

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 Z	7: n	Personal email		
City	State 2	Zip	Personal email		
Social Security #		Employer name	e Employer		
Date of birth		Address			
Driver's license #		City		State 2	Zip
Passport # U.S.	☐ Other	Work email		Work phone #	
Military #		Emergency cor	tact name (at employer)		
Military status		Department/ti	tle of emergency contact n	ame (at employer)	
Spouse/Partner					
	Maiden name			□ Same as spouse/p	partner
Spouse/Partner	Maiden name				partner
Spouse/Partner Full legal name (first, middle, last)		Zip	Home phone #		partner
Full legal name (first, middle, last) Address			Home phone # Cell phone #		partner
Full legal name (first, middle, last) Address			Home phone # Cell phone # Personal email		partner
Full legal name (first, middle, last) Address City		Zip	Home phone # Cell phone # Personal email		partner
Full legal name (first, middle, last) Address City Social Security #		Zip Employer name	Home phone # Cell phone # Personal email	☐ Same as spouse/p	partner
Full legal name (first, middle, last) Address City Social Security # Date of birth		Zip Employer name	Home phone # Cell phone # Personal email	☐ Same as spouse/p	Zip
Full legal name (first, middle, last) Address City Social Security # Date of birth Driver's license #	State Z	Employer name Address City Work email	Home phone # Cell phone # Personal email	☐ Same as spouse/p	Zip



Children					
Name			Social Security #		
				_	
Health coverage			Passport #	□ U.S.	☐ Other
☐ Adult / Independent			☐ Under 18/ living at home		
Cell phone #			Name of school / daycare		
Gen priorie ii			Thame or someon, dayoure		
Address			Phone #		
City	State	Zip	Teacher / Principal		
Name			Social Security #		
				_	
Health coverage			Passport #	□ U.S.	☐ Other
☐ Adult / Independent			☐ Under 18/ living at home		
Cell phone #			Name of school / daycare		
,			, , , ,		
Address			Phone #		
City	State	Zip	Teacher / Principal		
Name			Social Security #		
Health coverage			Passport #	□ U.S.	☐ Other
☐ Adult / Independent			☐ Under 18/ living at home		
Cell phone #			Name of school / daycare		
,					
Address			Phone #		
City	State	Zip	Teacher / Principal		
Name			Social Security #		
Health coverage			Passport #	□ U.S.	☐ Other



Children (Continued)	
Name	Social Security #
Health coverage	Passport # U.S. Other
☐ Adult / Independent	☐ Under 18/ living at home
Cell phone #	Name of school / daycare
Address	Phone #
Address	There is
City State Zip	Teacher / Principal
Name	Social Security #
Health coverage	Passport # U.S. Other
☐ Adult / Independent	☐ Under 18/ living at home
Cell phone #	Name of school / daycare
Address	Phone #
Address	Priorie #
City State Zip	Teacher / Principal
Empress contacts (Backup support)	
Emergency contacts (Backup support)	
Full legal name (first, middle, last)	Full legal name (first, middle, last)
run legal hame (mst, muule, last)	ruii legal name (ilist, muule, 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 Yes No	Blood type
Website: https://www.ebenefits.va.gov	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 ☐ Yes ☐ No	Blood type ☐ Positive ☐ Negative
Website: https://www.ebenefits.va.gov	Allergies
	Other



Physician Directory for Family Members				
Name of	Physician name/			
Family Member	Specialty	Address	Phone / Fax #	Email
<u> </u>				



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 em	ergency 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				
☐ 401(k) account	☐ Pension			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
☐ 401(k) account	☐ Pension			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
☐ Equity plan	☐ Deferred compensation			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
☐ 401(k) account	☐ Other compensation plan			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
Retirement plans/executive compensation: Spou	se/Partner			
☐ 401(k) account	Pension			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
401(k) account	□ Pension			
1 401(k) account	LI Pelision			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
☐ Equity plan	☐ Deferred compensation			
Company	<u></u>			
Company name	Company name			
Company contact/phone #	Company contact/phone #			
401(k) account	□ Other compensation plan			
— rozaky account	2 other compensation plan			
Company name	Company name			
Company contact/phone #	Company contact/phone #			



