



## PERSONAL LIFE INFORMATION INDEX

### Personal Information

Name \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_

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

Spouse's SSN \_\_\_\_\_

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

# Important Contacts

## Family Members

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Relationship \_\_\_\_\_

## Close Friends

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship \_\_\_\_\_

# Professional Directory

## Attorney

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Accountant

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Executor of Will/Trust

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Life/Health Insurance Agent

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Financial Advisor

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## P&C/Business Insurance Agent

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Financial Advisor

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Primary Care Physician

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

# Financial Goals

Life consists of today and tomorrow, right now and the future. Both will require finances, and both require planning and execution. What are your objectives for now and the future?

Consider all areas of your life such as housing, hobbies, travel, volunteer work, education, employment or business, major purchases, cultural or social, fitness and recreation, gifts and charitable contributions.

**Your MAJOR Life Goals:**

Near term: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Long Term: \_\_\_\_\_

Short-Term Objective (less than 3 months)	Estimated Cost	Target Date	Weekly \$ To Save

Medium-Term Objective (3 months to 1 year)	Estimated Cost	Target Date	Weekly \$ To Save

Long-Term Objective (more than 1 year)	Estimated Cost	Target Date	Weekly \$ To Save





### Credit Cards

Issued By	Card Name	Account Number	PIN	Lost or stolen call...
Citibank	VISA	1234-1234-1234-1234	1234	888-888-8888

### Other Financial Account Information

Type of Account	Name/Address	Account #	Names on Account	PIN/Passwords

### Bills I Pay/People I Owe

Company/Person	Address/Phone	Account Number	Average Monthly Payment
Example: Utilities			




### Loan Information

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

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

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

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

Collateral \_\_\_\_\_

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

Credit Life/Disability Insurance    Yes     No

Copy of Loan Document

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

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

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

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

Collateral \_\_\_\_\_

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

Credit Life/Disability Insurance    Yes     No

Copy of Loan Document

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

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

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

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

Collateral \_\_\_\_\_

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

Credit Life/Disability Insurance    Yes     No

Copy of Loan Document

# Insurance

## Medical

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

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

## Dental

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

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

## Vision

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

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

## Life

Company \_\_\_\_\_

Group  Individual

Phone No. \_\_\_\_\_

Policy or  
Certificate No. \_\_\_\_\_

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

Beneficiaries \_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_

Group  Individual

Phone No. \_\_\_\_\_

Policy or  
Certificate No. \_\_\_\_\_

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

Beneficiaries \_\_\_\_\_  
\_\_\_\_\_

**Disability/Accident Insurance**

Company \_\_\_\_\_

Group  Individual

Phone No. \_\_\_\_\_

Policy/  
Certificate No. \_\_\_\_\_

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

Beneficiaries \_\_\_\_\_

\_\_\_\_\_

Company \_\_\_\_\_

Group  Individual

Phone No. \_\_\_\_\_

Policy/  
Certificate No. \_\_\_\_\_

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

Beneficiaries \_\_\_\_\_

\_\_\_\_\_

**Auto Insurance**

Company \_\_\_\_\_

Agent \_\_\_\_\_

Vehicle 1 \_\_\_\_\_

Vehicle 2 \_\_\_\_\_

Vehicle 3 \_\_\_\_\_

Vehicle 4 \_\_\_\_\_

Phone \_\_\_\_\_

Policy/Certificate No. \_\_\_\_\_

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

VIN \_\_\_\_\_

VIN \_\_\_\_\_

VIN \_\_\_\_\_

VIN \_\_\_\_\_

**Recreational Vehicle Insurance**

Company \_\_\_\_\_

Agent \_\_\_\_\_

Vehicle 1 \_\_\_\_\_

Vehicle 2 \_\_\_\_\_

Vehicle 3 \_\_\_\_\_

Motorcycle \_\_\_\_\_

Phone \_\_\_\_\_

Policy/Certificate No. \_\_\_\_\_

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

VIN \_\_\_\_\_

VIN \_\_\_\_\_

VIN \_\_\_\_\_

VIN \_\_\_\_\_

**Homeowners/Renters Insurance**

Company \_\_\_\_\_

Agent \_\_\_\_\_

Phone \_\_\_\_\_

Policy/Certificate No. \_\_\_\_\_

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

**Umbrella Policy (General Liability Policy)**

Company \_\_\_\_\_

Policy/Certificate No. \_\_\_\_\_

Limits of Coverage \_\_\_\_\_

Agent \_\_\_\_\_

Phone \_\_\_\_\_

**Long-Term Care Insurance**

Company \_\_\_\_\_

Agent \_\_\_\_\_

Phone \_\_\_\_\_

Policy/Certificate No. \_\_\_\_\_

Exclusion Period \_\_\_\_\_

Phone \_\_\_\_\_

# Investments/Pensions

## Stocks, Bonds and Securities

List any U.S. Savings Bonds or Treasuries, government agency securities, corporate and governmental stock certificates and other securities owned by you or an immediate family member.

Name of Asset	Serial Number	Date Purchased	Purchase Price	Other Useful Information (location, owner name, no. shares, maturity date)

## Mutual Funds

List each mutual fund and money market fund owned by you or a member of your immediate family.

Company Name and Fund Type	Identification Number	Date Purchased	Original Amount	Other Useful Information (location, owner name, no. shares, maturity date)

## Retirement Plan

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Retirement estimate can be obtained at:

\_\_\_\_\_

Estimate included:  Yes  No

Payout Option \_\_\_\_\_

Beneficiary \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Retirement estimate can be obtained at:

\_\_\_\_\_

Estimate included:  Yes  No

Payout Option \_\_\_\_\_

Beneficiary \_\_\_\_\_

### Other Pension Plan(s)

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Amount \_\_\_\_\_

Contact \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Amount \_\_\_\_\_

Contact \_\_\_\_\_

### Other Pertinent Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 403(b) Plan

Account No. (SSN) \_\_\_\_\_

Statement Location \_\_\_\_\_

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

Outstanding loans against 403(b) plan

\_\_\_\_\_

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

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

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

**401(k)**

Account No. (SSN) \_\_\_\_\_

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

Statement Location \_\_\_\_\_

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

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

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

Outstanding loans against 401(k) plan  
\_\_\_\_\_

**Other Employer Savings Plans**

Plan balance can be found at  
\_\_\_\_\_

Plan balance can be found at  
\_\_\_\_\_

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

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

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

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

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

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

**IRA Accounts (Traditional, Rollover, ROTH, Education)**

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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

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

Acct # and Type \_\_\_\_\_

Acct # and Type \_\_\_\_\_

## Document Locator

It is not recommended that original copies of your most valuable/important and hard to replace documents be kept in this notebook. Some you may want to consider storing in a fireproof safe at home, at an attorney's office or in a safe-deposit box. This chart will help serve as a reminder of where the originals are stored.

Document	Location	Notes
Adoption Papers		
Birth Certificates		
Burial/Funeral		
Child Support Order		
Citizenship Papers		
Death Certificates:		
Divorce Decree		
Education Degrees/Diplomas		
Health Care Power of Attorney		
Household Inventory		
Home Ownership Titles or Property Deeds		
Investment Certificates—stocks, bonds, etc.		
Marriage Certificate		
Military Service Records		Serial No. VA Claim No. GI Insurance No.
Other Property Titles/Deeds		
Power of Attorney		
Social Security Cards		
Tax Records		
Vehicle Titles		
Wills/Trusts		
Other		



Other		
Other		
Other		
Other		