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# Personal Wealth Organizer

Help Ensure A Smooth Transition of Financial Responsibilities.

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Take the  
time now  
to help  
your loved  
ones later.

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Taking the time now to organize important wealth related information will save your loved ones countless hours down the road.

In many households there is one individual who handles a majority of the financial responsibilities. While this can be an effective way to manage family finances, it may leave a partner (or child[ren]) in an overwhelming position should there be a sudden loss.

In the case of such an event, you can help ensure a smooth transition of responsibilities by maintaining this Personal Wealth Organizer. The Personal Wealth Organizer will assist you in outlining where financial documents are kept, contact information of your advisors, and other important matters. This should bring comfort and reassurance for everyone involved.

We recommend storing your Personal Wealth Organizer in a secure place (i.e. bank safe, deposit box, or fire-resistant home safe). A spouse, child, and/or trusted advisor should know where your Personal Wealth Organizer is kept and how to access it.

Please remember that the enclosed content is provided for educational purposes and is not meant to serve as legal, tax, estate planning, investment, or any other related or unrelated advice.

Depending on where you store your Personal Wealth Organizer, you may want to omit certain information such as passwords, social security numbers, account numbers and any other sensitive information.

**Please Note: For client and individual use only. Not for purposes of Withum Wealth Management engagement.**

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# Contacts/Web

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## In This Section

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- **Important Contacts**
- **Username/Passwords**
- \_\_\_\_\_

## IMPORTANT CONTACTS

**Note: The following fields address specific contacts to remind you of important information you may want to include. Use the additional fields on the following page(s) for contacts not mentioned below.**

Wealth Manager \_\_\_\_\_ Notes: \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Website \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

CPA/Accountant \_\_\_\_\_ Notes: \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Website \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Estate Attorney \_\_\_\_\_ Notes: \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Website \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_ Account #: \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Notes: \_\_\_\_\_  
 Website \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Personal Insurance Agent \_\_\_\_\_ Account #: \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Notes: \_\_\_\_\_  
 Website \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Notes: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

## OTHER IMPORTANT CONTACTS

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

## OTHER IMPORTANT CONTACTS

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
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Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Notes:

## USERNAMES/PASSWORDS

**Note: While this page can be very useful, the information below is important and should be protected from unauthorized persons. Please remember to store your Personal Wealth Organizer in a secure place.**

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_



## USERNAMES/PASSWORDS

**Note: While this page can be very useful, the information below is important and should be protected from unauthorized persons. Please remember to store your Personal Wealth Organizer in a secure place.**

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

Purpose \_\_\_\_\_ Notes: \_\_\_\_\_  
Website URL \_\_\_\_\_  
Username \_\_\_\_\_  
Password \_\_\_\_\_

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# Cards/Bank Records

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## In This Section

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- Active Debit/Credit Cards
- Bank Records
- \_\_\_\_\_

## ACTIVE DEBIT/CREDIT CARDS

Card #1

Type:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover    \_\_\_ American Express    \_\_\_ Other

Bank/Card Name (Capital One) \_\_\_\_\_

Name(s) on this Account \_\_\_\_\_ Account # \_\_\_\_\_

[Phone] \_\_\_\_\_ [Card Number] \_\_\_\_\_

Card Purpose/Usage \_\_\_\_\_

Additional Notes:

Card #2

Type:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover    \_\_\_ American Express    \_\_\_ Other

Bank/Card Name (Capital One) \_\_\_\_\_

Name(s) on this Account \_\_\_\_\_ Account # \_\_\_\_\_

[Phone] \_\_\_\_\_ [Card Number] \_\_\_\_\_

Card Purpose/Usage \_\_\_\_\_

Additional Notes:

Card #3

Type:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover    \_\_\_ American Express    \_\_\_ Other

Bank/Card Name (Capital One) \_\_\_\_\_

Name(s) on this Account \_\_\_\_\_ Account # \_\_\_\_\_

[Phone] \_\_\_\_\_ [Card Number] \_\_\_\_\_

Card Purpose/Usage \_\_\_\_\_

Additional Notes:

Card #4

Type:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover    \_\_\_ American Express    \_\_\_ Other

