Personal Wealth Organizer

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.
Contacts / Web
- Important Contacts .......................................................... 4-6
- Usernames/Passwords .......................................................... 7-8
- ______________________

Cards / Bank Records
- Active Debit/Credit Cards ................................................ 10
- Bank Records ................................................................. 11-14
- ______________________

Family / Will
- Family Information .......................................................... 16
- Will ................................................................. 17
- ______________________

Real Estate / Business Ownership
- Real Estate ................................................................. 19-20
- Business Ownership ..................................................... 21
- ______________________

Investments
- Personal Accounts .......................................................... 23-24
- Retirement Brokerage Accounts ....................................... 25-26
- Employer Related Retirement/Compensation ...................... 27-28
- Custodial/Children/Education Accounts ............................. 29
- Privately Held Investments/Other Financial Interests .............. 30
- Trust Accounts .......................................................... 31
- ______________________

Insurance / Annuities
- Life Insurance .............................................................. 33-34
- Personal Insurance .......................................................... 35-36
- Employer Insurance .......................................................... 37
- Annuities ................................................................. 38
- ______________________
Contacts/Web

In This Section

- Important Contacts
- Usernames/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.

<table>
<thead>
<tr>
<th>Role</th>
<th>Firm Name</th>
<th>Website</th>
<th>Phone</th>
<th>Email</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth Manager</td>
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<tr>
<td>CPA/Accountant</td>
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<td>Estate Attorney</td>
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<td>Life Insurance Agent</td>
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Replacement and additional pages can be found at [www.WithumWealth.com/WealthOrganizer](http://www.WithumWealth.com/WealthOrganizer)

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### Purpose

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</table>

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.

Replacement and additional pages can be found at www.WithumWealth.com/WealthOrganizer

Please Note: For client and individual use only. Not for purposes of Withum Wealth Management engagement.
Cards/Bank Records

In This Section

- Active Debit/Credit Cards
- Bank Records
- __________________
### ACTIVE DEBIT/CREDIT CARDS

<table>
<thead>
<tr>
<th>Card #1</th>
<th>Card #2</th>
<th>Card #3</th>
<th>Card #4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type:</strong></td>
<td>Visa</td>
<td>Visa</td>
<td>Visa</td>
</tr>
<tr>
<td></td>
<td>MasterCard</td>
<td>MasterCard</td>
<td>MasterCard</td>
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<tr>
<td></td>
<td>Discover</td>
<td>Discover</td>
<td>Discover</td>
</tr>
<tr>
<td></td>
<td>American Express</td>
<td>American Express</td>
<td>American Express</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td><strong>Bank/Card Name (Capital One)</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Name(s) on this Account</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Account #</strong></td>
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<td><strong>[Phone]</strong></td>
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<tr>
<td><strong>[Card Number]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Card Purpose/Usage</strong></td>
<td></td>
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</tbody>
</table>

**Additional Notes:**

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### BANK RECORDS

#### CHECKING ACCOUNT(S)

<table>
<thead>
<tr>
<th>Account #1</th>
<th>Bank Name</th>
<th>Phone</th>
<th>Local Branch Address</th>
<th>Account Number</th>
<th>Beneficiaries</th>
<th>Additional Notes: Location of checkbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name(s) on this Account (include co-owner names)]</td>
<td>[Bank Name]</td>
<td>[Phone]</td>
<td>[Local Branch Address]</td>
<td>[Account Number]</td>
<td>[Beneficiaries]</td>
<td>Location of checkbooks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account #2</th>
<th>Bank Name</th>
<th>Phone</th>
<th>Local Branch Address</th>
<th>Account Number</th>
<th>Beneficiaries</th>
<th>Additional Notes: Location of checkbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name(s) on this Account (include co-owner names)]</td>
<td>[Bank Name]</td>
<td>[Phone]</td>
<td>[Local Branch Address]</td>
<td>[Account Number]</td>
<td>[Beneficiaries]</td>
<td>Location of checkbooks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account #3</th>
<th>Bank Name</th>
<th>Phone</th>
<th>Local Branch Address</th>
<th>Account Number</th>
<th>Beneficiaries</th>
<th>Additional Notes: Location of checkbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name(s) on this Account (include co-owner names)]</td>
<td>[Bank Name]</td>
<td>[Phone]</td>
<td>[Local Branch Address]</td>
<td>[Account Number]</td>
<td>[Beneficiaries]</td>
<td>Location of checkbooks</td>
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<table>
<thead>
<tr>
<th>Account #4</th>
<th>Bank Name</th>
<th>Phone</th>
<th>Local Branch Address</th>
<th>Account Number</th>
<th>Beneficiaries</th>
<th>Additional Notes: Location of checkbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name(s) on this Account (include co-owner names)]</td>
<td>[Bank Name]</td>
<td>[Phone]</td>
<td>[Local Branch Address]</td>
<td>[Account Number]</td>
<td>[Beneficiaries]</td>
<td>Location of checkbooks</td>
</tr>
</tbody>
</table>
### 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

