

**PERSONAL FINANCIAL INFORMATION**

**FOR**



# *Personal Financial Information*

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# **Introduction**

**Developing and maintaining a personal financial plan is essential for you in achieving financial security.**

**Your personal financial plan is composed of many elements, which inter-relate in a dynamic way as you progress through the various stages of your life.**

**This information is offered to you with the hope that it may be helpful to you in developing and maintaining your personal financial plan by:**

- **Suggesting a variety of financial planning elements that might be helpful.**
- **Providing a centralized place where your financial planning information can be maintained.**

**In the event of an emergency or at death, information can be extremely important. Thus, having everything listed in an organized planner makes things simpler.**

**When you have completed the information, place this binder in a safe location. Make sure that its location is known by at least two other family members or close friends. Do not place it in a safe deposit box because of the limited access to it in time of need.**

**This information is intended for your general use only. You may want to obtain professional advice from either a lawyer or a certified financial planner regarding your specific financial planning.**

# **Personal Information**



**Check if information is included**



**Personal Information**



**Parents Information**



**Siblings or Other Relatives Information**



**Employment History**



**Salary History**



**Instructions to the Family**

# Personal Information

**Legal Name** \_\_\_\_\_

**SSN** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Maiden Name (if applicable)** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**SSN** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

## Parents

<b>Name and Address</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<b>Relationship</b>	<b>Birthdate</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Name and Address</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<b>Relationship</b>	<b>Birthdate</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Name and Address</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	<b>Relationship</b>	<b>Birthdate</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Siblings or Other Relatives

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

# Employment History

**Present Employer** UC Riverside

**Department** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Title** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Hire Date** \_\_\_\_\_

**Retirement Benefits**     **Yes**                       **No**

**Contact the UCR Benefits Office**

**Phone: (909) 787-4766**

**E-mail:**

**Former Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employment Date: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Retirement Benefits**     **Yes**                       **No**

**Contact person for benefits** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Former Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employment Date: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Retirement Benefits**     **Yes**                       **No**

**Contact person for benefits** \_\_\_\_\_

**Phone** \_\_\_\_\_





# Personal Finance

**If information is included**

- Budget**
- Cash Flow Analysis**
- Net Worth Analysis**
- Other**

# Financial Institutions

**Check if information is included**

**Bank**

**Checking**

**Savings**

**Certificate of Deposit**

**Money Market**

**Credit Cards**

**Loan Information**

**Other**

**Credit Union**

**Checking**

**Savings**

**Certificate of Deposit**

**Money Market**

**Credit Cards**

**Loan Information**

**Other**

# Financial Institutions

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

	Account Number(s)	PIN Number
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____ _____	_____ _____
<input type="checkbox"/> Money Market	_____	_____
<input type="checkbox"/> Credit Card(s)	_____	_____
(Lost or stolen card call _____)		

<input type="checkbox"/> Credit Card(s)	_____	_____
(Lost or stolen card call _____)		

<input type="checkbox"/> Credit Card(s)	_____	_____
(Lost or stolen card call _____)		

# Financial Institutions (Continued)

**Name of Financial Institution** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

	<b>Account Number(s)</b>	<b>PIN Number</b>
<input type="checkbox"/> <b>Checking</b>	_____	_____
<input type="checkbox"/> <b>Savings</b>	_____	_____
<input type="checkbox"/> <b>Certificates of Deposit</b>	_____ _____	_____ _____
<input type="checkbox"/> <b>Money Market</b>	_____	_____
<input type="checkbox"/> <b>Credit Card(s)</b>	_____	_____
	(Lost or stolen card call _____)	
<input type="checkbox"/> <b>Credit Card(s)</b>	_____	_____
	(Lost or stolen card call _____)	
<input type="checkbox"/> <b>Credit Card(s)</b>	_____	_____
	(Lost or stolen card call _____)	



## Loan Information

Name of Bank/Credit Union \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Collateral \_\_\_\_\_

Loan Term \_\_\_\_\_ Payoff Date \_\_\_\_\_

Credit Life/Disability Insurance Yes  No

Name of Bank/Credit Union \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Collateral \_\_\_\_\_

Loan Term \_\_\_\_\_ Payoff Date \_\_\_\_\_

Credit Life/Disability Insurance Yes  No

Name of Bank/Credit Union \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Collateral \_\_\_\_\_