Company-sponsored Retirement Plans

Account 1			
Employer Own		Owner name (f	irst, middle, last)
Employer		owner name (r	ist, made, ist,
Type of plan		Date of birth	Social Security #
Account #		Phone #	
Website		Email	
Username		www.facebook	Insert Facebook ID
Beneficiary 1			
•			
Beneficiary name (first, middle, last)	Date	of birth	Relationship
Social Security #	Shar	e %	Phone #
☐ Primary ☐ Contingent			
Address			Email
Address			www.facebook.com/
City State	Zip		Insert Facebook ID
Beneficiary 2			
Beneficiary name (first, middle, last)	Date	of birth	Relationship
Social Security #	Shar	e %	Phone #
☐ Primary ☐ Contingent			
Address			Email
			www.facebook.com/
City State	Zip		Insert Facebook ID
Beneficiary 3			
Beneficiary name (first, middle, last)	Date	of birth	Relationship
beneficially fiame (mst, middle, fast)	Date	or birtir	Relationship
Social Security #	Shar	e %	Phone
☐ Primary ☐ Contingent			
Address			Email
			www.facebook.com/
City State	Zip		Insert Facebook ID



Account 1					
Employer		Owner name (fi	Owner name (first, middle, last)		
Type of plan		Date of birth	Social Security #		
Account #		Phone #			
		-			
Website		Email			
Username	_	- www.facebook	www.facebook.com/ Insert Facebook ID		
_			IIISELL I ACEDOOK ID		
Beneficiary 1					
-					
Beneficiary name (first, middle, last)	Dat	e of birth	Relationship		
Social Security #	Sha	ire %	Phone #		
☐ Primary ☐ Contingent					
Address			Email		
Addiess			www.facebook.com/		
City	State Zip		Insert Facebook ID		
_					
Beneficiary 2					
Beneficiary name (first, middle, last)	Dat	e of birth	Relationship		
beneficiary fiame (first, findule, last)	Dat	e or birtir	Relationship		
Social Security #	Share %		Phone #		
□ Primary □ Contingent					
,					
Address			Email		
			www.facebook.com/		
City	State Zip		Insert Facebook ID		
Beneficiary 3					
Beneficiary name (first, middle, last)	Dat	e of birth	Relationship		
Social Security #	Sha	ire %	Phone		
☐ Primary ☐ Contingent					
Address			Email		
			www.facebook.com/		
City	State Zip		Insert Facebook ID		



IRA Accounts

IRA account 1				
Owner name (first, middle, last)		Website		
Name of financial Institution		Username	lisername	
Account #		Password		
☐ Traditional ☐ Roth ☐ SE	P	Phone #		
Beneficiary 1				
	Date	e of birth	Relationship	
beneficiary fiame (mst, madie, last)	540	c or birtii	Reductions	
Social Security #	Sha	re %	Phone #	
☐ Primary ☐ Contingent				
Address			Email	
City	State Zip		www.facebook.com/ Insert Facebook ID	
Beneficiary 2	,			
Beneficiary name (first, middle, last)		e of birth	Relationship	
	Date	c 0. 5 c	Relationship	
	Date		neiationsiiip	
Social Security #		re %	Phone #	
Social Security #				
Social Security # ☐ Primary ☐ Contingent			Phone #	
Social Security #			Phone #	
Social Security # Primary Contingent Address	Sha		Phone # Email www.facebook.com/	
Social Security # Primary Contingent Address City Beneficiary 3	Sha		Phone # Email www.facebook.com/ Insert Facebook ID	
Social Security # Primary Contingent Address City	Sha State Zip		Phone # Email www.facebook.com/	
Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last)	State Zip	re %	Phone # Email www.facebook.com/ Insert Facebook ID Relationship	
Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last) Social Security #	State Zip	re %	Phone # Email www.facebook.com/ Insert Facebook ID	
Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last)	State Zip	re %	Phone # Email www.facebook.com/ Insert Facebook ID Relationship	
Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last) Social Security #	State Zip	re %	Phone # Email www.facebook.com/ Insert Facebook ID Relationship	
Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last) Social Security # Primary Contingent	State Zip	re %	Email www.facebook.com/ Insert Facebook ID Relationship Phone	



