



Key Financial Information for Loved Ones

Name(s): _____ Updated: _____

Your Valued Financial Advisors

Attorney

Name: _____

Address: _____

Phone: _____

Financial Planner

Name: _____

Address: _____

Phone: _____

Accountant

Name: _____

Address: _____

Phone: _____

Insurance Professional

Name: _____

Address: _____

Phone: _____

Other

Name: _____

Address: _____

Phone: _____

Important Contacts

Employer

Name: _____

Address: _____

Phone: _____

- Life Ins. Disability Ins. Health Ins. LTC Ins.
- Retirement Plan Deferred Comp. Stock Ownership
- Stock Options FSA Other _____

Retirement/Pension Benefits Contact

Name: _____

Address: _____

Phone: _____

Beneficiaries: _____

Other

Name: _____

Address: _____

Phone: _____

Other

Name: _____

Address: _____

Phone: _____

Investments

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

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Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Banking Information

Checking

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Savings

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Other

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Liabilities (Mortgage, Auto Loans, Student Loans, Other Debts)

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Life Insurance

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Other Insurance (Disability, Long Term Care, Health)

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