Loan Term \_\_\_\_\_ Payoff Date \_\_\_\_\_

Credit Life/Disability Insurance Yes  No

Other Financial Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Insurance Checklist



**Check if information is included**

- Medical**
- Dental**
- Vision**
- Life**
- Disability**
- Auto**
- Recreational Vehicles**
- Homeowners/Renters**
- Umbrella ( General Liability Policy)**
- Long-Term Care**
- Other Insurance Plans**

# Health Insurance – Medical, Dental and Vision

**Medical Insurance Company** \_\_\_\_\_

- Group**                       **Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Plan Name and Type** \_\_\_\_\_

- Hospitalization**  
 **Physician Visits**  
 **Prescriptions**

**Dental Insurance Company** \_\_\_\_\_

- Group**                       **Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Plan Name and Type** \_\_\_\_\_

**Vision Insurance Company** \_\_\_\_\_

- Group**                       **Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Plan Name and Type** \_\_\_\_\_

**Other Insurance Company** \_\_\_\_\_

- Group**                       **Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Plan Name and Type** \_\_\_\_\_

# Prescription Information

**Patient Name**

**Medication**

**Dosage/Frequencies**

**Doctor**

**Life Insurance**

**Insurance Company** \_\_\_\_\_

**Group**

**Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Type of Coverage** \_\_\_\_\_

**Amount of Coverage** \_\_\_\_\_

**Beneficiaries** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Group**

**Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Type of Coverage** \_\_\_\_\_

**Beneficiaries** \_\_\_\_\_

**Disability/Accident Insurance**

**Insurance Company** \_\_\_\_\_

**Group**

**Individual**

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Type of Coverage** \_\_\_\_\_

**Beneficiaries** \_\_\_\_\_

**Auto Insurance**

**Insurance Company** \_\_\_\_\_

**Group**                       **Individual**

**Agent** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Type of Coverage** \_\_\_\_\_

**Vehicle 1** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle 2** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle 3** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle 4** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Recreational Vehicle Insurance**

**Insurance Company** \_\_\_\_\_

**Group**                       **Individual**

**Agent** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Policy or Certificate Number** \_\_\_\_\_

**Type of Coverage** \_\_\_\_\_

**Vehicle 1** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle 2** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Vehicle 3** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Motorcycle** \_\_\_\_\_ **VIN** \_\_\_\_\_

## **Homeowners/Renters Insurance**

Insurance Company \_\_\_\_\_

Group

Individual

Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_

Type of Coverage \_\_\_\_\_

## **Umbrella Policy (General Liability Policy)**

Insurance Company \_\_\_\_\_

Group

Individual

Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_

Type of Coverage \_\_\_\_\_

## **Long-Term Care Insurance**

Insurance Company \_\_\_\_\_

Group

Individual

Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_

Type of Coverage \_\_\_\_\_

## **Other Insurance Information**

\_\_\_\_\_

\_\_\_\_\_

# **Pension & Investment Checklist**



**Check if information is included**

- UCRP Basic Retirement Plan & Other Pension Plans**
- Savings Account** (see financial institutions section)
- Certificates of Deposit** (see financial institutions section)
- UC Savings Plans & Other Employer Savings Plans**
- IRA**
- Mutual Funds**
- U.S. Savings Bonds**
- Stocks & Bonds**
- Social Security Information**

# UCRP Basic Retirement Plan

**Contact:** UC Riverside Benefits Office

**Phone:** (909) 787-4766                      **E-mail:**

**Retirement estimate can be obtained at:** [www.ucop.edu/bencom](http://www.ucop.edu/bencom)

**Retirement Estimate Enclosed:**    Yes     No

**Payout option** \_\_\_\_\_

**Beneficiary** \_\_\_\_\_

## Other Pension Plan(s)

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Other Pertinent Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# UC Savings Programs & Other Savings Plans