IRA account 2					
Owner name (first, middle, last)		Website			
Name of financial Institution			Username	Username	
Account #			Password		
☐ Traditional ☐ Roth ☐ SEF	P □ Simple		Phone #		
Beneficiary 1					
Beneficiary name (first, middle, last)		Date	of birth	Relationship	
Social Security #		Share	e %	Phone #	
☐ Primary ☐ Contingent					
Address				Email	
				www.facebook.com/	
City	State	Zip		Insert Facebook ID	
Beneficiary 2					
Beneficiary name (first, middle, last)		Date	of birth	Relationship	
Social Security #		Share	e %	Phone #	
☐ Primary ☐ Contingent					
Address				Email	
011	6			www.facebook.com/	
City	State	Zip		Insert Facebook ID	
Beneficiary 3					
		_			
Beneficiary name (first, middle, last)		Date	of birth	Relationship	
Social Security #		Share	e %	Phone	
☐ Primary ☐ Contingent					
Address				Email	
Auui Coo					
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		
☐ Traditional ☐ Roth ☐ SEI	⊃ □ Simple		Phone #		
Beneficiary 1					
Beneficiary name (first, middle, last)		Date	of birth	Relationship	
Social Security #		Share	e %	Phone #	
☐ Primary ☐ Contingent					
Address				Email	
				www.facebook.com/	
City	State	Zip		Insert Facebook ID	
Beneficiary 2					
Beneficiary name (first, middle, last)		Date	of birth	Relationship	
Social Security #		Share	e %	Phone #	
☐ Primary ☐ Contingent					
Address				Email	
011	6			www.facebook.com/	
City	State	Zip		Insert Facebook ID	
Beneficiary 3					
Beneficiary name (first, middle, last)		Date	of birth	Relationship	
Social Security #		Share	e %	Phone	
☐ Primary ☐ Contingent					
Address				Email	
Auui Coo					
City	State	Zip		www.facebook.com/ Insert Facebook ID	
•		•			



IRA account 4				
Owner name (first, middle, last)		Website		
Name of financial Institution			Username	
Account #			Password	
☐ Traditional ☐ Roth ☐ SEF	P ☐ Simple		Phone #	
Beneficiary 1			· · · · · · · · ·	
Denominary 1				
Beneficiary name (first, middle, last)		Date	of birth	Relationship
, , , , ,				·
Social Security #		Share	e %	Phone #
☐ Primary ☐ Contingent				
Address				Email
				www.facebook.com/
City	State	Zip		Insert Facebook ID
Beneficiary 2				
Beneficiary name (first, middle, last)	I	Date	of birth	Relationship
Social Security #		Share	e %	Phone #
☐ Primary ☐ Contingent				
Address				Email
- <u></u>				www.facebook.com/
City	State 2	Zip		Insert Facebook ID
Beneficiary 3				
Beneficiary name (first, middle, last)	1	Date	of birth	Relationship
Social Security #	:	Share	e %	Phone
☐ Primary ☐ Contingent				
Address				
Address				Email Cook and a service
City	State	Zip		www.facebook.com/ Insert Facebook ID
City	Juic	-i b		IIISELL LACEBOOK ID



Professional Services (Lawyer, Accountage	nt, 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 #	Ехр.
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 #	Ехр.
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		
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 (continued)			
Policy owner: Spouse/Par	rtner		
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

