



Personal Financial Planner

Print out this form, fill in the spaces and store it in a safe place, along with other important documents – but not in a safe deposit box. Tell your spouse, adult child, or trusted friend, where this information can be found in an emergency.

Personal Information

Date _____

Your Name _____

Spouse/Partner _____

Date of Birth _____

Date of Birth _____

Place of Birth _____

Place of Birth _____

Social Security # _____

Social Security # _____

Children

Name _____ Birth Date _____ Social Sec. # _____

Name _____ Birth Date _____ Social Sec. # _____

Name _____ Birth Date _____ Social Sec. # _____

Name _____ Birth Date _____ Social Sec. # _____

Trusted Advisors (Name, phone number, e-mail or address)

Physician _____

Physician _____

Attorney _____

Accountant _____

Financial Planner _____

Bank Accounts (Financial Institutions, Account Numbers, Contact name/number, or user ID/online password)

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Institution _____ Acct. # _____ Online ID/Password _____

Safe Deposit Box (Institution & #) _____ Location of Key _____



Life Insurance

Agent's Name/Phone/Email _____

Location of Policies _____

Company _____ Policy # _____ Type (Cash, Term) _____

On Life of _____ Beneficiary _____

Company _____ Policy # _____ Type (Cash, Term) _____

On Life of _____ Beneficiary _____

Company _____ Policy # _____ Type (Cash, Term) _____

On Life of _____ Beneficiary _____

Investments

Mutual Fund Accounts (Fund Company, Toll-free #, ID/password)

Individual Retirement Accounts – IRAs (Institution, Acct#, ID/Password, Have you named a Beneficiary?)

401(k) Plans (Company, contact name & phone, ID/password, beneficiary)

Annuities (Company name, acct #, location of policy)

Real Estate Investments (Attach detailed information)

Location of Stocks _____



What's In My Wallet

If your wallet is lost or stolen, this list will help immediately cancel all credit/debit cards. Find the toll-free number on your monthly statement. **Never carry Social Security card and ask insurance companies not to use it as ID.**

Date _____

Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____
Card _____	Acct # _____	Exp. Date _____	Toll Free # _____

Driver's License # _____

Auto Insurance _____ Contact # _____

Health Insurance _____ Contact # _____

Membership Cards, Health Club, etc.

Cell Phone Stored Numbers

Take the time to make a list of your most important names/numbers, just in case your phone is lost or stolen!

Date _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cell Phone Provider Company & Contact Phone # to Report Lost/Stolen Phone:

Location of Documents

You may want to keep originals or copies of some of these documents together in a portable file box that you can take with you in an emergency.

Estate Planning Records

Living Trust/Will (location of copy, attorney contact, latest date revised) _____
Successor Trustee/Executor (Name, phone number) _____
Living Will (Attach copy, name, contact for empowered person) _____
Health Care Power of Attorney (name of empowered person, location of document) _____
Location of Medical Records _____
Organ Donor Instruction Card _____
Funeral Instructions/Cemetery Deed _____

Financial Records

Checkbook/Statements _____
Income Tax Records (7 years) _____
Stock Transaction Records _____

Property Records

Title to Home _____
Mortgage Documents _____
Home Equity Loan _____
Property Insurance _____
Cost of Home Improvement Files _____

Important Documents

Marriage Certificate _____
Divorce/Separation Decrees _____
Military Service Records _____
Passport (number, location, make a copy of first page and attach to this inventory) _____

Attach Notes Notes included with this form are not legally binding. Consult an attorney for written, legal documents required in all instances.

Securities and advisory services offered through LPL Financial, a Registered Investment Advisor, member FINRA/SIPC

This information is not intended to be a substitute for specific individualized legal advice. We suggest that you discuss your specific situation with a qualified legal advisor.



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