

Financial Records Organizer



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# Personal Information

Self			
Full legal name (first, middle, last)		Maiden name	Home phone #
Address		Cell phone #	
City	State	Zip	Personal email
Social Security #		Employer name Employer	
Date of birth		Address	
Driver's license #		City	State Zip
Passport #	<input type="checkbox"/> U.S. <input type="checkbox"/> Other	Work email	Work phone #
Military #		Emergency contact name (at employer)	
Military status		Department/title of emergency contact name (at employer)	
Spouse/Partner			
Full legal name (first, middle, last)		Maiden name	Home phone # <input type="checkbox"/> Same as spouse/partner
Address		Cell phone #	
City	State	Zip	Personal email
Social Security #		Employer name Employer	
Date of birth		Address	
Driver's license #		City	State Zip
Passport #	<input type="checkbox"/> U.S. <input type="checkbox"/> Other	Work email	Work phone #
Military #		Emergency contact name (at employer)	
Military status		Department/title of emergency contact name (at employer)	

## Children

Name	Social Security #
Health coverage	Passport # <input type="checkbox"/> U.S. <input type="checkbox"/> Other
<input type="checkbox"/> Adult / Independent	<input type="checkbox"/> Under 18/ living at home
Cell phone #	Name of school / daycare
Address	Phone #
City State Zip	Teacher / Principal
Name	Social Security #
Health coverage	Passport # <input type="checkbox"/> U.S. <input type="checkbox"/> Other
<input type="checkbox"/> Adult / Independent	<input type="checkbox"/> Under 18/ living at home
Cell phone #	Name of school / daycare
Address	Phone #
City State Zip	Teacher / Principal
Name	Social Security #
Health coverage	Passport # <input type="checkbox"/> U.S. <input type="checkbox"/> Other
<input type="checkbox"/> Adult / Independent	<input type="checkbox"/> Under 18/ living at home
Cell phone #	Name of school / daycare
Address	Phone #
City State Zip	Teacher / Principal
Name	Social Security #
Health coverage	Passport # <input type="checkbox"/> U.S. <input type="checkbox"/> Other

**Children (Continued)**

Name			Social Security #		
Health coverage			Passport # <input type="checkbox"/> U.S. <input type="checkbox"/> Other		
<input type="checkbox"/> Adult / Independent			<input type="checkbox"/> Under 18/ living at home		
Cell phone #			Name of school / daycare		
Address			Phone #		
City	State	Zip	Teacher / Principal		

  

Name			Social Security #		
Health coverage			Passport # <input type="checkbox"/> U.S. <input type="checkbox"/> Other		
<input type="checkbox"/> Adult / Independent			<input type="checkbox"/> Under 18/ living at home		
Cell phone #			Name of school / daycare		
Address			Phone #		
City	State	Zip	Teacher / Principal		

**Emergency contacts (Backup support)**

Full legal name (first, middle, last)			Full legal name (first, middle, last)		
Home/Cell phone #			Home/Cell phone #		
Email			Email		

  

Full legal name (first, middle, last)			Full legal name (first, middle, last)		
Home/Cell phone #			Home/Cell phone #		
Email			Email		

# Medical Information

Self	
Insurer	Medicare #
Name of insured	Phone #
Plan ID	Website
Group ID	Username
Phone #	Password
Website	Medigap / Supplemental plan name
Username	Username
Password	Password
Prescription coverage	Prescription coverage (Medicare D)
Issuer	Issuer
Group #	Group #
ID #	ID #
Covered person	Covered person
VA Medical <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood type <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Website: <a href="https://www.ebenefits.va.gov">https://www.ebenefits.va.gov</a>	Allergies
	Other

## Spouse/Partner

Insurer	Medicare #
Name of insured	Phone #
Plan ID	Website
Group ID	Username
Phone #	Password
Website	Medigap / Supplemental plan name
Username	Username
Password	Password
Prescription coverage	Prescription coverage (Medicare D)
Issuer	Issuer
Group #	Group #
ID #	ID #
Covered person	Covered person
VA Medical <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood type <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Website: <a href="https://www.ebenefits.va.gov">https://www.ebenefits.va.gov</a>	Allergies
	Other



## Pet Care

Pet Care - Veterinarian			
Pet names	Veterinary information	Address	Phone/Fax #

Pet Care Insurance (If Applicable)	
Insurance Company	Insurance Policy #
Phone	

Emergency Care Provider for Pet	
Who should care for pet(s) in the event of an emergency or your death?	
Name	Phone #

# Financial Information

Investment accounts	
Investment firm name	Investment firm name
Financial Professional	Financial Professional
Phone #	Phone #
Email	Email
Website	Website
Username	Password
Username	Password
1. Account #	1. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title
2. Account #	2. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title
3. Account #	3. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title
4. Account #	4. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title