Insurance company Account # Date of birth Social Security # Website Phone # Email www.facebook.com/ Password Address Phone # Beneficiary 1 Beneficiary 1 Social Security # Date of birth Beneficiary 1 Beneficiary 1 City State Zip Phone Beneficiary 1 Social Security # Date of birth Beneficiary 2 Beneficiary 3 Beneficiary 4 City State Zip Date of birth Relationship From a Beneficiary 2 Beneficiary 2 Beneficiary 2 Beneficiary 4 Beneficiary 2 Beneficiary 4 Beneficiary 5 Beneficiary 6 Beneficiary 6 Beneficiary 6 Beneficiary 7 Beneficiary 9 Beneficiary 9 Beneficiary 9 Beneficiary 9 Beneficiary 9 Beneficiary 1 Beneficiary 2 Beneficiary 1 Beneficiary 1 Beneficiary 1 Beneficiary 2 Beneficiary 1 Beneficiary 1 Beneficiary 1 Beneficiary 1 Beneficiary 2 Beneficiary 2 Beneficiary 2 Beneficiary 1 Beneficiary 1 Beneficiary 1 Beneficiary 1 Beneficiary 1 Beneficiary 2 Beneficiary 1 Benefic
Account # Social Security # Email Website
Website
Website
Www.facebook.com/ Username Water Facebook ID Address Address City State Zip Beneficiary 1 Beneficiary name (first, middle, last) Date of birth Address Email www.facebook.com/ Phone Primary Contingent Beneficiary name (first, middle, last) Date of birth Relationship Facebook ID Relationship Facebook ID Beneficiary name (first, middle, last) Beneficiary Relationship Facebook.com/ Email www.facebook.com/ Firmary Contingent Address Email www.facebook.com/
Www.facebook.com/ Username Water Facebook ID Address Address City State Zip Beneficiary 1 Beneficiary name (first, middle, last) Date of birth Address Email www.facebook.com/ Phone Primary Contingent Beneficiary name (first, middle, last) Date of birth Relationship Facebook ID Relationship Facebook ID Beneficiary name (first, middle, last) Beneficiary Relationship Facebook.com/ Email www.facebook.com/ Firmary Contingent Address Email www.facebook.com/
Username Password Address City State Zip Beneficiary 1 Beneficiary name (first, middle, last) Social Security # Share % City State Zip Phone Email www.facebook.com/ City State Zip Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Phone Phone Email www.facebook.com/ Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Beneficiary 1 Email www.facebook.com/ Social Security # Share % Phone Phone Email www.facebook.com/
Password Address City State Zip Beneficiary 1 Beneficiary name (first, middle, last) Date of birth City State Zip Phone Phone Email www.facebook.com/ City State Zip Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Email www.facebook.com/ Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Finanty Contingent Contingent Email Www.facebook.com/
Phone # City State Zip Beneficiary 1 Beneficiary name (first, middle, last)
Phone # City State Zip Beneficiary 1 Beneficiary name (first, middle, last)
Beneficiary 1 Beneficiary name (first, middle, last) Social Security # Share % Primary Contingent Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Fmail www.facebook.com/ Insert Facebook ID Phone Phone Phone Facebook ID Faceb
Beneficiary 1 Beneficiary name (first, middle, last) Social Security # Share % Primary Contingent Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Fmail www.facebook.com/ Insert Facebook ID Phone Phone Phone Facebook ID Faceb
Beneficiary name (first, middle, last) Social Security # Share % Phone Address Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Phone Email www.facebook.com/ Insert Facebook ID Primary Contingent Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
Social Security # Share % Phone Address Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/ Email www.facebook.com/
Social Security # Share % Phone Address Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/ Email www.facebook.com/
Address Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
Address Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
Address Email www.facebook.com/ City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
City State Zip www.facebook.com/ Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
City State Zip www.facebook.com/ Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
City State Zip Insert Facebook ID Beneficiary 2 Beneficiary name (first, middle, last) Date of birth Relationship Social Security # Share % Phone Primary Contingent Email www.facebook.com/
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Phone Primary Contingent Email www.facebook.com/
Beneficiary name (first, middle, last) Date of birth Relationship Phone Primary Contingent Email www.facebook.com/
Beneficiary name (first, middle, last) Date of birth Relationship Phone Primary Contingent Email www.facebook.com/
Social Security # Share % Phone Primary Contingent Address Email www.facebook.com/
Address Email www.facebook.com/
Address Email www.facebook.com/
Address Email www.facebook.com/
www.facebook.com/
www.facebook.com/
Beneficiary 3
beneficiary 5
Beneficiary name (first, middle, last) Date of birth Relationship
Date of Sitti
Social Security # Share % Phone
□ Primary □ Contingent
,
Address Email
www.facebook.com/



