



FINANCIAL LIFE ORGANIZER

Take steps today to care
for your family tomorrow

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| | | |
|-----------------------------|--------------------------------|-----------------------|
| Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value |
|-----------------------------|--------------------------------|-----------------------|

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 |

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 |

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 |

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 |

Grandchildren (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 |

Grandchildren (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 |

| | | |
|--|---|--|
| 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 |

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 |

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 |
|-------------|-------|-------|

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 |

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 |

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) |

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

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) | | |

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)

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 |
|-----------|--------------|-------|-------|

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) | | |

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) | | |

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) | | | |

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) |

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) |

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 | Executor(s) | Phone | Email |
|------|-------------|-------|-------|
|------|-------------|-------|-------|

Location

Amendment(s) to living trust

| Date | Executor(s) | Phone | Email |
|------|-------------|-------|-------|
|------|-------------|-------|-------|

Location

| Date | Executor(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 |
|-----------------------|

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 |
|-------|

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

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 |

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, Instagram, LinkedIn, X)

| | | |
|-------------|-----------------|--------------|
| 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 |

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

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 |

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)

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 # | Account or ID # | 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) |

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 |
|-----------------|---------------------|----------------|

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

Notes

Notes