## Investment accounts (Continued)

Investment firm name	Investment firm name
Financial Professional	Financial Professional
Phone #	Phone #
Email	Email
Website	Website
Username	Password
Username	Password
1. Account #	1. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title
2. Account #	2. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title
3. Account #	3. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title
4. Account #	4. Account #
Account type (e.g., joint, IRA, etc.)	Account type (e.g., joint, IRA, etc.)
Account title	Account title

## Bank accounts

Bank name	Bank name
Phone #	Phone #
Checking account #	Checking account #
Savings account #	Savings account #
ATM/Debit account #      Pin #	ATM/Debit account #      Pin #
Certificates of deposits	Certificates of deposits
Website	Website
Username                      Password	Username                      Password

  

Bank name	Bank name
Phone #	Phone #
Checking account #	Checking account #
Savings account #	Savings account #
ATM/Debit account #      Pin #	ATM/Debit account #      Pin #
Certificates of deposits	Certificates of deposits
Website	Website
Username                      Password	Username                      Password

## Automatic bill pay

Name of institution	Username	Password
Name of institution	Username	Password

**Retirement Plans – Through Employer**

**Retirement plans/executive compensation: Self**

<input type="checkbox"/> 401(k) account <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Pension <hr/> Company name <hr/> Company contact/phone #
<input type="checkbox"/> 401(k) account <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Pension <hr/> Company name <hr/> Company contact/phone #
<input type="checkbox"/> Equity plan <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Deferred compensation <hr/> Company name <hr/> Company contact/phone #
<input type="checkbox"/> 401(k) account <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Other compensation plan <hr/> Company name <hr/> Company contact/phone #

**Retirement plans/executive compensation: Spouse/Partner**

<input type="checkbox"/> 401(k) account <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Pension <hr/> Company name <hr/> Company contact/phone #
<input type="checkbox"/> 401(k) account <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Pension <hr/> Company name <hr/> Company contact/phone #
<input type="checkbox"/> Equity plan <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Deferred compensation <hr/> Company name <hr/> Company contact/phone #
<input type="checkbox"/> 401(k) account <hr/> Company name <hr/> Company contact/phone #	<input type="checkbox"/> Other compensation plan <hr/> Company name <hr/> Company contact/phone #

# Company-sponsored Retirement Plans

Account 1	
Employer	Owner name (first, middle, last)
Type of plan	Date of birth Social Security #
Account #	Phone #
Website	Email
Username	www.facebook.com/ Insert Facebook ID
Beneficiary 1	
Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID
Beneficiary 2	
Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID
Beneficiary 3	
Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

### Account 1

Employer	Owner name (first, middle, last)
Type of plan	Date of birth Social Security #
Account #	Phone #
Website	Email
Username	www.facebook.com/ Insert Facebook ID

### Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Phone #
Address		Email
City State Zip		www.facebook.com/ Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Phone #
Address		Email
City State Zip		www.facebook.com/ Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security # <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Phone #
Address		Email
City State Zip		www.facebook.com/ Insert Facebook ID

# IRA Accounts

IRA account 1	
Owner name (first, middle, last)	Website
Name of financial Institution	Username
Account #	Password
<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Simple	Phone #
Beneficiary 1	
Beneficiary name (first, middle, last)	Date of birth
Relationship	
Social Security #	Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City	www.facebook.com/
State	Insert Facebook ID
Zip	
Beneficiary 2	
Beneficiary name (first, middle, last)	Date of birth
Relationship	
Social Security #	Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City	www.facebook.com/
State	Insert Facebook ID
Zip	
Beneficiary 3	
Beneficiary name (first, middle, last)	Date of birth
Relationship	
Social Security #	Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone #
Address	Email
City	www.facebook.com/
State	Insert Facebook ID
Zip	

## IRA account 2

Owner name (first, middle, last)	Website
Name of financial Institution	Username
Account #	Password
<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Simple	Phone #

## Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	Zip
		www.facebook.com/
		Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	Zip
		www.facebook.com/
		Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	Zip
		www.facebook.com/
		Insert Facebook ID

### IRA account 3

Owner name (first, middle, last)	Website
Name of financial Institution	Username
Account #	Password
<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Simple	Phone #

### Beneficiary 1

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	www.facebook.com/
	Zip	Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	www.facebook.com/
	Zip	Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last)	Date of birth	Relationship
Social Security #	Share %	Phone
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address		Email
City	State	www.facebook.com/
	Zip	Insert Facebook ID



**Professional Services (Lawyer, Accountant, Advisors etc.)**

Professional name	Professional name
Firm	Firm
Specialty	Specialty
Phone #	Phone #
Address	Address
City State Zip	City State Zip
Professional name	Professional name
Firm	Firm
Specialty	Specialty
Phone #	Phone #
Address	Address
City State Zip	City State Zip