Bank/Card Name (Capital One) \_\_\_\_\_

Name(s) on this Account \_\_\_\_\_ Account # \_\_\_\_\_

[Phone] \_\_\_\_\_ [Card Number] \_\_\_\_\_

Card Purpose/Usage \_\_\_\_\_

Additional Notes:

# BANK RECORDS

## CHECKING ACCOUNT(S)

Account #1

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #2

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #3

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #4

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

# BANK RECORDS, ctn.

## SAVINGS ACCOUNT(S)

Account #1

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #2

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #3

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #4

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

# BANK RECORDS, ctn.

## BANK CDs (Certificates of Deposit)

Account #1

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #2

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #3

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

Account #4

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Local Branch Address] \_\_\_\_\_

[Account Number] \_\_\_\_\_

[Beneficiaries] \_\_\_\_\_

Additional Notes: Location of checkbooks

## BANK RECORDS, ctn.

### SAFE DEPOSIT BOX INFORMATION

Box #1

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

[Telephone] \_\_\_\_\_ Key is kept \_\_\_\_\_

Additional Notes:

Box #2

Name(s) on this Account (include co-owner names) \_\_\_\_\_

[Bank Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

[Telephone] \_\_\_\_\_ Key is kept \_\_\_\_\_

Additional Notes:

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# Family/Will

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## In This Section

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- Family Information
- Will
- \_\_\_\_\_



## FAMILY INFORMATION

[Your Name] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Partner] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Child] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Child] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Child] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Child] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Dependent] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Dependent] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Dependent] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Ex-Spouse] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Other] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

[Other] \_\_\_\_\_ [Social Security #] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

## WILL

Do you have a Will?    Yes    No - If yes, where is it located?

Personal Representative (Executor/Administrator)

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Attorney/Law Firm

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Date of most recent Will \_\_\_\_\_

**The date is important. You should review your will if there are any changes in circumstances since it was last signed (i.e. marriage; divorce; change in assets; birth or adoption of children; death of a beneficiary or personal representative; changes in state or federal law; change in residency.)**

**REMEMBER: If you do not have a will, your estate will be distributed as provided by state law. Its formula for distribution may not be the same as you would want. Your wishes and your family's special needs can best be satisfied if you make a will.**

Additional Notes: (Burial Arrangements, Allocation of Assets)

## MARITAL INFORMATION

Do you have a prenuptial agreement?    Yes    No    N/A

If yes, where is the agreement located? \_\_\_\_\_

Do you have a divorce agreement?    Yes    No    N/A

If yes, where is the agreement located? \_\_\_\_\_

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# Real Estate/Business

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## In This Section

---

- Real Estate
- Business Ownership
- \_\_\_\_\_

## REAL ESTATE

Primary Residence \_\_\_\_\_  
(Address)

### Real Estate Title

Is there a mortgage on the property?    Yes    No

If yes, mortgage company name \_\_\_\_\_

Names on the mortgage \_\_\_\_\_

Is there a home equity loan outstanding?    Yes    No

If yes, mortgage company name? \_\_\_\_\_

The deed, a copy of the mortgage, survey, title insurance policy, and closing documents are kept:  
\_\_\_\_\_

Real Estate tax receipts are kept: \_\_\_\_\_

Insurance policies, like fire and liability, are kept \_\_\_\_\_  
\_\_\_\_\_

Is this a rental property?    Yes    No

Where is the lease located? \_\_\_\_\_

Approximate value of rental income? \_\_\_\_\_

For advice as to keeping or selling the property, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Additional Notes:

## REAL ESTATE, ctn.

Real Estate #2 \_\_\_\_\_  
(Address)

### Real Estate Title

Is there a mortgage on the property?    Yes    No

If yes, mortgage company name \_\_\_\_\_

Names on the mortgage \_\_\_\_\_

Is there a home equity loan outstanding?    Yes    No

If yes, mortgage company name? \_\_\_\_\_

The deed, a copy of the mortgage, survey, title insurance policy, and closing documents are kept:  
\_\_\_\_\_

Real Estate tax receipts are kept: \_\_\_\_\_

Insurance policies, like fire and liability, are kept \_\_\_\_\_  
\_\_\_\_\_

Is this a rental property?    Yes    No

Where is the lease located? \_\_\_\_\_

Approximate value of rental income? \_\_\_\_\_

For advice as to keeping or selling the property, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Additional Notes:

