

Personal Financial Affairs Record





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For the Record

Financial and estate plans take a variety of forms—with additional planning options available each year. Having all your estate-related information compiled in one place can be beneficial as you make your plans today and as a record for future reference.

This Personal and Financial Affairs Record is designed to serve a number of purposes. At a glance you will be able to locate the most important information regarding your estate and other financial plans. Family and medical history can also be recorded for reference.

Current data is important to the value of any records, so a periodic review of the information you record here is recommended.

We hope this guide is helpful and useful as you consider your present and future financial plans.

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Personal History

(Full legal name)

completed this personal record on (Date)___/___/___

Address _____

Telephone _____

Person(s) to notify in case of emergency:

Name _____

Address _____

Telephone _____

E-mail _____

Name _____

Address _____

Telephone _____

E-mail _____

Citizenship information

Date of birth _____

Social Security # _____

Place of birth _____

Birth certificate # _____

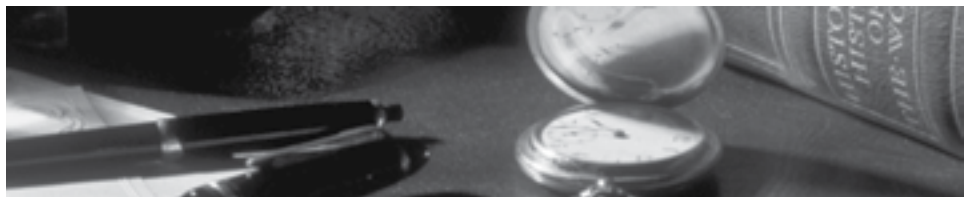
Location _____

If no birth certificate exists, other proof of birth date and place: _____

Citizenship _____

(Name of country)

Natural? Yes ☐ No ☐ If no, explanation: _____



Passport information

Passport number _____

Date issued _____

Valid until _____

Location _____

Medical information

Primary physician _____

Address _____

Telephone _____

Dentist _____

Address _____

Telephone _____

Other _____

Special medications and/or conditions: _____

Organ donor information: _____

Funeral home _____



Family History

Spouse's name _____

Address _____

Father's name _____

Mother's name _____

Maiden name (if applicable) _____

Former spouse's name (if applicable) _____

Address _____

Children's names, ages, addresses

Grandchildren's names, ages, addresses

Other relatives and friends



Employment/Income Information

Latest employer _____

Address _____

Telephone _____

Date employed _____

Position _____

Employment benefits

☐ Major medical insurance

☐ Accident and health insurance

☐ Life insurance ☐ Stock option

☐ Pension or deferred compensation plan

☐ Other retirement plans ☐ Other

Contact for benefits: _____

Location of proof of benefits: _____

Prior employment

Previous employer _____

From _____ To _____

Position _____

Address _____

Life insurance or retirement benefits that remain effective: _____

Location of proof of benefits: _____



Previous employer _____

From _____ To _____

Position _____

Address _____

Benefits that remain effective: _____

Location of proof of benefits: _____

Military service

Branch of service _____

From _____ To _____

Rank _____

Service # _____

Discharge date _____

Status _____

Service-connected disability and income: _____

Pensions due _____

Honors and achievements



Income sources

Sources of income include salary, Social Security, annuities, securities, trusts, pensions, profit-sharing plans, Individual Retirement Accounts (IRAs), Keogh plans, mortgages, or other payments owed you.

Source	Amount of annual income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current liabilities

Credit cards	Account #	Balance due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Loans	Account #	Balance due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



Income tax records

Location _____

Tax advisor _____

Address _____

Telephone _____

Property and other tax records

Location _____

Years covered _____

Address _____

Telephone _____

Safe-deposit box

Location _____

Box number _____

Assets

Bank accounts

Financial Institution/ Account Number	Type of Account/ Current Balance
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____
3. _____ _____	_____ \$ _____
4. _____ _____	_____ \$ _____



Certificates of deposit/other investments

Financial Institution/ Account Number	Type of Account/ Current Balance
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____
3. _____ _____	_____ \$ _____
4. _____ _____	_____ \$ _____

Special information (such as form of ownership) relating to above:

Individual retirement plans

(Individual Retirement Accounts/Keogh Plans)

Type of Plan	Financial Institution/ Address/Representative	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	\$ _____	_____
_____	_____	\$ _____

For company-sponsored plan(s), see Page 8.