## Finance Loans

Bank name	Bank name
Account #	Account #
Website	Website
Username Password	Username Password
Bank name	Bank name
Account #	Account #
Website	Website
Username Password	Username Password
Bank name	Bank name
Account #	Account #
Website	Website
Username Password	Username Password
Bank name	Bank name
Account #	Account #
Website	Website
Username Password	Username Password

**Credit cards**

Credit card issued to	Credit card issued to
Issuer	Issuer
Account #                      Exp.	Account #                      Exp.
Website	Website
Username                      Password/Pin # (circle one)	Username                      Password/Pin # (circle one)

Credit card issued to	Credit card issued to
Issuer	Issuer
Account #                      Exp.	Account #                      Exp.
Website	Website
Username                      Password/Pin # (circle one)	Username                      Password/Pin # (circle one)

Credit card issued to	Credit card issued to
Issuer	Issuer
Account #                      Exp.	Account #                      Exp.
Website	Website
Username                      Password/Pin # (circle one)	Username                      Password/Pin # (circle one)

Credit card issued to	Credit card issued to
Issuer	Issuer
Account #                      Exp.	Account #                      Exp.
Website	Website
Username                      Password/Pin # (circle one)	Username                      Password/Pin # (circle one)

# Insurance Services

## Life Insurance

Please include detailed information on your life insurance policies.

Policy owner: Self	
<b>Life Insurance #1</b>	
Insurer	Policy #
Insurance Agent	Phone #
Website	
Username	Password
Death Benefit	
Beneficiary (Primary)	
Beneficiary (Secondary or contingent)	
Beneficiary (Third or final)	
<b>Life Insurance #2</b>	
Insurer	Policy #
Insurance Agent	Phone #
Website	
Username	Password
Death Benefit	
Beneficiary (Primary)	
Beneficiary (Secondary or contingent)	
Beneficiary (Third or final)	
<b>Life Insurance #3</b>	
Insurer	Policy #
Insurance Agent	Phone #
Website	
Username	Password
Death Benefit	
Beneficiary (Primary)	
Beneficiary (Secondary or contingent)	
Beneficiary (Third or final)	
<b>Life Insurance #4</b>	
Insurer	Policy #
Insurance Agent	Phone #
Website	
Username	Password
Death Benefit	
Beneficiary (Primary)	
Beneficiary (Secondary or contingent)	
Beneficiary (Third or final)	

## Life Insurance (continued)

Policy owner: Spouse/Partner

### Life Insurance #1

Insurer	Policy #	Death Benefit
Insurance Agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)

### Life Insurance #2

Insurer	Policy #	Death Benefit
Insurance Agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)

### Life Insurance #3

Insurer	Policy #	Death Benefit
Insurance Agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)

### Life Insurance #4

Insurer	Policy #	Death Benefit
Insurance Agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)

# Life Insurance Information

Policy 1	
Insurance company	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	www.facebook.com/ Insert Facebook ID
Password	Address
Phone #	City State Zip

Beneficiary 1	
Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

Beneficiary 2	
Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

Beneficiary 3	
Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

## Policy 2

Insurance company	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	www.facebook.com/ Insert Facebook ID
Password	Address
Phone #	City State Zip

## Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

### Policy 3

Insurance company	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	www.facebook.com/ Insert Facebook ID
Password	Address
Phone #	City State Zip

### Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

### Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

### Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

**Long-Term care**

<b>Policy owner: Self</b>	
Insurer	Contact name / phone #
Policy #	Website
Covered benefit	Username Password

<b>Policy owner: Spouse/Partner</b>	
Insurer	Contact name / phone #
Policy #	Website
Covered benefit	Username Password

**Disability insurance**

<b>Policy owner: Self</b>	
Insurer	Contact name / phone #
Policy #	Website
Covered benefit	Username Password

<b>Policy owner: Spouse/Partner</b>	
Insurer	Contact name / phone #
Policy #	Website
Covered benefit	Username Password

## Property Insurance

Property			Agent
Insurer	Policy #		Phone #
Coverage type	Coverage Amount		Website
Property address			Username
City	State	Zip	Password
Property			Agent
Insurer	Policy #		Phone #
Coverage type	Coverage Amount		Website
Property address			Username
City	State	Zip	Password
Property			Agent
Insurer	Policy #		Phone #
Coverage type	Coverage Amount		Website
Property address			Username
City	State	Zip	Password
Property			Agent
Insurer	Policy #		Phone #
Coverage type	Coverage Amount		Website
Property address			Username
City	State	Zip	Password

Umbrella coverage	
Insurer	Agent
Policy #	Phone # Website
Coverage Amount	Username Password
Insurer	Agent
Policy #	Phone # Website
Covered benefit	Username Password

