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### Financials, Property, Insurance, etc.

- This section is detailed, don't be overwhelmed.
- Begin by filling out the information you can easily find and do the rest over time.
- Ask for help from a relative, friend or financial advisor as needed.

The following individuals have my trust and are familiar with my financial situation and can be contacted for further information in these areas (e.g., a relative, financial advisor, accountant, lawyer):

NAME	NAME
INSTITUTION	INSTITUTION
ADDRESS	ADDRESS
PHONE NUMBER	PHONE NUMBER
E-MAIL ADDRESS	E-MAIL ADDRESS
COMMENTS	COMMENTS

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Bank Information				
Safe Deposit Box (1)				
BANK	BRANCH ADDRESS	BOX NUMBER	CO-SIGNER	
Safe Deposit Box (2)				
BANK	BRANCH ADDRESS	BOX NUMBER	CO-SIGNER	
Checking Account	BRANCH ADDRESS	BOX NUMBER	CO-SIGNER	
Savings Account				
BANK	BRANCH ADDRESS	BOX NUMBER	CO-SIGNER	
Other Account BANK	BRANCH ADDRESS	BOX NUMBER	CO-SIGNER	
Location of my bank s	tatements			
Government related documents location				
RECENT IRS TAX RETURNS				
GOVERNMENT ASSISTANCE DOCUMENTS				
Other				

#### **My Investments**

#### Brokerage or Mutual Fund Accounts

INSTITUTION

ADDRESS

NAME OF BROKER

Accounts: (number, user id, password, or location of password)

# **My Retirement Assets**

Deferred compensation

INSTITUTION	ADDRESS	PHONE
401(K) plans		
INSTITUTION	ADDRESS	PHONE

Keogh plans		
NSTITUTION	ADDRESS	PHONE
RA		
NSTITUTION	ADDRESS	PHONE
	)	
Pension plans		
NSTITUTION	ADDRESS	PHONE
Annuities		2000
NSTITUTION	ADDRESS	PHONE
Military retirement benefi	its	
NSTITUTION	ADDRESS	PHONE
Royalties		
NSTITUTION	ADDRESS	PHONE
NSTITUTION	ADDRESS	PHONE
	ADDRESS	PHONE
Other		
	ADDRESS	PHONE
Other		
Other		
Other		

Outstanding Loans/	Debts				
	NAME OF PERSON / INSTITUTI		NUMBER	COMMENTS	
Personal					
Bank/Institution (number, payment plan)					
Credit Union Loan					
Finance Company					
Other					
Credit Cards and Or	line Transactions				
List of Credit Cards					
ТҮРЕ	NUMB	ER	ISSUER PI	HONE NUMBER	
		]			
List of internet pass	words, online bankir	ng access codes	, PIN number	S	
INTERNET SITE	WEB ADDRESS	USER	NAME	PASSWORD	
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INTERNET SITE	WEB ADDRESS	USER NAME	PASSWORD
Any automatic bill payin	ig arrangements or elec	ctronic transfers	
Insurance			
TYPE	POLICY NUMBER	ISSUER NAI	ME AND CONTACT INFO
Health			
Medicare/Medicaid			]
Life			
Long term carex			
Disability			

TYPE	POLICY NUMBER	ISSUER NAME AND CONTACT INFO
Mortgage or loan		
Homeowner's		
Accident		

## **Real Estate**

Real estate deeds, location of titles and mortgages owed