**1. Tax Deferred 403(b) Plan Plan Balances can be found at:**

[www.ucop.edu/bencom](http://www.ucop.edu/bencom) or call (800)888-8267

Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

Outstanding loans against 403(b) plan \_\_\_\_\_

Date of Loan \_\_\_\_\_

Term of Loan \_\_\_\_\_

Final Payment Due \_\_\_\_\_

**2. After-Tax Plan 401(a) Plan Balances can be found at:**

[www.ucop.edu/bencom](http://www.ucop.edu/bencom) or call (800)888-8267

Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

**3. Defined Contribution Plan (DCP - 401(a) plan) Plan Balances can**

**be found at : [www.ucop.edu/bencom](http://www.ucop.edu/bencom) or call (800)888-8267**

Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

4. **Capital Accumulation Plan (CAP account)** Plan Balance can be found at [www.ucop.edu/bencom](http://www.ucop.edu/bencom) or call (800)888-8267

Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

5. **Other Employer Savings Plans** Plan Balance can be found at:

\_\_\_\_\_  
Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

6. **Other Employer Savings Plan** Plan Balance can be found at:

\_\_\_\_\_  
Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

7. **Other Employer Savings Plan** Plan Balance can be found at:

\_\_\_\_\_  
Account Number (Social Security Number) \_\_\_\_\_

Location of Semi-Annual Statements \_\_\_\_\_

PIN Number \_\_\_\_\_

# IRA Accounts

Traditional       Rollover       ROTH       Education

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number & Type** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number & Type** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number & Type** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number & Type** \_\_\_\_\_

## Mutual Funds

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number** \_\_\_\_\_

## Stocks and Bonds

**Brokerage Firm** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Other Investment Information**

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# Social Security Information

**Beginning in 2000 the Social Security Administration sends out annual statements to all wage earners. This Personal Earnings and Benefit Estimate Statement shows your Social Security earnings history and estimates how much you have paid in Social Security taxes. It also estimates your future benefits and tells you how you can qualify for benefits. It is a good idea to review these statements for accuracy and it is important to keep these statements in your records.**

**Local Social Security Office: Hours 9 am to 4 pm**

**1860 Chicago Ave.**

**Riverside, CA**

**(909) 276-6041**

**General Information and Services: Hours 7am to 7pm**

**(800) 772-1213**

**<http://www.ssa.gov>**

# **Tangible Assets Checklist**



**Check if information is included**

- Primary Residence**
- Secondary Residence**
- Automobile(s)**
- Recreational Vehicle**
- Personal Property**
- Business Interests**

# Residential Property

**Primary Residence** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Location of papers (deed, insurance, etc.)** \_\_\_\_\_

\_\_\_\_\_

**Secondary Residence** \_\_\_\_\_

**Mortgage Holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Location of papers (deed, insurance, etc.)** \_\_\_\_\_

\_\_\_\_\_

**Other Real Property** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Automobile(s)

**Make/Model** \_\_\_\_\_

**Lien holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Location of Title** \_\_\_\_\_

**License Plate #** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Make/Model** \_\_\_\_\_

**Lien holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Location of Title** \_\_\_\_\_

**License Plate #** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Make/Model** \_\_\_\_\_

**Lien holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Location of Title** \_\_\_\_\_

**License Plate #** \_\_\_\_\_ **VIN** \_\_\_\_\_

## Recreational Vehicle(s)

**Make/Model** \_\_\_\_\_

**Lien holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Location of Title** \_\_\_\_\_

**License Plate #** \_\_\_\_\_ **VIN** \_\_\_\_\_

**Make/Model** \_\_\_\_\_

**Lien holder** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Location of Title** \_\_\_\_\_

**License Plate #** \_\_\_\_\_ **VIN** \_\_\_\_\_

# Personal Property

List all possessions that are valuable, tangible property.

***Examples:*** Jewelry, Furniture, Collectibles/Antiques, Home Office Equipment, Electronics, Other Equipment, Books, CD's, Artwork, Musical Instruments, etc.

Item	Location	Value	Insured Y or N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

## **Business Interest(s)**



**Check if information is included**

- Limited Partnership**
- General Partnership**
- Sole Proprietorship**
- LLC**
- Corporation**
- Royalties/Residuals**
- Other**

**Be sure to enclose all pertinent information regarding your additional business interest(s).**

# Tax Information

**Check if information is included**

- Federal Tax Return**
- State Tax Return**
- Flexible Spending Account (FSA)**
- Charitable Contributions**
- Premium Only Plan (POP)**

**Tax Service Used**      **Yes**       **No**

**Name of Service** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Location of Tax Records**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Charitable Contributions