## BUSINESS OWNERSHIP

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Date Founded \_\_\_\_\_ Approximate ownership \_\_\_\_\_ %

Is there an operating agreement? If yes, where is it kept? \_\_\_\_\_

Is there a buy/sell agreement? If yes, where is it kept: \_\_\_\_\_

If applicable:

Corporate Brokerage Account Information: \_\_\_\_\_

Corporate Bank Account Information: \_\_\_\_\_

Legal Counsel

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Company/Address] \_\_\_\_\_

Accountant

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Company/Address] \_\_\_\_\_

For more information/advice, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Additional Notes:

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# Investments

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## In This Section

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- **Personal Accounts**
- **Retirement Brokerage Accounts**
- **Employer Related Retirement/Compensation**
- **Custodial/Children/Education Accounts**
- **Privately Held Investments/Other Financial Interests**
- **Trust Accounts**
- \_\_\_\_\_

## PERSONAL ACCOUNTS

Note: Non-retirement accounts only. IRA/401(k) Accounts addressed in following sections.

Account #1:    \_\_\_ Individual        \_\_\_ Joint        \_\_\_ Tenants in Common  
                  \_\_\_ Joint Tenants with Rights of Survivorship        \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

For investment advice regarding this account, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Company Name/Address] \_\_\_\_\_

Additional Notes:

Account #2:    \_\_\_ Individual        \_\_\_ Joint        \_\_\_ Tenants in Common  
                  \_\_\_ Joint Tenants with Rights of Survivorship        \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

For investment advice regarding this account, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Company Name/Address] \_\_\_\_\_

Additional Notes:



### PERSONAL ACCOUNTS, ctn.

Account #3:    \_\_\_ Individual        \_\_\_ Joint        \_\_\_ Tenants in Common  
                  \_\_\_ Joint Tenants with Rights of Survivorship        \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

For investment advice regarding this account, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Company Name/Address] \_\_\_\_\_

Additional Notes:

Account #4:    \_\_\_ Individual        \_\_\_ Joint        \_\_\_ Tenants in Common  
                  \_\_\_ Joint Tenants with Rights of Survivorship        \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

For investment advice regarding this account, consult:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Company Name/Address] \_\_\_\_\_

Additional Notes:

## RETIREMENT BROKERAGE ACCOUNTS

**Note: This section is for IRA accounts only. Employer Retirement/401(k) accounts addressed in following section.**

Account #1:            \_\_\_ Traditional            \_\_\_ Roth            \_\_\_ Rollover            \_\_\_ Inherited            \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Additional Notes:

Account #2:            \_\_\_ Traditional            \_\_\_ Roth            \_\_\_ Rollover            \_\_\_ Inherited            \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Additional Notes:

## RETIREMENT BROKERAGE ACCOUNTS, ctn.

Account #3:            \_\_\_Traditional            \_\_\_Roth            \_\_\_Rollover            \_\_\_Inherited            \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Additional Notes:

Account #4:            \_\_\_Traditional            \_\_\_Roth            \_\_\_Rollover            \_\_\_Inherited            \_\_\_ Other

Account Holder(s) \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Additional Notes:

## EMPLOYER RELATED RETIREMENT/COMPENSATION

**Note: Upon a partners passing, please make sure to contact the firms benefit administrator to determine the value of all benefits that may be due and payable to you.**

Account #1:            \_\_\_ Pension            \_\_\_ 401(k)            \_\_\_ Defined Bnft.            \_\_\_ Deferred Comp.  
                             \_\_\_ 403(b)            \_\_\_ Stock Opt.            \_\_\_ Profit Sharing            \_\_\_ Other

Participant \_\_\_\_\_

Employer \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Benefit Administrator

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Additional Notes:

Account #2:            \_\_\_ Pension            \_\_\_ 401(k)            \_\_\_ Defined Bnft.            \_\_\_ Deferred Comp.  
                             \_\_\_ 403(b)            \_\_\_ Stock Opt.            \_\_\_ Profit Sharing            \_\_\_ Other

