

Your World.

Family Name

Organized with help from:



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“Your World.” is designed to help organize your personal and financial information. It is important that all members of your family know the most up-to-date financial information.

Our objective is for you to fill out each section of this document and place it in a binder. Then include copies of the corresponding documents in the binder as well.

Once completed, store the binder in a secure place, such as a home safe. Make sure your entire family is aware of the location of the information *and has access to it.*

Will you and your loved ones be ready the next time disaster strikes? By planning ahead, you can protect yourself and alleviate some of the confusion, fear and loss.

The following worksheets will help you get started. When you are caught in an emergency situation, you will not have much time to retrieve information. Organizing contact phone numbers, financial records, medical and property insurance policies and personal identification information will make it easier for you to access resources quickly. The time you spend on these worksheets now can potentially save you hours of headaches down the road.

Review this information regularly to make sure it's up-to-date. Place it somewhere that is secure, but easily accessible. We also recommend making photocopies of important documents and attaching them to the worksheet. Important records include financial statements, personal will, power of attorney, insurance policies and estate documents. Also, storing these documents electronically, on a disk or a web-based server, is recommended. Finally, you may want to consider giving a copy of these worksheets to someone you trust, such as your attorney or financial advisor.

Preparing for Emergencies

Saving for Emergencies

Financial specialists agree that an emergency fund is an essential part of a person's financial preparedness strategy. This fund gives you quick access to money without any penalties or restrictions. Experts recommend setting aside a minimum of three to six months' worth of total living expenses. This emergency fund should be separate from your regular checking account and is set up just for that purpose — emergencies.

In the event of a natural disaster, it is also recommended to have cash available at hand to support your family for three to five days, since ATMs and banks may not be easily accessible.

Medical Information

Before a medical emergency occurs, have all your vital medical information for yourself, family and pets in writing. Some examples of important medical information are physicians' numbers, blood types, current medications and insurance identification numbers.

Emergency Contact Information

In addition to local emergency contacts, it is important to ask relatives or friends who live out of state to serve as a "clearinghouse" for information about you and your family, should a widespread emergency situation occur. In those situations, in-state phone lines can quickly become saturated and it might be easier to get a connection out-of-state.

Reunification Plan

You and your family members should decide on a secure location where family members can go, should you get separated during an emergency. During a widespread disaster, family members may not be able to get to that secure location immediately, but you will know they are attempting to get there as soon as possible.

Putting It All Together

Having your important personal information in the worksheets provided can help you assemble and organize pertinent documents that will be useful during an emergency. By planning ahead, you can help protect yourself and your loved ones during a crisis. Please modify the following categories as they correspond to your individual situation.

Date Last Updated: _____

Your Personal Information

Name: _____ SSN: _____

Phone #: _____ Cell Phone #: _____

Birth Date: _____ Passport #: _____

Driver's License #: _____ Vehicle License Plate #: _____

Employer Name & Address: _____

Supervisor's Name: _____ Phone #: _____

Supervisor's Email Address: _____

Primary Care Physician Name: _____ Phone #: _____

Medical Plan Name: _____ Member ID: _____

Blood Type: _____ Allergies: _____

Medications: _____

Spouse / Partner's Information

Name: _____ SSN: _____

Phone #: _____ Cell Phone #: _____

Birth Date: _____ Passport #: _____

Driver's License #: _____ Vehicle License Plate #: _____

Employer Name & Address: _____

Supervisor's Name: _____ Phone #: _____

Supervisor's Email Address: _____

Primary Care Physician Name: _____ Phone #: _____

Medical Plan Name: _____ Member ID: _____

Blood Type: _____ Allergies: _____

Medications: _____

Children's Information

Child Name: _____ **Child Name:** _____

Cell Phone #: _____ Cell Phone #: _____

SSN: _____ SSN: _____

Daycare/School Name: _____ Daycare/School Name: _____

Phone #: _____ Phone #: _____

Teacher: _____ Teacher: _____

Physician: _____ Physician: _____

Phone #: _____ Phone #: _____

Blood Type: _____ Blood Type: _____

Allergies: _____ Allergies: _____

Medications: _____ Medications: _____

Child Name: _____ **Child Name:** _____

Cell Phone #: _____ Cell Phone #: _____

SSN: _____ SSN: _____

Daycare/School Name: _____ Daycare/School Name: _____

Phone #: _____ Phone #: _____

Teacher: _____ Teacher: _____

Physician: _____ Physician: _____

Phone #: _____ Phone #: _____

Blood Type: _____ Blood Type: _____

Allergies: _____ Allergies: _____

Medications: _____ Medications: _____

Pets' Information

Pet Name: _____ **Pet Name:** _____

Pet Type: _____ Pet Type: _____

Veterinarian Name: _____ Veterinarian Name: _____

Phone #: _____ Phone #: _____

Medications: _____ Medications: _____

Legal & Professional (Include copies of documents behind this page)

Please check if you have the following documents:

- Will
- Living Will
- Healthcare Proxy
- Durable Power of Attorney
- Trust(s) (Revocable and/or Irrevocable)

Executor Name: _____ **Phone #:** _____

Address: _____

Guardian Name: _____ **Phone #:** _____

Address: _____

Trustee Name: _____ **Phone #:** _____

Address: _____

Trustee Name: _____ **Phone #:** _____

Address: _____

Attorney: _____ **Phone #:** _____

Address: _____

CPA/Tax Professional: _____ **Phone #:** _____

Address: _____

Investment/RetirementAccounts (Brokerage, 401k, IRA, 529, Annuities etc.)