Policy 2		
Insurance company	Owner name (first, middle, last)	
	.	
Account #	Date of birth	Social Security #
Website	Phone #	Email
Usaniana	www.facebook.	Insert Facebook ID
Username		Insert Facebook ID
Password	Address	
14550014	/ lauress	
Phone #	City	State Zip
_	<u> </u>	·
Beneficiary 1		
Beneficiary name (first, middle, last) Date	e of birth	Polationship
Beneficiary name (first, middle, last)	e or birtii	Relationship
Social Security # Sha	re %	Phone
☐ Primary ☐ Contingent	16 70	
, , , , , , , , , , , , , , , , , , , ,		
Address		Email
		www.facebook.com/
City State Zip		Insert Facebook ID
Beneficiary 2		
Beneficiary name (first, middle, last) Date	e of birth	Relationship
Beneficiary name (first, middle, last) Date	e of birth	Relationship
	e of birth	Relationship Phone
Social Security # Sha		
Social Security # Sha		
Social Security # Sha		Phone
Social Security # Sha		Phone Email
Social Security # Sha		Phone Email www.facebook.com/
Social Security # Sha Primary Contingent Address City State Zip		Phone Email www.facebook.com/
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3		Phone Email www.facebook.com/
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3	re %	Phone Email www.facebook.com/ Insert Facebook ID
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha	re %	Phone Email www.facebook.com/ Insert Facebook ID
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date	re %	Phone Email www.facebook.com/ Insert Facebook ID Relationship
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha Primary Contingent	re %	Email www.facebook.com/ Insert Facebook ID Relationship Phone
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha	re %	Phone Email www.facebook.com/ Insert Facebook ID Relationship
Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha Primary Contingent	re %	Email www.facebook.com/ Insert Facebook ID Relationship Phone



Policy 3		
Insurance company	Owner name (first, middle, last)	
Account #	Date of birth	Social Security #
		
Website	Phone #	Email
Usaniana	www.facebook.com/	ncebook ID
Username	ilisert Fa	ICEDOOK ID
Password	Address	
14550014	/ total ess	
Phone #	City	State Zip
_	•	·
Beneficiary 1		
Beneficiary name (first, middle, last) Date	of birth Relationship	
Beneficiary name (first, middle, last)	of birth Relationship	
Social Security # Sha	Phone	
☐ Primary ☐ Contingent	Thone	
,		
Address		
	www.facebook	.com/
City State Zip		Insert Facebook ID
Beneficiary 2		
Beneficiary 2		
	of birth Relationship	
	of birth Relationship	
Beneficiary name (first, middle, last) Date		
Beneficiary name (first, middle, last) Date Social Security # Sha		
Beneficiary name (first, middle, last) Date Social Security # Sha		
Beneficiary name (first, middle, last) Social Security # Sha	Phone	.com/
Beneficiary name (first, middle, last) Social Security # Sha	Phone Email	.com/ Insert Facebook ID
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address	Phone Email	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address City State Zip	Phone Email	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3	Phone Email	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3	Phone Email www.facebook	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha	Phone Email www.facebook of birth Relationship	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date	Phone Email www.facebook of birth Relationship	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha Primary Contingent	Phone Email www.facebook of birth Relationship Phone	
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent Address City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha	Phone Email www.facebook of birth Relationship Phone Email	Insert Facebook ID
Beneficiary name (first, middle, last) Social Security # Sha Primary Contingent City State Zip Beneficiary 3 Beneficiary name (first, middle, last) Date Social Security # Sha Primary Contingent	Phone Email www.facebook of birth Relationship Phone	Insert Facebook ID



Long-Term care	
Policy owner: Self	
Insurer	Contact name / phone #
Policy#	Website
Covered benefit	Username Password
Policy owner: Spouse/Partner	
Insurer	Contact name / phone #
Policy#	Website
Covered benefit	Username Password