Other Insurance	
Policy 1	Policy 2
Insurer	Insurer
Type of Insurance	Type of Insurance
Policy #	Policy #
Agent	Agent
Phone # Website	Phone # Website
Username Password	Username Password

## Vehicle Insurance

Policy 1	Policy 2
Insurer	Insurer
Policy #	Policy #
Make of vehicle	Make of vehicle
Model	Model
Year of vehicle                      License plate #	Year of vehicle                      License plate #
Agent	Agent
Phone #	Phone #
Website	Website
Username                                      Password	Username                                      Password

## Online/Social Media Accounts

Self			
LinkedIn		Other	
Username	Password	Username	Password
Facebook		Other	
Username	Password	Username	Password
Twitter		Other	
Username	Password	Username	Password
Spouse/Partner			
LinkedIn		Other	
Username	Password	Username	Password
Facebook		Other	
Username	Password	Username	Password
Twitter		Other	
Username	Password	Username	Password
Child (pre-teen, teen, or young adult)			
If you have more than one child on social media, please document that in the "Notes" section.			
Facebook		Other	
Username	Password	Username	Password
Twitter		Other	
Username	Password	Username	Password
LinkedIn		Other	
Username	Password	Username	Password

# Burial Instructions and Preferences

## General Instructions

Check the boxes and fill-in specific details (as appropriate)

	Wake <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of friend/relative you wish to oversee arrangements	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial
Funeral home	<input type="checkbox"/> Open Casket <input type="checkbox"/> Closed Casket
phone #	<input type="checkbox"/> Service at funeral home
Email	<input type="checkbox"/> Service at house of worship location (with body present)
Location of deed to burial site (if applies)	<input type="checkbox"/> Service at house of worship location (without body, usually called Memorial Service)

## Specific Instructions for memorial/service

<input type="checkbox"/> Service and then cremation. Cremation (Instructions for disposition of ashes)	<input type="checkbox"/> Memorial contributions in lieu of flowers <input type="checkbox"/> Preferences for burial
<input type="checkbox"/> Immediate Cremation. Cremation (Instructions for disposition of ashes)	<input type="checkbox"/> I wish to be buried in a military cemetery. Burial benefits include cost of burial for Veteran, along with spouse/partner and dependents at no cost to the family. Arrangements can be made through funeral home.
<input type="checkbox"/> Any special requests (e.g., prayer)	<input type="checkbox"/> Other arrangements as follows





## Plan 2

Insurance company <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Owner name (first, middle, last)
Account #	Date of birth Social Security #
Website	Phone # Email
Username	www.facebook.com/ Insert Facebook ID
Password	Address
Phone #	City State Zip

## Beneficiary 1

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

## Beneficiary 2

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID

## Beneficiary 3

Beneficiary name (first, middle, last) Date of birth	Relationship
Social Security # Share % <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Phone
Address	Email
City State Zip	www.facebook.com/ Insert Facebook ID



# 529 College Savings Plans

Accounts	
<p>Name of financial institution _____</p> <p>Account # _____</p> <p>Owner name (first, middle, last) _____</p> <p><input type="checkbox"/> Successor/relationship _____</p>	<p>Name of beneficiary (first, middle, last) _____</p> <p>Date of birth _____ Social Security # _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Name of financial institution _____</p> <p>Account # _____</p> <p>Owner name (first, middle, last) _____</p> <p><input type="checkbox"/> Successor/relationship _____</p>	<p>Name of beneficiary (first, middle, last) _____</p> <p>Date of birth _____ Social Security # _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Name of financial institution _____</p> <p>Account # _____</p> <p>Owner name (first, middle, last) _____</p> <p><input type="checkbox"/> Successor/relationship _____</p>	<p>Name of beneficiary (first, middle, last) _____</p> <p>Date of birth _____ Social Security # _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Name of financial institution _____</p> <p>Account # _____</p> <p>Owner name (first, middle, last) _____</p> <p><input type="checkbox"/> Successor/relationship _____</p>	<p>Name of beneficiary (first, middle, last) _____</p> <p>Date of birth _____ Social Security # _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p>Name of financial institution _____</p> <p>Account # _____</p> <p>Owner name (first, middle, last) _____</p> <p><input type="checkbox"/> Successor/relationship _____</p>	<p>Name of beneficiary (first, middle, last) _____</p> <p>Date of birth _____ Social Security # _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>



# Emergency Contact Information

\_\_\_\_\_  
Last updated (month/date/year)

## Local Emergency Phone Numbers

\_\_\_\_\_  
Police

\_\_\_\_\_  
Fire department

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Emergency/disaster designated meeting place (address)

\_\_\_\_\_  
Life Alert and Password

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