

FINANCIAL LIFE ORGANIZER

Take steps today to care  
for your family tomorrow



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# 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.**

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# 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.

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What are your most important financial goals?

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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?

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Do you anticipate any significant financial or life changes in the foreseeable future?

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Estate planning/gifting

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Do you intend to make gifts of money or assets to your children, grandchildren or other relatives? If yes, under what conditions?

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Do you have a will in place? Have you prepared your finances to match what's expressed in your will?

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Have you established any trusts? Who are the beneficiaries and what are the goals of the trusts?

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Have you given anyone power of attorney? If yes, is this person aware of your financial situation and wishes?

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## 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

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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
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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
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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	
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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
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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	
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Spouse's/Partner's name	Former spouse (if divorced)	
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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

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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)	
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Occupation	Employment address, phone number and email	
Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
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Father's name	Mother's maiden name	
Spouse's/Partner's name	Former spouse (if divorced)	
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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
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#### 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**

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Firm name	Phone	Email
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Notes

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Firm name	Phone	Email
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Notes

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Name of real estate advisor/agent	Phone	Email
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Name of real estate advisor/agent	Phone	Email
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Name of property manager	Phone	Email
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Name of property manager	Phone	Email
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Name of personal assistant	Phone	Email
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Name of personal assistant	Phone	Email
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Country club membership chair(s)	Phone	Email
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Dining club membership chair(s)	Phone	Email
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Golf club membership chair(s)	Phone	Email
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Guardian(s) for estate	Phone	Email
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Insurance agent name	Phone	Email
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Clergy name	Phone	Email
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## 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
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**Pharmacy**

Name	Address
Phone	Email
Name	Address
Phone	Email
Name	Address
Phone	Email

**Preferred hospital**

Name	Address	Phone
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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)**

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Location	Contact
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Phone	Email
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### D. Location of critical records and documents

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Location of health care proxy	Attorney-in-fact
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Phone	Email
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Location of durable power of attorney	Attorney-in-fact
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Phone	Email
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Other (e.g., Living wills, DNR)	Contact
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Phone	Email
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### Organ donor registration

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Yes or no	Notes
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**Are your advance directives and medical information stored with an electronic storage service?  Yes  No**

### If yes, indicate

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Name of service	Storage Service URL	Login/password
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## 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 information | Section 4

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Property address

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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)
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Price spent on property improvements	What your survivors may do with this property upon your death
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Purchase date and property price	Location of title
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Home equity lender (if appropriate)	Contact	Phone
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Notes (location of documents, co-signer)

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Property address

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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)
--------------------------------------	---	--

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Price spent on property improvements	What your survivors may do with this property upon your death
--------------------------------------	---

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Purchase date and property price	Location of title
----------------------------------	-------------------

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Home equity lender (if appropriate)	Contact	Phone
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Notes (location of documents, co-signer)

### A. Government-sponsored income

Type (Social Security, Medicare)	Contact name	Account number (optional)
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Type (Social Security, Medicare)	Contact name	Account number (optional)
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### B. General accounts (see page 35 for passwords/pins)

#### Checking/saving account(s)

Institution	Contact name	Phone
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Account title (e.g., John and Jane Doe checking account)	Notes (sole or joint ownership, account #)
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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
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Account title (e.g., John and Jane Doe checking account)	Notes (sole or joint ownership, account #)
--	--

#### ATM/Debit cards

Institution	Contact name	Phone
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Institution	Contact name	Phone
-------------	--------------	-------

Institution	Contact name	Phone
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**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
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**Restricted stock plan(s)**

Custodian	Contact name	Phone	Notes
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**Employee stock ownership plan(s) (for example, ESOP)**

Custodian	Contact name	Phone	Notes
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**Dividend reinvestment plan(s) (DRIP(s))**

Custodian	Contact name	Phone	Notes)
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**529 college savings plan(s) or other education funding plans**

Custodian	Contact name	Phone
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Plan location	Notes (account #)
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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)
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Custodian	Contact name	Phone	Notes (account #, location of agreement)
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D. Credit and lending (see page 35 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	Trustee(s)	Phone	Email
Location			

### Amendment(s) to living trust

Date	Trustee(s)	Phone	Email
Location			

Date	Trustee(s)	Phone	Email
Location			

### Personal property memo for estate plan

Date	Executor(s)	Phone	Email
Location			

### Trust(s) for descendants

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Name of trust	Type		
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Date	Trustee(s)	Phone	Email
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Location of documents

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Name of trust	Type		
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Date	Trustee(s)	Phone	Email
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Location of documents

### Charitable trust(s)

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Name of trust	Type		
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Date	Trustee(s)	Phone	Email
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Location of documents

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Name of trust	Type		
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Date	Trustee(s)	Phone	Email
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Location of documents

### Other trust(s)

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Name of trust	Type		
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Date	Trustee(s)	Phone	Email
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Location of documents

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Name of trust	Type		
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Date	Trustee(s)	Phone	Email
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Location of documents

**A. Pets**

Kind/name	Veterinarian	Phone	Notes
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Kind/name	Veterinarian	Phone	Notes
-----------	--------------	-------	-------

**B. Clubs and other memberships**

Institution	Contact name	Phone	Email
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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
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Notes
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Company	Contact name	Phone	Email
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Notes
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Company	Contact name	Phone	Email
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Notes
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D. Other household or personal services (such as landscaping, gutters, sprinkler system, garbage removal) (continued)

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Company	Contact name	Phone	Email
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Notes

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Company	Contact name	Phone	Email
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Notes

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Company	Contact name	Phone	Email
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Notes

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Company	Contact name	Phone	Email
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Notes

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Company	Contact name	Phone	Email
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Notes

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Company	Contact name	Phone	Email
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Notes

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Company	Contact name	Phone	Email
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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, LinkedIn)**

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
Location	Combination/Key location	Notes

### 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
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**C. Health and medical information**

**Home health aide(s)**

Name	Agency	Phone	Bonded (y/n)
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Notes (contract, billing information)

Name	Agency	Phone	Bonded (y/n)
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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
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**Preferred hospital**

Name	Address	Phone
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**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 #	Card location	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**

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Location of health care proxy Attorney-in-fact

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Phone Email

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Location of durable power of attorney Attorney-in-fact

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Phone Email

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Other (e.g., Living wills, DNR) Contact

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Phone Email

**Organ donor registration**  Yes  No

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Notes

**Has this individual completed his or her own copy of this document?**  Yes  No

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If yes, location

**Are the above advance directives and medical information stored with an electronic storage service?**  Yes  No

**If yes, indicate**

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Name of service	Storage Service URL	Login/password
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## 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

