

PREPARING YOUR PERSONAL/FINANCIAL INFORMATION BINDER

Imagine waking up in the middle of the night only to find your house on fire. Besides the kids, what would you grab? Hundreds of thoughts cross your mind as you watch your house burn.

- Do I have copies of all my important information?
- What people do I need to call to get back on my feet?
- Can I remember all my important information?
- How much will it cost me to get new copies of all my essential documents?
- Do others have copies of all my important information?

Or, what if you were to have a stroke or suddenly become dependent on others to take care of your financial and personal affairs? Would they be able to come in and get bills paid and work done in your behalf without having to spend hours trying to figure it all out?

For these and many other reasons, it pays to have your important information organized and at your fingertips.

Having it accessible in a notebook is one format that many people are finding beneficial. It takes only one disaster to make you realize how important it is to gather all your family financial records in one place.

Unfortunately, too many people put off this important task until it's too late—when they have only a few minutes to leave their house quickly. The answer: compile a financial notebook.

Would someone else know where your checking and savings accounts are held, what credit cards you hold, who your financial adviser is, where your safe-deposit box is, where your investments are held, who your beneficiaries are or whether you have policies that entitle your dependents to death benefits?

A financial notebook doesn't have to be fancy. It can be as simple as a three-ring notebook that serves as a road map for you and your loved ones.

What kinds of things might you include in a financial notebook?

- *Account information:* Account numbers and contact information for credit union and brokerage accounts
- *Estate planning and legal documents:* Wills, trusts, advance directives, powers of attorney, letters of instruction, funeral instructions
- *Family information:* Family members and contact information, education records, employment records
- *Financial documents:* Cash-flow statement, net-worth statement, spending plan, loans, copies of tax returns
- *Insurance and health records:* Copies of all insurance policies for auto, homeowners/renters, health, life, disability and long-term care
- *Inventories:* Household inventory, safe-deposit box contents, wallet contents
- *Personal records:* Financial goals, location of important documents, and copies of certificates—birth, adoption, citizenship, marriage, divorce, death
- *Property records:* Vehicles, real estate and investments
- *Retirement planning documents:* Pension benefit statements, Social Security benefits statement and tax-deferred and individual retirement annual statements.

Keep your financial notebook in a safe place, such as a fireproof box at home that you can quickly grab in an emergency.

Here are some forms to help you get started.

Personal Directory

Personal Information:

Name _____

Maiden Name (if applicable) _____

Social Security Number _____

Birth Date _____

Place of Birth _____

Spouse's Name _____

Maiden Name (if applicable) _____

Spouse's SSN _____

Place of Birth _____

Contact Directory

Family Members

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Friends—neighbors, co-workers, etc.

Name _____ Gender _____
Address _____

Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____

Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____

Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____

Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____

Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____

Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Professional Directory

Attorney

Name _____

Address _____

Phone _____

Email _____

Executor of Will

Name _____

Address _____

Phone _____

Email _____

Stockbroker

Name _____

Address _____

Phone _____

Email _____

Finance Advisor

Name _____

Address _____

Phone _____

Email _____

Insurance Agent

Name _____

Address _____

Phone _____

Email _____

Insurance Agent

Name _____

Address _____

Phone _____

Email _____

Accountant

Name _____

Address _____

Phone _____

Email _____

Doctor

Name _____

Address _____

Phone _____

Email _____

Financial Goals

What do you want the future to look like? What will bring pleasure to your life right now and security and independence in the future?

Consider all areas of your life such as housing, hobbies, travel, volunteer work, education, employment or business, major purchases (such as an automobile or piece of furniture), cultural or social, fitness and recreation, gifts and charitable contributions.

Goal Statements:

- ★ _____
- ★ _____
- ★ _____

| Short-Term Objective (less than 3 months) | Estimated Cost | Target Date | Weekly \$ To Save |
|--|----------------|-------------|-------------------|
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| Medium-Term Objective (3 months to 1 year) | Estimated Cost | Target Date | Weekly \$ To Save |
|---|----------------|-------------|-------------------|
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| Long-Term Objective (more than 1 year) | Estimated Cost | Target Date | Weekly \$ To Save |
|---|----------------|-------------|-------------------|
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Credit Cards

| Issued By | Card Name | Account Number | PIN | Lost or stolen call... |
|------------------|------------------|-----------------------|------------|-------------------------------|
| Citibank | VISA | 1234-1234-1234-1234 | 1234 | 888-888-8888 |
| | | | | |
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Other Financial Information

| Type of Account | Name/Address | Account # | Names on Account | PIN/Passwords |
|------------------------|---------------------|------------------|-------------------------|----------------------|
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MONTHLY SPENDING PLAN

