

FINANCIAL WELLNESS

Your Financial and Personal Information Document

Your Personal Financial IQ

Can you answer the following questions?

- Where do you keep your important financial documents?
- Who would you call to adjust taxes, claim disability benefits, and execute powers of attorney?
- What are your real estate and other assets?
- Where are your financial assets held?
- Where is a record of your stocks and securities?
- What are your outstanding loans and liabilities?
- Who is your insurance provider?
- What are your family account passwords?

Completing this financial and personal information document will help you answer these important questions and chronicle your financial life.

Once you have documented your financial and personal information, you may want to consider keeping this document and the following other important documents in an accessible and safe place.

- Bank, brokerage, and mutual fund statements
- IRA's, retirement plans, insurance policies
- U.S. savings bonds
- Loan paperwork, leases, property deeds, auto titles
- Tax returns
- Insurance policies
- Passwords and safe combinations
- Copies of your last will and testament, living will and healthcare proxy, power of attorney, trust documents

Personal Information

	Client	Spouse
Date:	_____	_____
Full legal name:	_____	_____
Social Security #:	_____	_____
Location of SS cards:	_____	_____
Phone number:	_____	_____
Place of birth:	_____	_____
	City _____ State _____	City _____ State _____
	Country _____	Country _____
Date of birth:	_____	_____
If citizen of foreign country, date entered USA:	_____	_____
Father's name:	_____	_____
Mother's maiden name:	_____	_____
Place of marriage/ civil union:	_____	
Date married/ civil union:	_____	
If widowed, date of spouse's death:	_____	
If divorced, date of divorce:	_____	
If a veteran, branch:	_____	
Dates of service:	_____	

Personal Information (continued)

Child's name:

Date of birth

Place of birth

1. _____

Address

2. _____

Address

3. _____

Address

4. _____

Address

Key Contacts

Financial
Advisor:

Name

Phone number

Email

Address

Financial
Advisor:

Name

Phone number

Email

Address

Key Contacts (continued)

Accountant:

Name

Phone number Email

Address

Attorney:

Name

Phone number Email

Address

Banker:

Name

Phone number Email

Address

Physician:

Name

Phone number Email

Address

Specialist:

Name

Phone number Email

Address

Life
Insurance
Agent:

Name

Phone number Email

Address

Property
and Casualty
Agent

Name

Phone number Email

Address

Other:

Name

Phone number Email

Address

Financial Information

Personal Accounts (checking, savings, etc.)

Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Retirement Accounts (pension, 401(k))

Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Investment Accounts (brokerage, IRA, trust)

Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Owner	Institution	Account number
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Contact		Phone number
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Financial Information (continued)

Credit Cards

Owner Type of card Card number

Owner Type of card Card number

Owner Type of card Card number

Owner Type of card Card number

Real estate/ property:

Location Deed Location

Location Deed Location

Rent Mortgage

payment to:

Company or bank/branch City

Company or bank/branch City

Safety deposit boxes located at:

Bank/ branch/ city Number

Address

Bank/ branch/ city Number

Address

Major possessions/ automobile(s):

Make Financing/
leasing
company Title location

Make Financing/
leasing
company Title location

Artwork and collectibles:

Location	Description
Location	Description
Location	Description
Location	Description
Location	Description

Employment History

Most current employer:

Client	Phone number
Spouse	Phone number

Group life insurance:

<input type="checkbox"/> Yes Client	<input type="checkbox"/> No	<input type="checkbox"/> Yes Spouse	<input type="checkbox"/> No
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Disability:

<input type="checkbox"/> Yes Client	<input type="checkbox"/> No	<input type="checkbox"/> Yes Spouse	<input type="checkbox"/> No
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Stock options:

<input type="checkbox"/> Yes Client	<input type="checkbox"/> No	<input type="checkbox"/> Yes Spouse	<input type="checkbox"/> No
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Insurance

Medical/healthcare insurance:

Primary healthcare provider	Policy number
Long-term care insurance provider	Policy number
Other medical insurance provider	Policy number

Financial Information (continued)

Life insurance/
V.A. benefits:

Company Policy number

Company Policy number

Company Policy number

Automobile
insurance:

Company Policy number

Property
insurance:

Company Policy number

Estate Planning

Attorney:

Name Phone number

Location of
original will:

Living will:

Letter of
last instruction:

Personal and charitable
trust documents:

HIPAA agreements:

Power of Attorney

Financial:

Name Phone number

Document location

Medical:

Name Phone number

Document location

Important Non-Financial Documents

Personal

Birth certificate:

Location

Passport/
citizenship papers:

Location

Adoption papers:

Location

Marriage certificate:

Location

Family death
certificates:

Location

Prenuptial
agreement:

Location

Divorce or separation
agreement:

Location

Military discharge
papers:

Location

Appraisal and inventory
of valuable items:

Location

Tax

Prior years' federal
and state returns:

Location

Federal/state gift
tax returns:

Location

Property and
school tax records:

Location

Small business

Incorporation/
ownership papers:

Location

Buy/sell
agreements:

Location

Important Information Regarding Serious Illness or Death

Synagogue:

Name Phone number

Personal Contacts

Name Phone number

Name Phone number

Name Phone number

Name Phone number

Name Phone number

Name Phone number

I have made funeral
arrangements with:

Name Phone number

Burial plot
arrangements:

Cemetery name Phone number

I have not made
arrangements
but would like
the following:

Preferred funeral home

Address

Type of service

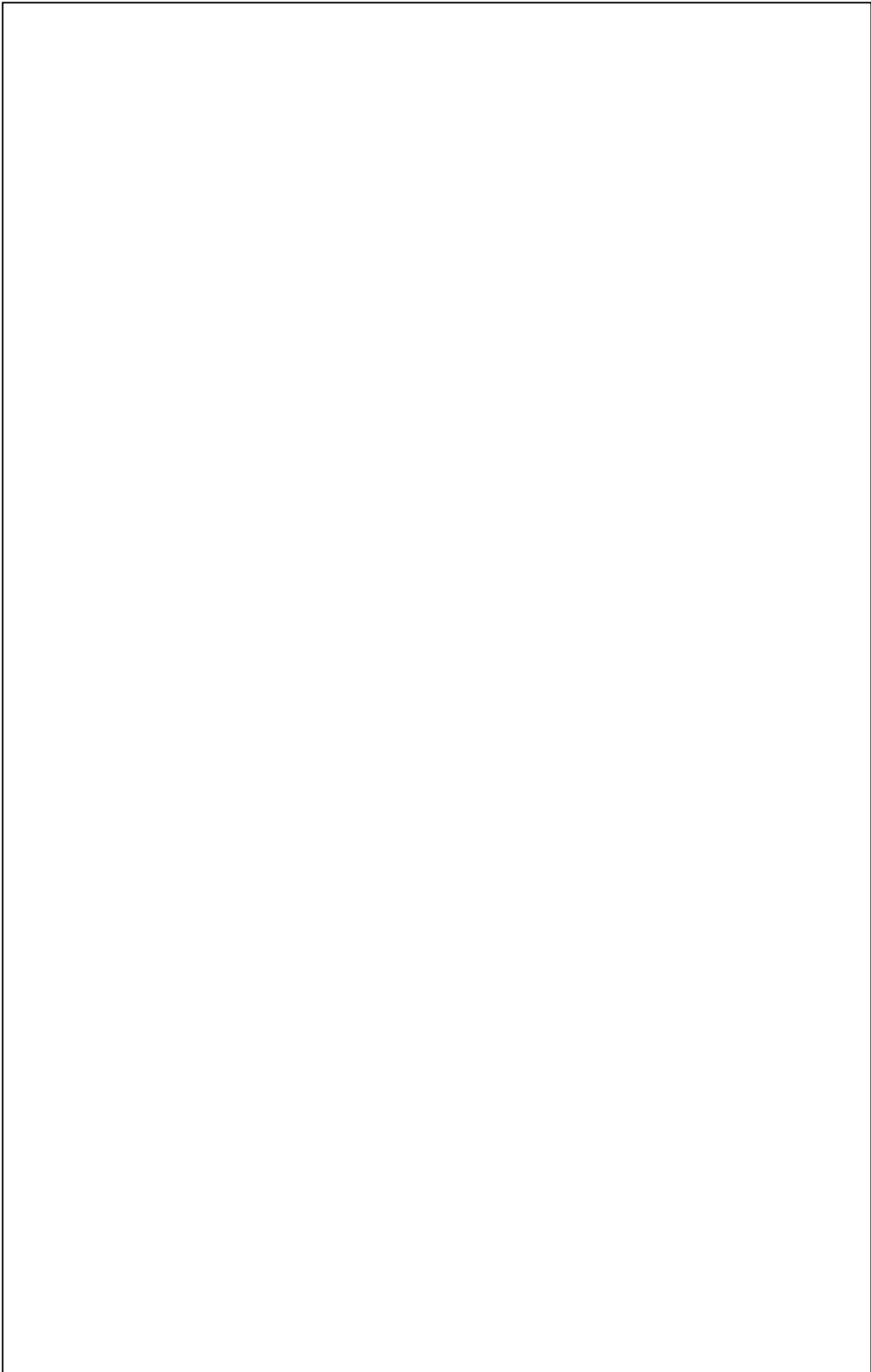
Type of arrangements

Cemetery

Information I would like included in my obituary:

Preferred memorial donations:

Notes

A large, empty rectangular box with a thin black border, intended for taking notes. It occupies most of the page below the 'Notes' header.