**Name of Organization** \_\_\_\_\_

**Annual Donation Amount** \_\_\_\_\_

**Instructions for Future Donations** \_\_\_\_\_

\_\_\_\_\_

**Name of Organization** \_\_\_\_\_

**Annual Donation Amount** \_\_\_\_\_

**Instructions for Future Donations** \_\_\_\_\_

\_\_\_\_\_

**Name of Organization** \_\_\_\_\_

**Annual Donation Amount** \_\_\_\_\_

**Instructions for Future Donations** \_\_\_\_\_

\_\_\_\_\_

# Wills/Trusts/Estate Planning

Wills and living trusts are legal documents that determine how your estate will be distributed following your death. In the absence of such documents, your property will be distributed among your heirs as prescribed by statute. Because this distribution is unlikely to match your own preferences, you should carefully consider creating a will, a trust or both. Because estate planning is a complex issue, you should seek appropriate legal counsel to determine how best to meet your individual estate planning requirements.

**Attorney for Will** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Will** \_\_\_\_\_

**Location of Will** \_\_\_\_\_

**Location of Additional Copies** \_\_\_\_\_

**Executor** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Attorney for Trust** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Trust** \_\_\_\_\_

**Date of Trust** \_\_\_\_\_

**Trustees** \_\_\_\_\_

**Location of Trust Documents** \_\_\_\_\_

**Location of Additional Copies** \_\_\_\_\_

**Trustee Bank (if applicable)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

# Professional Contacts



**Check if information is included**

- Accountant**
- Attorney**
- Insurance Agent**
- Physician(s)**
- Dentist**
- Clergy**
- Certified Financial Planner**
- Benefits Office**
- Auto Mechanic**
- Plumber**
- Roofer**
- Other**

# Important Papers



**Check if records are included**

- Birth Certificate(s)**
- Citizenship Papers**
- Passport**
- Marriage Certificate**
- Military Service Papers**
- Divorce Papers**
- Death Certificate(s)**
- Living Will**
- Power of Attorney**
- Real Estate Papers**
- Prepaid Funeral Plan**

# Location of Important Documents

**Birth Certificate(s)** \_\_\_\_\_

**Citizenship Papers** \_\_\_\_\_

**Military Service Papers** \_\_\_\_\_

**Marriage Certificate** \_\_\_\_\_

**Divorce Papers** \_\_\_\_\_

**Power of Attorney** \_\_\_\_\_

**Real Estate Papers** \_\_\_\_\_

**Living Will** \_\_\_\_\_

## **You can throw those papers out!**

**At least most of them. The table below indicates the documents you need to keep and how long you should keep them.**

<b><u>DOCUMENT</u></b>	<b><u>HOW LONG</u></b>
<b>Bank Statements</b>	<b>6 years**</b>
<b>Birth Certificates</b>	<b>Indefinitely</b>
<b>Canceled checks</b>	<b>6 years**</b>
<b>Contracts</b>	<b>Updated</b>
<b>Credit card account numbers</b>	<b>Updated</b>
<b>Divorce papers</b>	<b>Indefinitely</b>
<b>Home purchase &amp; improvement records</b>	<b>As long as you own the property</b>
<b>Household inventory</b>	<b>Updated</b>
<b>Insurance, life</b>	<b>Indefinitely</b>
<b>Insurance, car, home, etc.</b>	<b>Updated</b>
<b>Investment records</b>	<b>6 years after tax deadline for the year of sale**</b>
<b>Investment certificates</b>	<b>Until cashed or sold</b>
<b>Loan agreements</b>	<b>Until paid in full</b>
<b>Military service records</b>	<b>Indefinitely</b>
<b>Real estate deeds</b>	<b>Until transfer</b>
<b>Receipts for large purchases</b>	<b>Until sale or discard</b>
<b>Service contracts &amp; warranties</b>	<b>Until expiration</b>
<b>Social Security number</b>	<b>Indefinitely</b>
<b>Tax returns</b>	<b>6 years from filing date</b>
<b>Vehicle titles</b>	<b>Until sale or disposal</b>
<b>Will</b>	<b>Updated</b>

**\*\*The IRS audits returns up to three years after filing; however, large underpayments may be investigated as far back as six years.**



# People to be contacted at time of death

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Name** \_\_\_\_\_

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**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

