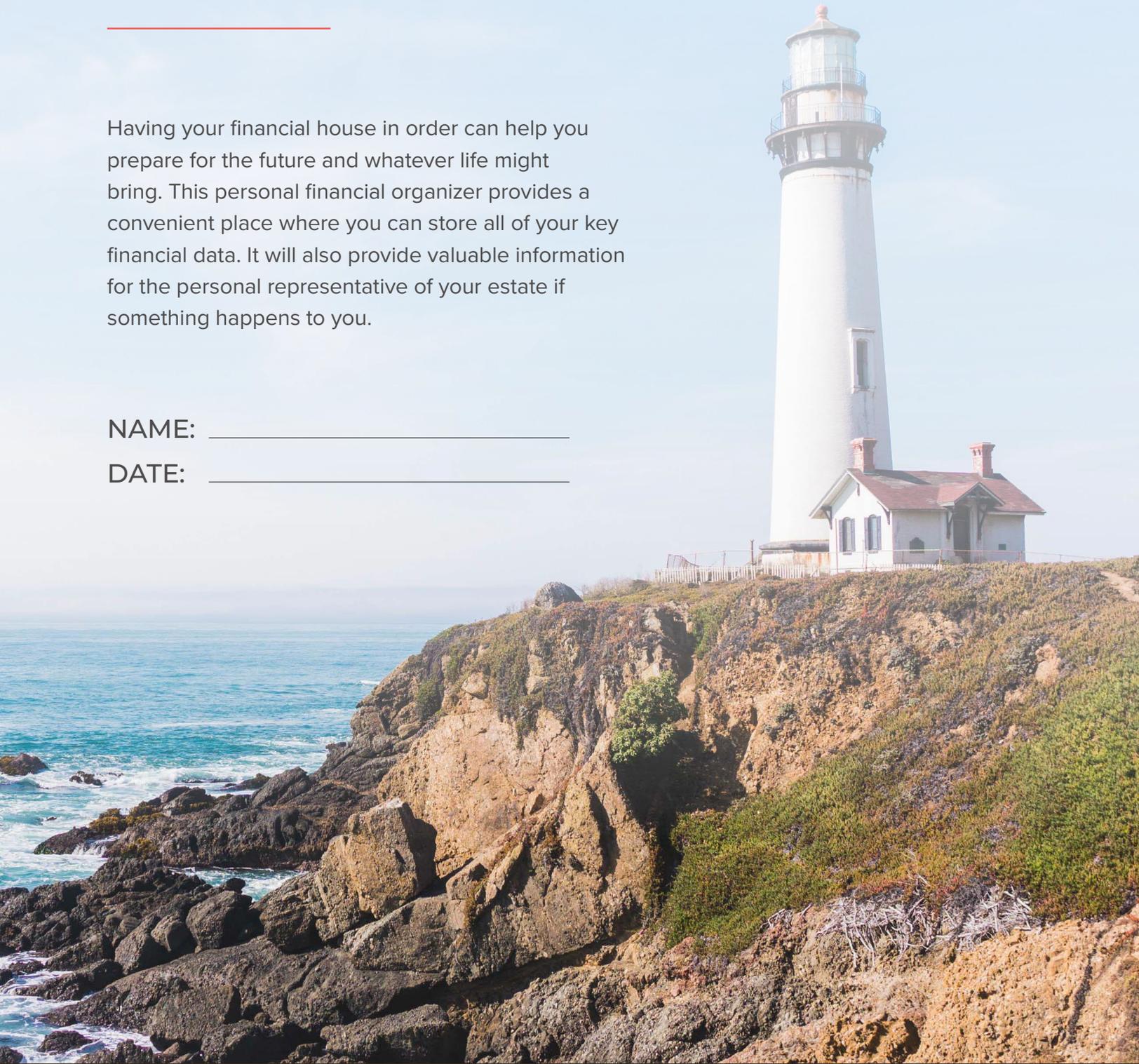


ORGANIZE YOUR PERSONAL FINANCES

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 email 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: _____

Email: _____

Accountant:

Name: _____

Phone: _____

Email: _____

Insurance Advisor:

Name: _____

Phone: _____

Email: _____

Financial Advisor:

Name: _____

Phone: _____

Email: _____

ADDITIONAL KEY CONTACTS

Family Member:

Name: _____

Phone: _____

Email: _____

Friend:

Name: _____

Phone: _____

Email: _____

Primary Care Physician:

Name: _____

Phone: _____

Email: _____

Pediatrician:

Name: _____

Phone: _____

Email: _____

Dentist:

Name: _____

Phone: _____

Email: _____

Executor:

Name: _____

Phone: _____

Email: _____

Telephone Provider:

Name: _____

Phone: _____

Email: _____

Gas Company:

Name: _____

Phone: _____

Email: _____

Family Member:

Name: _____

Phone: _____

Email: _____

Friend:

Name: _____

Phone: _____

Email: _____

Other Physician:

Name: _____

Phone: _____

Email: _____

Guardian for Minors:

Name: _____

Phone: _____

Email: _____

Veterinarian:

Name: _____

Phone: _____

Email: _____

Power of Attorney:

Name: _____

Phone: _____

Email: _____

Cable Provider:

Name: _____

Phone: _____

Email: _____

Electric Company:

Name: _____

Phone: _____

Email: _____

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: _____

Loan 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: _____

Loan 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