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## BANK RECORDS, ctn.

### BANK CDs (Certificates of Deposit)

<table>
<thead>
<tr>
<th>Account #1</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Name(s) on this Account (include co-owner names)</td>
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<tr>
<td>[Bank Name]</td>
<td>[Local Branch Address]</td>
<td>[Account Number]</td>
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<tr>
<td>[Phone]</td>
<td>[Beneficiaries]</td>
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</tbody>
</table>

Additional Notes: Location of checkbooks

<table>
<thead>
<tr>
<th>Account #2</th>
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<tbody>
<tr>
<td>Name(s) on this Account (include co-owner names)</td>
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<tr>
<td>[Bank Name]</td>
<td>[Local Branch Address]</td>
<td>[Account Number]</td>
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<tr>
<td>[Phone]</td>
<td>[Beneficiaries]</td>
<td></td>
</tr>
</tbody>
</table>

Additional Notes: Location of checkbooks

<table>
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<tr>
<th>Account #3</th>
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</thead>
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<tr>
<td>[Phone]</td>
<td>[Beneficiaries]</td>
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</table>

Additional Notes: Location of checkbooks

<table>
<thead>
<tr>
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<tr>
<td>[Bank Name]</td>
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<td>[Phone]</td>
<td>[Beneficiaries]</td>
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Additional Notes: Location of checkbooks

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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:
Family/Will

In This Section

- Family Information
- Will
- ___________________
<table>
<thead>
<tr>
<th>Family Type</th>
<th>Name</th>
<th>Social Security #</th>
<th>Phone</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>[Your Name]</td>
<td>______________________</td>
<td>__________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Partner]</td>
<td>______________________</td>
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<tr>
<td>[Child]</td>
<td>______________________</td>
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Completed on ___ / ___ / ___

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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] ___________________________________________________________________________

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 prenuptual 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

In This Section

• Real Estate
• Business Ownership
• ___________________
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

In This Section

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

<table>
<thead>
<tr>
<th>Account #1:</th>
<th>__Traditional</th>
<th>__Roth</th>
<th>__Rollover</th>
<th>__Inherited</th>
<th>__ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder(s)</td>
<td>________________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Company (i.e., brokerage firm, bank, mutual fund)</td>
<td>________________________________</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>________________________________</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Account #</td>
<td>________________________________</td>
<td>Approximate value $</td>
<td>________________________________</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary(ies)</td>
<td>________________________________</td>
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<td></td>
</tr>
<tr>
<td>Contingent Beneficiary(ies)</td>
<td>________________________________</td>
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</tr>
</tbody>
</table>

**Additional Notes:**

<table>
<thead>
<tr>
<th>Account #2:</th>
<th>__Traditional</th>
<th>__Roth</th>
<th>__Rollover</th>
<th>__Inherited</th>
<th>__ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder(s)</td>
<td>________________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Company (i.e., brokerage firm, bank, mutual fund)</td>
<td>________________________________</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>________________________________</td>
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<tr>
<td>Account #</td>
<td>________________________________</td>
<td>Approximate value $</td>
<td>________________________________</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary(ies)</td>
<td>________________________________</td>
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<td></td>
<td></td>
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<tr>
<td>Contingent Beneficiary(ies)</td>
<td>________________________________</td>
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**Additional Notes:**
**RETIREMENT BROKERAGE ACCOUNTS, ctn.**