Disability insurance		
Policy owner: Self		
Insurer	Contact name / phone #	
Policy #	Website	
Covered benefit	Username Password	
Policy owner: Spouse/Partner		
Insurer	Contact name / phone #	
insurei	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
Ггоренту		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			٠	
Policy 1		Policy 2	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
T. W.		Other	
Twitter		Other	
Username	Password	Username	Password
Spouse/Partner		Osemanie	rasswuiu
LinkedIn		Other	
Username	Password	Username	Password
		21	
Facebook		Other	
Username	Password	Username	Password
Twitter		Other	
Username	Password	Username	Password
	teen, or young adult)	Username	rassworu
		al media, please document	that in the "Notes" section.
ii you nave more	than one child on soci	lai media, piease 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 ☐ Yes ☐ No
Name of friend/relative you wish to oversee arrangements	☐ Cremation ☐ Burial
Funeral home	☐ Open Casket ☐ Closed Casket
phone #	☐ Service at funeral home
Email	☐ Service at house of worship location (with body present)
Location of deed to burial site (if applies)	Service at house of worship location (without body, usually called Memorial Service))
Specific Instructions for memorial/service	
☐ Service and then cremation. Cremation (Instructions for disposition of ashes	☐ Memorial contributions in lieu of flowers ☐ Preferences for burial
☐ Immediate Cremation. Cremation (Instructions for disposition of ashes)	☐ 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.
☐ Any special requests (e.g., prayer	☐ Other arrangements as follows



Transfer-on-death Account

Account 1			
No. 10 of Constitution to 1		Webste.	
Name of financial Institution		Website	
Account #		Username	Password
O (Cost oriddle leat)		Dhana #	
Owner name (first, middle, last)		Phone #	
Beneficiary 1			
Beneficiary name (first, middle, last)	Da	ate of birth	Relationship
, , , , , ,			·
Social Security #	Sh	are %	Phone #
☐ Primary ☐ Contingent			
Address			Email
			www.facebook.com/
City	State Zip	0	Insert Facebook ID
Beneficiary 2			
	_		
Beneficiary name (first, middle, last)	Da	ate of birth	Relationship
Social Security #	Sh	are %	Phone #
☐ Primary ☐ Contingent			
Address			Email www.facebook.com/
City	State Zip	0	Insert Facebook ID
Beneficiary 3			
Beneficiary name (first, middle, last)	Da	nte of birth	Relationship
Social Security #	Sh	are %	Phone
☐ Primary ☐ Contingent	311	late 70	THORE
Address			Email
City	State Zip	<u> </u>	www.facebook.com/ Insert Facebook ID
City	State ZI	•	ווואבונו מנבטטטגוט



Annuities

Plan 1			
Insurance company	☐ Fixed ☐ Variable	Owner name (fi	rst, middle, last)
Account #		Date of birth	Social Security #
NAT-L-15-		Dhara II	e v d
Website		Phone #	Email
Username		www.facebook.	Insert Facebook ID
G Sermanne			
Password		Address	
Phone #		City	State Zip
Beneficiary 1			
,			
Beneficiary name (first, middle, last)	Date	e of birth	Relationship
Social Security #	Shar	re %	Phone
☐ Primary ☐ Contingent			
Address			Email
			www.facebook.com/
			
City	State Zip		Insert Facebook ID
City Beneficiary 2	State Zip		Insert Facebook ID
Beneficiary 2			
		e of birth	Insert Facebook ID Relationship
Beneficiary 2 Beneficiary name (first, middle, last)	Date		Relationship
Beneficiary 2 Beneficiary name (first, middle, last) Social Security #			
Beneficiary 2 Beneficiary name (first, middle, last)	Date		Relationship
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent	Date		Relationship Phone
Beneficiary 2 Beneficiary name (first, middle, last) Social Security #	Date		Relationship Phone Email
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent	Date		Relationship Phone
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City	Date		Relationship Phone Email www.facebook.com/
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address	Date		Relationship Phone Email www.facebook.com/
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City	Shar State Zip		Relationship Phone Email www.facebook.com/
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City Beneficiary 3	Shar State Zip	re %	Relationship Phone Email www.facebook.com/ Insert Facebook ID
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City Beneficiary 3	Shar State Zip	re %	Relationship Phone Email www.facebook.com/ Insert Facebook ID
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last)	Shar State Zip	re %	Relationship Phone Email www.facebook.com/ Insert Facebook ID Relationship
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last) Social Security #	Shar State Zip	re %	Relationship Phone Email www.facebook.com/ Insert Facebook ID Relationship
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last) Social Security #	Shar State Zip	re %	Relationship Phone Email www.facebook.com/ Insert Facebook ID Relationship
Beneficiary 2 Beneficiary name (first, middle, last) Social Security # Primary Contingent Address City Beneficiary 3 Beneficiary name (first, middle, last) Social Security # Primary Contingent	Shar State Zip	re %	Relationship Phone Email www.facebook.com/ Insert Facebook ID Relationship Phone



