

# 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	_____	Attorney	_____
Address	_____	Address	_____
	_____		_____
Phone	_____	Phone	_____

Accountant	_____	Insurance Agent	_____
Address	_____	Address	_____
	_____		_____
Phone	_____	Phone	_____

Do you have:

	Current and dated	Location
<input type="checkbox"/> Will	___ / ___ / ___	_____
<input type="checkbox"/> Durable power of attorney	___ / ___ / ___	_____
<input type="checkbox"/> Health care directive	___ / ___ / ___	_____
<input type="checkbox"/> Living will	___ / ___ / ___	_____
<input type="checkbox"/> 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 \_\_\_\_\_ Bank/Institution \_\_\_\_\_

How account is titled \_\_\_\_\_ How account is titled \_\_\_\_\_

Account number \_\_\_\_\_ Account number \_\_\_\_\_

Type of account \_\_\_\_\_ Type of account \_\_\_\_\_

Account number \_\_\_\_\_ Account number \_\_\_\_\_

Type of account \_\_\_\_\_ Type of account \_\_\_\_\_

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## 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 \_\_\_\_\_ Brokerage firm \_\_\_\_\_

How account is titled \_\_\_\_\_ How account is titled \_\_\_\_\_

Account number \_\_\_\_\_ Account number \_\_\_\_\_

Type of account \_\_\_\_\_ Type of account \_\_\_\_\_

Account number \_\_\_\_\_ Account number \_\_\_\_\_

Type of account \_\_\_\_\_ 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