Date: _____

| CATEGORY | AMOUNT ALLOCATED | AMOUNT SPENT | CATEGORY | AMOUNT ALLOCATED | AMOUNT SPENT |
|---|------------------|--------------|-----------------------------------|------------------|--------------|
| SAVINGS | | | TRANSPORTATION | | |
| Savings Account | | | Vehicle Payments | | |
| Retirement Fund | | | Gas/Oil | | |
| Other | | | Auto Repairs/Tires | | |
| Total | | | Auto Insurance | | |
| HOUSING | | | Auto Licensing | | |
| Rent/Mortgage Payment | | | Public Transportation | | |
| Property Tax/Insurance | | | Other | | |
| Gas/Electricity | | | Total | | |
| Other Heating Fuel | | | PERSONAL EXPENSES | | |
| Telephone - Land Line | | | Personal Toiletries/ Haircuts | | |
| Telephone - Cell Phones | | | Hosiery | | |
| Water/Sewer/Garbage | | | Grooming Appliances | | |
| Maintenance/Repair/Tools | | | Cigarettes/Tobacco | | |
| Cleaning | | | Other | | |
| Towels/Linens/Drapes | | | Total | | |
| Furniture/Appliances | | | HEALTH AND LIFE | | |
| Other | | | Doctor | | |
| Total | | | Drugs/Perscriptions | | |
| FOOD | | | Vision | | |
| Groceries/Food Supplies | | | Dentist | | |
| Meals Eaten Out | | | Insurance - Health/ Disability | | |
| School/Business Lunches | | | Insurance - Life | | |
| Milk Deliveries | | | Other | | |
| Special Occasions | | | Total | | |
| Snacks/Junk Food | | | CONTRIBUTIONS | | |
| Other | | | Church Donations | | |
| Total | | | Charitable Contributions | | |
| CLOTHING | | | Other | | |
| School/Office/Work Clothes and Shoes | | | Total | | |
| Seasonal Clothing | | | GIFTS | | |
| Special Events/Sports | | | Cards and Wrapping Paper | | |
| Laundry/Dry Cleaning/ Repair | | | Gifts for Various Occasions | | |
| Other | | | Other | | |
| Total | | | Total | | |

| <i>CATEGORY</i> | <i>AMOUNT ALLOCATED</i> | <i>AMOUNT SPENT</i> | <i>CATEGORY</i> | <i>AMOUNT ALLOCATED</i> | <i>AMOUNT SPENT</i> |
|--|-------------------------|---------------------|-------------------------|-------------------------|---------------------|
| PERSONAL IMPROVEMENT | | | DEBT REPAYMENTS* | | |
| Tuition | | | Credit Cards | | |
| Books | | | Loans | | |
| Supplies | | | Installments | | |
| Magazines/Newspapers | | | Other | | |
| Lessons | | | Total | | |
| Equipment/Computers | | | | | |
| Internet Fees | | | | | |
| Other | | | | | |
| Total | | | | | |
| WORK EXPENSES | | | | | |
| Professional or Work Dues | | | | | |
| Office Gifts and Donations | | | | | |
| Child Care | | | | | |
| Other | | | | | |
| Total | | | | | |
| TAXES/SOCIAL SECURITY | | | | | |
| Income Tax | | | | | |
| Social Security | | | | | |
| Total | | | | | |
| RECREATION | | | | | |
| Hobbies | | | | | |
| Pets | | | | | |
| Movies | | | | | |
| Cable TV/Satellite | | | | | |
| Camera/Film/Developing | | | | | |
| Club Memberships | | | | | |
| Vacation Expenses | | | | | |
| Babysitting Fees | | | | | |
| Other | | | | | |
| Total | | | | | |
| MISCELLANEOUS | | | | | |
| Allowances | | | | | |
| Mad Money | | | | | |
| Alimony/Child Support | | | | | |
| Postage | | | | | |
| Other (should not exceed 1-2% of all expenses) | | | | | |
| Total | | | | | |

| | | |
|-----------------------|--|--|
| TOTAL EXPENSES | | |
|-----------------------|--|--|

| INCOME - NET | |
|-----------------------|--|
| Paycheck 1 | |
| Paycheck 2 | |
| Paycheck 3 | |
| Paycheck 4 | |
| Paycheck 5 | |
| Public Assistance | |
| Interest/Dividends | |
| Other | |
| Other | |
| Total Income | |
| | |
| Minus Expenses | |

| | |
|------------------------|--|
| TOTAL REMAINING | |
|------------------------|--|

Loan Information

Name of Bank/Credit Union _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life/Disability Insurance Yes No

Copy of Loan Document

Name of Bank/Credit Union _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life/Disability Insurance Yes No

Copy of Loan Document

Name of Bank/Credit Union _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life/Disability Insurance Yes No