Plan 2				
Insurance company	☐ Fixed ☐ Variable	Owner name (fi	rst, middle, last)	
Account #		Date of birth	Social Security	#
Wohsita		Dhone #	Fmail	
Website		Phone # www.facebook.	Email	
Username		www.racebook.	Insert Facebook ID	
Password		Address		
Phone #		City	State	Zip
Beneficiary 1				
Beneficiary name (first, middle, last)	Date	e of birth	Relationship	
Social Security #	Share	e %	Phone	
☐ Primary ☐ Contingent				
Address				
Address			Email	
City	State Zip		www.facebook.com/ Insert Faceboo	k ID
Beneficiary 2				
Beneficiary name (first, middle, last)	Date	of birth	Relationship	
			, , , , , , , , , , , , , , , , , , , ,	
Social Security #	Share	e %	Phone	
☐ Primary ☐ Contingent				
Address			Email	
			www.facebook.com/	
City	State Zip		Insert Faceboo	k ID
Beneficiary 3				
Beneficiary name (first, middle, last)	Date	of birth	Relationship	
Control Constitution	Char	- 0/	Phase	
Social Security # ☐ Primary ☐ Contingent	Share	e %	Phone	
Address			Email	
			www.facebook.com/	
City	State Zip		Insert Faceboo	k ID



Plan 3				
Insurance company	☐ Fixed ☐ Variable	Owner name (fi	rst, middle, last)	
Account #		Date of birth	Social Security #	
Wohsita		Dhone #	Fmail	
Website		Phone # www.facebook.	Email	
Username		www.racebook.	Insert Facebook ID	
Password		Address		
Phone #		City	State Zi	p
Beneficiary 1				
Beneficiary name (first, middle, last)	Date	of birth	Relationship	
Social Security #	Share	e %	Phone	
☐ Primary ☐ Contingent				
Address				
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	e %	Phone	
☐ Primary ☐ Contingent				
Address			Email	
			www.facebook.com/	
City	State Zip		Insert Facebook ID	
Beneficiary 3				
Beneficiary name (first, middle, last)	Date	of birth	Relationship	
Control Constitution	Char	- 0/	Diversi	
Social Security # ☐ Primary ☐ Contingent	Share	e 76	Phone	
Address			Email	
			www.facebook.com/	
City	State Zip		Insert Facebook ID	



529 College Savings Plans

Accounts				
Name of financial institution	Name of beneficiary (firs	t, middle, last)		
Account #	Date of birth	Social Security #		
Owner name (first, middle, last)	Address			
☐ Successor/relationship				
	City	State	Zip	
Name of financial institution	Name of beneficiary (firs	t, middle, last)		
Account #	Date of birth	Social Security #		
Owner name (first, middle, last)	Address			
☐ Successor/relationship				
	City	State	Zip	
No. 10 of Constitution to	News of house Calcard (Car	L schille Lead		
Name of financial institution	Name of beneficiary (firs	Name of beneficiary (first, middle, last)		
Account #	Date of birth	Social Security #		
Owner name (first, middle, last)	Address			
☐ Successor/relationship				
	City	State	Zip	
Name of financial institution	Name of beneficiary (firs	Name of beneficiary (first, middle, last)		
Account #	Date of birth	Social Security #		
Owner name (first, middle, last)	Address			
☐ Successor/relationship				
	City	State	Zip	
Name of financial institution	Name of beneficiary (firs	t, middle, last)		
Account #	Date of birth	Social Security #		
Owner name (first, middle, last)	Address			
☐ Successor/relationship				
	City	State	Zip	



Notes			



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

This Organizer is intended for informational purposes only. This Organizer does not replaced services or documents rendered by your Legal Provider, Financial Advisor, Estate Plan or other documents. This Organizer is intended to assist you with maintaining records in one secure place. This is not a legal document and does not constitute as a replacement of legal or tax advice.

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