\_

## LIABILITIES

### Mortgage:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Line of Credit:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Car Loan:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Student Loan:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Credit Card:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Mortgage:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Line of Credit:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Car Loan:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Student Loan:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

### Credit Card:

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_

Username/Password: \_\_\_\_\_

\_\_\_\_\_

# INSURANCE

## Life Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Life Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Disability Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Long Term Care Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Health Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Life Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Life Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Disability Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Long Term Care Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Health Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_



## INSURANCE (CONTINUED)

### Homeowners Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Resident Address: \_\_\_\_\_

### Auto Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle & VIN: \_\_\_\_\_

### Umbrella Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Homeowners Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Resident Address \_\_\_\_\_

### Auto Insurance:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle & VIN: \_\_\_\_\_

### Other:

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## ESTATE PLANNING

**Document:**

**Date Signed:**

**Location:**

- Will
- Living Will
- Medical Power of Attorney
- Medical Directive
- General Power of Attorney
- Living Trust
- Insurance Trust
- Charitable Trust
- Minor's Trust
- Custodial Account
- Organ Donation
- Pre/Post Nuptials
- Divorce Decree
- Burial Agreement
- Letter of Instruction

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---