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<th>Account #3:</th>
<th>__Traditional</th>
<th>__Roth</th>
<th>__Rollover</th>
<th>__Inherited</th>
<th>__ Other</th>
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</thead>
<tbody>
<tr>
<td>Account Holder(s)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Company (i.e., brokerage firm, bank, mutual fund)</td>
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<td></td>
<td></td>
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<tr>
<td>Address</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Account #</td>
<td></td>
<td>Approximate value $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary(ies)</td>
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<tr>
<td>Contingent Beneficiary(ies)</td>
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</table>

Additional Notes:

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<th>Account #4:</th>
<th>__Traditional</th>
<th>__Roth</th>
<th>__Rollover</th>
<th>__Inherited</th>
<th>__ Other</th>
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</thead>
<tbody>
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<td>Account Holder(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Name of Company (i.e., brokerage firm, bank, mutual fund)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Account #</td>
<td></td>
<td>Approximate value $</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Primary Beneficiary(ies)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent Beneficiary(ies)</td>
<td></td>
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</tr>
</tbody>
</table>

Additional Notes:
Note: Upon a partner’s passing, please make sure to contact the firm’s benefit administrator to determine the value of all benefits that may be due and payable to you.

**EMPLOYER RELATED RETIREMENT/COMPENSATION**

<table>
<thead>
<tr>
<th>Account #1:</th>
<th><em>Pension</em></th>
<th><em>401(k)</em></th>
<th><em>Defined Bnft.</em></th>
<th><em>Deferred Comp.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>403(b)</em></td>
<td><em>Stock Opt.</em></td>
<td><em>Profit Sharing</em></td>
<td><em>Other</em></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Account #2:</th>
<th><em>Pension</em></th>
<th><em>401(k)</em></th>
<th><em>Defined Bnft.</em></th>
<th><em>Deferred Comp.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>403(b)</em></td>
<td><em>Stock Opt.</em></td>
<td><em>Profit Sharing</em></td>
<td><em>Other</em></td>
</tr>
</tbody>
</table>

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

**Account #3:**
- **Type**: 
  - ___ Pension 
  - ___ 401(k) 
  - ___ Defined Benefit 
  - ___ Deferred Compensation 
  - ___ 403(b) 
  - ___ Stock Option 
  - ___ 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:**
- **Type**: 
  - ___ Pension 
  - ___ 401(k) 
  - ___ Defined Benefit 
  - ___ Deferred Compensation 
  - ___ 403(b) 
  - ___ Stock Option 
  - ___ 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**: 

---

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

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### PRIVATELY HELD INVESTMENTS/OTHER FINANCIAL INTERESTS

<table>
<thead>
<tr>
<th>Investment #1:</th>
<th>Limited Partnership</th>
<th>Hedge Fund</th>
<th>Private Equity</th>
<th>Venture Capital</th>
<th>Loan Receivables</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>____________________</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Approximate value $</td>
<td>_______________</td>
<td>Date__________</td>
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</tr>
<tr>
<td>Where is the explanatory memorandum kept?</td>
<td>____________________</td>
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</tr>
</tbody>
</table>

**Contact information of the General Partner/Borrower/Other:**

- **(Name)** ____________________  **(Phone)** ____________________
- **(Address)** ____________________________________________________________________

**Additional Notes:**

---

<table>
<thead>
<tr>
<th>Investment #2:</th>
<th>Limited Partnership</th>
<th>Hedge Fund</th>
<th>Private Equity</th>
<th>Venture Capital</th>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact information of the General Partner/Borrower/Other:**

- **(Name)** ____________________  **(Phone)** ____________________
- **(Address)** ____________________________________________________________________

**Additional Notes:**

---

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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:
Insurance/Annuities

In This Section

- 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]__________________________

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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] __________________________________________

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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] __________________________________________________________________________________

Completed on ___ / ___ / ___

 replacement
# 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:  

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**Annuity #3**

Type: __Fixed  __Variable  __Other  

Owned by:  

If yes, [Issuer Name]  

[Contract Number]  

Beneficiary:  

Contract(s) are kept  

Additional Notes:  

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Replacement and additional pages can be found at [www.WithumWealth.com/WealthOrganizer](http://www.WithumWealth.com/WealthOrganizer)

Please Note: For client and individual use only. Not for purposes of Withum Wealth Management engagement.
Use the lines below to write down any further notes you would like to include in your Wealth Organizer or any additional instructions you may want to leave for a reader. This section may be more suitable in the beginning of the organizer depending on the content.
MESSAGE TO LOVED ONES

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