Copy of Loan Document

Insurance

Medical

Name _____

Address _____

Phone _____

Policy Number _____

Contact Person _____

Name _____

Address _____

Phone _____

Policy Number _____

Contact Person _____

Dental

Name _____

Address _____

Phone _____

Policy Number _____

Contact Person _____

Vision

Name _____

Address _____

Phone _____

Policy Number _____

Contact Person _____

Life

Company _____

Group Individual

Phone No. _____

Policy or
Certificate No. _____

Type of
Coverage _____

Beneficiaries _____

Company _____

Group Individual

Phone No. _____

Policy or
Certificate No. _____

Type of
Coverage _____

Beneficiaries _____

Disability/Accident Insurance

Company _____

Group Individual

Phone No. _____

Policy/
Certificate No. _____

Type of
Coverage _____

Beneficiaries _____

Company _____

Group Individual

Phone No. _____

Policy/
Certificate No. _____

Type of
Coverage _____

Beneficiaries _____

Auto Insurance

Company _____

Group Individual

Agent _____

Vehicle 1 _____

Vehicle 2 _____

Vehicle 3 _____

Vehicle 4 _____

Phone _____

Policy/Certificate No. _____

Type of Coverage _____

VIN _____

VIN _____

VIN _____

VIN _____

Recreational Vehicle Insurance

Company _____

Group Individual

Agent _____

Vehicle 1 _____

Vehicle 2 _____

Vehicle 3 _____

Motorcycle _____

Phone _____

Policy/Certificate No. _____

Type of Coverage _____

VIN _____

VIN _____

VIN _____

VIN _____

Homeowners/Renters Insurance

Company _____

Group Individual

Agent _____

Phone _____

Policy/Certificate No. _____

Type of Coverage _____

Umbrella Policy (General Liability Policy)

Company _____

Group Individual

Agent _____

Phone _____

Policy/Certificate No. _____

Type of Coverage _____

Long-Term Care Insurance

Company _____

Group Individual

Agent _____

Phone _____

Policy/Certificate No. _____

Type of Coverage _____

Investments/Pensions

Stocks, Bonds and Securities

List any U.S. Savings Bonds, U.S. Treasury securities, government agency securities, corporate and governmental stock certificates and other securities owned by you or an immediate family member.

| Name of Asset | Serial Number | Date Purchased | Purchase Price | Other Useful Information (owner name, no. shares, maturity date) |
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Mutual Funds

List each mutual fund and money market fund owned by you or a member of your immediate family.

| Company Name and Fund Type | Identification Number | Date Purchased | Original Amount | Other Useful Information (owner name, no. shares, maturity date) |
|----------------------------|-----------------------|----------------|-----------------|--|
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Retirement Plan

Contact _____

Phone _____

Retirement estimate can be obtained at:

Estimate included: Yes No

Payout Option _____

Beneficiary _____

Contact _____

Phone _____

Retirement estimate can be obtained at:

Estimate included: Yes No

Payout Option _____

Beneficiary _____

Other Pension Plan(s)

Company _____

Address _____

Phone _____ Amount _____

Contact _____

Company _____

Address _____

Phone _____ Amount _____

Contact _____

Other Pertinent Information

Savings Programs and Other Savings Plans

Tax Deferred 403(b) Plan

Account No. (SSN) _____

Statement Location _____

PIN Number _____

Outstanding loans against 403(b) plan

Date of Loan _____

Term of Loan _____

Final Payment Due _____

After-Tax Plan 401(a)

Account No. (SSN) _____

Statement Location _____

PIN Number _____

Capital Accumulation Plan (CAP account)

Account No. (SSN) _____

Statement Location _____

PIN Number _____

Other Employers Savings Plans

Plan balance can be found at

Account Number _____

Location of Semi-Annual Statements

PIN Number _____

Plan balance can be found at

Account Number _____

Location of Semi-Annual Statements

PIN Number _____

IRA Accounts (Traditional, Rollover, ROTH, Education)

Company _____

Address _____

_____ Phone _____

Contact Person _____

Acct # and Type _____

Company _____

Address _____

_____ Phone _____

Contact Person _____

Acct # and Type _____

Document Locator

It is not recommended that original copies of your most valuable/important and hard to replace documents be kept in this notebook. Some you may want to consider storing in a fireproof safe at home, at an attorney’s office or in a safe-deposit box. This chart will help serve as a reminder of where the originals are stored.

| Document | Location | Notes |
|---|----------|--|
| Adoption Papers | | |
| Birth Certificates | | |
| Burial/Funeral | | |
| Child Support Order | | |
| Citizenship Papers | | |
| Death Certificates: | | |
| Divorce Decree | | |
| Education Degrees/Diplomas | | |
| Health Care Power of Attorney | | |
| Household Inventory | | |
| Home Ownership Titles or Property Deeds | | |
| Investment Certificates—stocks, bonds, etc. | | |
| Marriage Certificate | | |
| Military Service Records | | Serial No. VA Claim No. GI Insurance No. |
| Other Property Titles/Deeds | | |
| Power of Attorney | | |
| Social Security Cards | | |
| Tax Records | | |
| Vehicle Titles | | |
| Wills/Trusts | | |
| Other | | |
| Other | | |

