Your financial information

A checklist that can be used for planning or emergencies

Prepared/Updated ____________________

Personal profile

	Name	Social Security number	Birth date	Location of birth certificate
Husband				
Wife				
Children				
Other beneficiaries				

Financial Advisor ____________________

Address ____________________

____

Phone ____________________

Attorney ____________________

Address ____________________

____

Phone ____________________

Accountant ____________________

Address ____________________

____

Phone ____________________

Insurance Agent ____________________

Address ____________________

____

Phone ____________________

Do you have:

	Current and dated	Location
☐ Will	____ / ____ / ____	____________________
☐ Durable power of attorney	____ / ____ / ____	____________________
☐ Health care directive	____ / ____ / ____	____________________
☐ Living will	____ / ____ / ____	____________________
☐ Revocable living trust	____ / ____ / ____	____________________

Personal representative/executor ____________________

Location of tax returns ____________________

Location of safe deposit box (Institution) ____________________ Address ____________________

Names of those authorized to open safe deposit box ____________________

Location of keys ____________________

Contents (stock certificates, EE bonds, bearer bonds, etc.) ____________________

Location of appraisal and inventory of personal property (including collectibles) ☐ List ☐ Photos ☐ Video

____

Funeral and burial arrangements ____________________

____

____

Incapacity/Disability

Name of guardian/trustee in the event of your incapacity ____________________

What disability policies do you own? ____________________

What long-term care policies do you own? ____________________

Investment/Bank accounts

Bank/Institution ____________________

How account is titled ____________________

Account number ____________________

Type of account ____________________

Account number ____________________

Type of account ____________________

Bank/Institution ____________________

How account is titled ____________________

Account number ____________________

Type of account ____________________

Account number ____________________

Type of account ____________________

Trust accounts

Institution ____

Address ____

Type of trust ______________________ Tax ID number ______________________

Current trustee ______________________ Successor trustee ______________________

Beneficiaries ____

Institution ____

Address ____

Type of trust ______________________ Tax ID number ______________________

Current trustee ______________________ Successor trustee ______________________

Beneficiaries ____

Have you reviewed your trust(s) recently? ☐ Yes ☐ No

Gift information

Are you a custodian of uniform gift/transfer to a minor's accounts? ☐ Yes ☐ No

(If so, and you are the donor, these may be included in your estate for tax purposes.)

Have you filed any gift tax returns? Year ____________ Gift amount $____________

Are you taking full advantage of annual exclusion gifts? ☐ Yes ☐ No

Securities

Brokerage firm ______________________

How account is titled ______________________

Account number ______________________

Type of account ______________________

Account number ______________________

Type of account ______________________

Brokerage firm ______________________

How account is titled ______________________

Account number ______________________

Type of account ______________________

Account number ______________________

Type of account ______________________

IRAs/Retirement plans

Type: ☐ Traditional IRA ☐ Roth IRA ☐ Qualified plan ☐ 403(b)

Participant ______________________________

Name of company (i.e., brokerage firm, bank, mutual fund) ______________________________

Address ______________________________

Account number ____________ Approximate value $____________ Date ____________

Primary beneficiaries ______________________________

Contingent beneficiaries ______________________________

Type: ☐ Traditional IRA ☐ Roth IRA ☐ Qualified plan ☐ 403(b)

Participant ______________________________

Name of company (i.e., brokerage firm, bank, mutual fund) ______________________________

Address ______________________________

Account number ____________ Approximate value $____________ Date ____________

Primary beneficiaries ______________________________

Contingent beneficiaries ______________________________

Life insurance policies

Owned by	Type of policy*	Issuer	Insured†	Beneficiary	Death benefit	Premium	Cash value	Loans
					$	$	$	$
					$	$	$	$
					$	$	$	$
					$	$	$	$
					$	$	$	$

**WL = Whole life; G = Group term; UL = Universal life; SPWL = Single-premium whole life; T = Term; SL = Survivorship life*

†The owner is assumed to be the insured unless you note otherwise.

Have these policies been reviewed recently? ☐ Yes ☐ No

Do these policies meet your current needs? ☐ Yes ☐ No

Annuities

Owned by	Type of contact*	Issuer	Beneficiary	Death benefit	Cash value
			$	$	$
			$	$	$
			$	$	$

**F = Fixed rate; V = Variable rate*

Real estate/personal residence/business assets/other (collectibles, jewelry, etc.)

Real estate/real-estate interests owned ______

Location of property ______

Lender ______ Lender's address ______

Account number ______ Loan amount $ ______

Payment amount $ ______ Date due ______

Interest rate ______ Maturity ______

Real estate/real-estate interests owned ______

Location of property ______

Lender ______ Lender's address ______

Account number ______ Loan amount $ ______

Payment amount $ ______ Date due ______

Interest rate ______ Maturity ______

Estate tax

What is your estimated estate tax liability? $ ______

Have you planned for it? ☐ Yes ☐ No

Investment and Insurance Products: ▶NOT FDIC Insured ▶NO Bank Guarantee ▶MAY Lose Value