Participant \_\_\_\_\_

Employer \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Benefit Administrator

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Additional Notes:

## EMPLOYER RELATED RETIREMENT/COMPENSATION

**Note: Employer insurance addressed in following section.**

Account #3:    \_\_\_Pension    \_\_\_401(k)    \_\_\_Defined Bnft.    \_\_\_Deferred Comp.  
                                 \_\_\_403(b)    \_\_\_Stock Opt.    \_\_\_Profit Sharing    \_\_\_Other

Participant \_\_\_\_\_

Employer \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Benefit Administrator

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Additional Notes:

Account #4:    \_\_\_Pension    \_\_\_401(k)    \_\_\_Defined Bnft.    \_\_\_Deferred Comp.  
                                 \_\_\_403(b)    \_\_\_Stock Opt.    \_\_\_Profit Sharing    \_\_\_Other

Participant \_\_\_\_\_

Employer \_\_\_\_\_

Name of Company (i.e., brokerage firm, bank, mutual fund) \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiary(ies) \_\_\_\_\_

Contingent Beneficiary(ies) \_\_\_\_\_

Benefit Administrator

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Additional Notes:

## CUSTODIAL/CHILDREN/EDUCATION ACCOUNTS

Account Type #1:                    \_\_\_ Custodial                    \_\_\_ 529                    \_\_\_ Other  
 Under laws of (state) \_\_\_\_\_ Age of Termination \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_  
 Name of Company (i.e., brokerage firm) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Advisor  
 [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_  
 [Address] \_\_\_\_\_

Additional Notes:

Account Type #2:                    \_\_\_ Custodial                    \_\_\_ 529                    \_\_\_ Other  
 Under laws of (state) \_\_\_\_\_ Age of Termination \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_  
 Name of Company (i.e., brokerage firm) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account # \_\_\_\_\_ Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Advisor  
 [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_  
 [Address] \_\_\_\_\_

Additional Notes:

## PRIVATELY HELD INVESTMENTS/ OTHER FINANCIAL INTERESTS

Investment #1:    \_\_\_ Limited Partnership    \_\_\_ Hedge Fund    \_\_\_ Private Equity  
                  \_\_\_ Venture Capital    \_\_\_ Loan Receivables    \_\_\_ Other

Participant \_\_\_\_\_

Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Where is the explanatory memorandum kept? \_\_\_\_\_

Contact information of the General Partner/Borrower/Other:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Additional Notes:

Investment #2:    \_\_\_ Limited Partnership    \_\_\_ Hedge Fund    \_\_\_ Private Equity  
                  \_\_\_ Venture Capital    \_\_\_ Loan Receivables    \_\_\_ Other

Participant \_\_\_\_\_

Approximate value \$ \_\_\_\_\_ Date \_\_\_\_\_

Where is the explanatory memorandum kept? \_\_\_\_\_

Contact information of the General Partner/Borrower/Other:

[Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Additional Notes:

## TRUST ACCOUNTS

Title of Trust #1 \_\_\_\_\_ Account # \_\_\_\_\_

Institution/Brokerage Firm \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Trust \_\_\_\_\_ Last Updated \_\_\_\_\_

Type of Trust \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Current Trustee \_\_\_\_\_ Successor trustee \_\_\_\_\_

Beneficiaries \_\_\_\_\_

### Financial Advisors

[Contact] \_\_\_\_\_ [Firm] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Additional Notes:

Title of Trust #2 \_\_\_\_\_ Account # \_\_\_\_\_

Institution/Brokerage Firm \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Trust \_\_\_\_\_ Last Updated \_\_\_\_\_

Type of Trust \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Current Trustee \_\_\_\_\_ Successor trustee \_\_\_\_\_

Beneficiaries \_\_\_\_\_

### Financial Advisors

[Contact] \_\_\_\_\_ [Firm] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Additional Notes:



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# Insurance/Annuities

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## In This Section

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- Life Insurance
- Personal Insurance
- Employer Insurance
- Annuities

- \_\_\_\_\_

## LIFE INSURANCE

Life Insurance #1

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Is the life insurance in trust?    Yes    No

If yes, Trustee [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Are there any unpaid loans secured by this policy(ies)?    Yes    No

If yes, Lender [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Additional Notes:

Life Insurance #2

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Is the life insurance in trust?    Yes    No

If yes, Trustee [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Are there any unpaid loans secured by this policy(ies)?    Yes    No

If yes, Lender [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Additional Notes:

\*Note: Have you reviewed the beneficiaries of your policies?