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Firm Name/Financial Institution: _____ **Financial Advisor Name:** _____

Phone #: _____ **Email:** _____

Address: _____

Account Type: _____ **Account #:** _____

Account Owner: _____ **Beneficiary(ies):** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Banking Information

Bank Name: _____ **Phone #:** _____

Address: _____

Checking Acct. #: _____ **Account Owner:** _____

Savings Acct. #: _____ **Account Owner:** _____

Other Acct. #: _____ **Account Owner:** _____

ATM PIN: _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Bank Name: _____ **Phone #:** _____

Address: _____

Checking Acct. #: _____ **Account Owner:** _____

Savings Acct. #: _____ **Account Owner:** _____

Other Acct. #: _____ **Account Owner:** _____

ATM PIN: _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Bank Name: _____ **Phone #:** _____

Address: _____

Checking Acct. #: _____ **Account Owner:** _____

Savings Acct. #: _____ **Account Owner:** _____

Other Acct. #: _____ **Account Owner:** _____

ATM PIN: _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Credit Card Information

Credit Card Company: _____

Account#: _____ **Phone #:** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Credit Card Company: _____

Account#: _____ **Phone #:** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Credit Card Company: _____

Account#: _____ **Phone #:** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Credit Card Company: _____

Account#: _____ **Phone #:** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Credit Card Company: _____

Account#: _____ **Phone #:** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Credit Card Company: _____

Account#: _____ **Phone #:** _____

Website: _____ **Username:** _____

Password: _____ **Security Answer(s):** _____

Insurance Information (Include copies of policies behind this page)

Life Insurance Provider: _____

Policy #: _____

Policy Owner: _____ Beneficiary(ies): _____

Insurance Agent: _____ Phone #: _____

Life Insurance Provider: _____

Policy #: _____

Policy Owner: _____ Beneficiary(ies): _____

Insurance Agent: _____ Phone #: _____

Disability Insurance Provider: _____

Policy #: _____ Phone #: _____

Insured: _____

Insurance Agent: _____ Phone #: _____

Disability Insurance Provider: _____

Policy #: _____ Phone #: _____

Insured: _____

Insurance Agent: _____ Phone #: _____

Long-Term Care Insurance Provider: _____

Policy #: _____ Phone #: _____

Insured: _____

Insurance Agent: _____ Phone #: _____

Long-Term Care Insurance Provider: _____

Policy #: _____ Phone #: _____

Insured: _____

Insurance Agent: _____ Phone #: _____

Automobile Insurance Provider: _____

Policy #: _____ Phone #: _____

Cars Insured (license plates): _____

Homeowner's Insurance Provider: _____

Policy #: _____ Phone #: _____

Umbrella Insurance Provider: _____

Policy #: _____ Phone #: _____

(Continued from previous page)

Real Estate Information (Include copy(ies) of deed(s) behind this page)

Primary Residence Address: _____

Ownership: _____

Mortgage Institution Name: _____ Phone #: _____

Account#: _____

Home Equity Loan Provider: _____ Phone #: _____

Account#: _____

Other Property Address: _____

Ownership: _____

Mortgage Institution Name: _____ Phone #: _____

Account#: _____

Home Equity Loan Provider: _____ Phone #: _____

Account#: _____

Other Property Address: _____

Ownership: _____

Mortgage Institution Name: _____ Phone #: _____

Account#: _____

Home Equity Loan Provider: _____ Phone #: _____

Account#: _____

Personal Property (Art, Jewelry, Collectibles, etc.)

Property Type: _____ Location: _____

Property Type: _____ Location: _____

Property Type: _____ Location: _____

Property Type: _____ Location: _____

Property Type: _____ Location: _____

Property Type: _____ Location: _____

Property Type: _____ Location: _____

Personal Loans

Miscellaneous Loan Type & Provider: _____

Account#: _____ Phone #: _____

Miscellaneous Loan Type & Provider: _____

Account#: _____ Phone #: _____

Car Loan Provider: _____ Phone #: _____

Account#: _____

Car Loan Provider: _____ Phone #: _____

Account#: _____

Car Loan Provider: _____ Phone #: _____

Account#: _____

Business Owner (Include copies of documents behind this page)

Please check if you have the following documents:

- Business Operating Agreement
- Buy/Sell Agreement
- Company-Owned Life Insurance
- Shareholder Documents/Stock Certificates

Funeral/Burial Arrangements (Include copies of documents behind this page)

Please check if you have the following arrangements:

- Burial plot
- Headstone
- Pre-paid funeral expenses
- Cremation or other disposition arrangements (explain) _____

Contact information for funeral/disposition services:

Company Name: _____ Phone #: _____

Address: _____

Personal Documents (Include copies of documents behind this page)

- Birth Certificates
- Marriage Certificate
- Passports
- Social Security Cards
- Driver's Licenses
- Automobile Titles
- Stock Certificates
- Bonds
- Insurance Cards

Miscellaneous Electronic Account Access

Account Title: _____ **Website:** _____

Username: _____ **Password:** _____

Answer to Security Question(s): _____

Account Title: _____ **Website:** _____

Username: _____ **Password:** _____

Answer to Security Question(s): _____

Account Title: _____ **Website:** _____

Username: _____ **Password:** _____

Answer to Security Question(s): _____

Account Title: _____ **Website:** _____

Username: _____ **Password:** _____

Answer to Security Question(s): _____

Account Title: _____ **Website:** _____

Username: _____ **Password:** _____

Answer to Security Question(s): _____

Emergency Contact List *(make sure one contact is from out-of-state)*

Emergency: 911 _____ Police Department: _____

Hospital: _____ Fire Station: _____

Name: _____ **Relationship:** _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____ **Relationship:** _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Meeting Places

Within the Neighborhood

Address: _____

Landmark: _____ Phone #: _____

Outside the Neighborhood/Out of Town

Address: _____

Landmark: _____ Phone #: _____

Miscellaneous Information