### LIFE INSURANCE, ctn.

Life Insurance #3

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Is the life insurance in trust?    Yes    No

If yes, Trustee [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Are there any unpaid loans secured by this policy(ies)?    Yes    No

If yes, Lender [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Additional Notes:

Life Insurance #4

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Is the life insurance in trust?    Yes    No

If yes, Trustee [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Are there any unpaid loans secured by this policy(ies)?    Yes    No

If yes, Lender [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Additional Notes:

## PERSONAL INSURANCE

**Note: Employer insurance addressed in following section.**

Personal Insurance #1

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Personal Insurance #2

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Personal Insurance #3

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Personal Insurance #4

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

## PERSONAL INSURANCE, ctn.

**Note: Employer insurance addressed in following section.**

Personal Insurance #1

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Personal Insurance #2

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Personal Insurance #3

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

Personal Insurance #4

Type:    \_\_\_ Disability    \_\_\_ Umbrella    \_\_\_ Home Owners    \_\_\_ Long Term Care    \_\_\_ Other

[Insurance Company] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_

[Phone] \_\_\_\_\_ [Email] \_\_\_\_\_

## EMPLOYER INSURANCE

Insurance #1 Type:    \_\_\_ Life    \_\_\_ Disability

[Employer Name] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Is the life insurance in trust?    Yes    No

If yes, Trustee [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

List beneficiary(ies) of this policy(ies) \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Are there any unpaid loans secured by this policy(ies)?    Yes    No

If yes, Lender [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Employer Contact [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Insurance #2 Type:    \_\_\_ Life    \_\_\_ Disability

[Employer Name] \_\_\_\_\_

[Policy Number] \_\_\_\_\_

Is the life insurance in trust?    Yes    No

If yes, Trustee [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

List beneficiary(ies) of this policy(ies) \_\_\_\_\_

Policy(ies) are kept \_\_\_\_\_

Are there any unpaid loans secured by this policy(ies)?    Yes    No

If yes, Lender [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Insurance Advisor [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

Employer Contact [Name] \_\_\_\_\_ [Phone] \_\_\_\_\_

[Address] \_\_\_\_\_

## ANNUITIES

Annuity #1

Type:    \_\_\_Fixed    \_\_\_Variable    \_\_\_Other

Owned by \_\_\_\_\_

If yes, [Issuer Name] \_\_\_\_\_

[Contract Number] \_\_\_\_\_

Beneficiary \_\_\_\_\_

Contract(s) are kept \_\_\_\_\_

Additional Notes:

Annuity #2

Type:    \_\_\_Fixed    \_\_\_Variable    \_\_\_Other

Owned by \_\_\_\_\_

If yes, [Issuer Name] \_\_\_\_\_

[Contract Number] \_\_\_\_\_

Beneficiary \_\_\_\_\_

Contract(s) are kept \_\_\_\_\_

Additional Notes:

Annuity #3

Type:    \_\_\_Fixed    \_\_\_Variable    \_\_\_Other

Owned by \_\_\_\_\_

If yes, [Issuer Name] \_\_\_\_\_

[Contract Number] \_\_\_\_\_

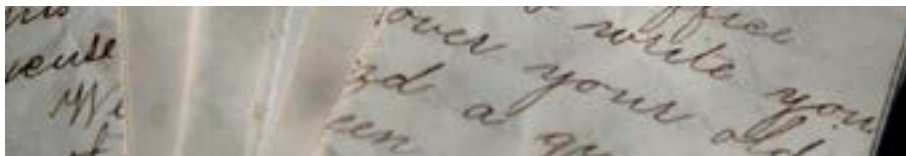
Beneficiary \_\_\_\_\_

Contract(s) are kept \_\_\_\_\_

Additional Notes:







## MESSAGE TO LOVED ONES

We encourage you to take the time to write a message to your loved ones and include any mementos that you would like to share with your family. (videos, photos, notes, cards, etc.)