Securities/bonds/mutual funds

Account Information _____

Investment Co./Representative _____

Address _____

Phone () _____

Date acquired _____

Cost or basis \$ _____ Current value \$ _____

Location of documents: _____

Account Information _____

Investment Co./Representative _____

Address _____

Phone () _____

Date acquired _____

Cost or basis \$ _____ Current value \$ _____

Location of documents: _____

Account Information _____

Investment Co./Representative _____

Address _____

Phone () _____

Date acquired _____

Cost or basis \$ _____ Current value \$ _____

Location of documents: _____

List any additional securities on Page 22.



Real estate holdings

Description _____

City _____

State _____ County _____

Purchase date _____ Cost \$ _____

Nature of title _____

Mortgage balance \$ _____

If joint ownership, with whom: _____

Location of relevant documents: _____

Description _____

City _____

State _____ County _____

Purchase date _____ Cost \$ _____

Nature of title _____

Mortgage balance \$ _____

If joint ownership, with whom: _____

Location of relevant documents: _____

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List any additional real estate holdings on Page 22.

Other assets

Description _____

Location _____

Original cost \$ _____ Current value \$ _____

Description _____

Location _____

Original cost \$ _____ Current value \$ _____



Insurance policies

Life:

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Company/Agent _____

Phone () _____

Policy # _____ Value \$ _____

Health/Accident:

Company/Agent _____

Phone () _____

Policy # _____

Coverage _____

Disability:

Company/Agent _____

Phone () _____

Policy # _____

Coverage _____

Automobile:

Company/Agent _____

Phone () _____

Policy # _____

Coverage _____



Homeowners:

Company/Agent _____

Phone () _____

Policy # _____

Coverage _____

Other:

Company/Agent _____

Phone () _____

Type of policy _____

Policy # _____

Coverage _____

Personal property of value

(Automobiles, furniture, jewelry, collections, artwork, etc.)

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____



Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Item _____ Location _____

Fair Market Value \$ _____

Cost (Basis) \$ _____

Location of safe-deposit boxes and/or safes:

Business interests

Business information (proprietorship, partnership, corporation):

Description	Share of ownership
_____	_____
_____	_____
_____	_____
_____	_____

Persons to contact regarding business interests (attorneys, accountants, other advisors):

Name _____

Business _____

Address/Phone _____

Name _____

Business _____

Address/Phone _____



Name _____

Business _____

Address/Phone _____

Property Distribution Plans

My will

Location of my will: _____

Date of will _____

Last review _____

Date(s) of any codicils or prior wills: _____

Personal representative (executor/trix) _____

Address _____

Telephone () _____

Alternate personal representative _____

Address _____

Telephone () _____

Estate attorney _____

Address _____

Telephone () _____

Persons to notify in the event of my death

Name _____

Address/Phone _____

Age _____ Relationship _____



Name _____

Address/Phone _____

Age _____ Relationship _____

Name _____

Address/Phone _____

Age _____ Relationship _____

Name _____

Address/Phone _____

Age _____ Relationship _____

Name _____

Address/Phone _____

Age _____ Relationship _____

Name _____

Address/Phone _____

Age _____ Relationship _____

Contact information for guardian(s) named in my will for dependents:

Name _____

Address/Phone _____

Name _____

Address/Phone _____

Special instructions concerning pets:



Charitable organizations included in my estate plan:

Full name of organization	Bequest
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Revocable living trusts

Trustee

Successor Trustee

Address

Trust assets

Beneficiary(ies)

Location of trust agreement:

Other trusts

Trustee

Successor Trustee

Address

Trust assets

Beneficiary(ies)

Location of trust agreement:



Passwords and Digital Instructions

Primary passwords or location of passwords: _____

and my authorization for _____ to access my digital
(named person or personal representative)
information and accounts wherever situated in the event I am incapacitated or
deceased, signed by me personally this _____ day of _____.

(Signature)

Funeral Instructions

Arrangements to be made by: _____

Address _____

Telephone () _____

Manner of burial or cremation instructions:

Cemetery _____

Address _____

Type of service I prefer: _____

I direct that my body be used for these medical purposes: _____

Please suggest memorial gifts to these organizations:

Organization _____

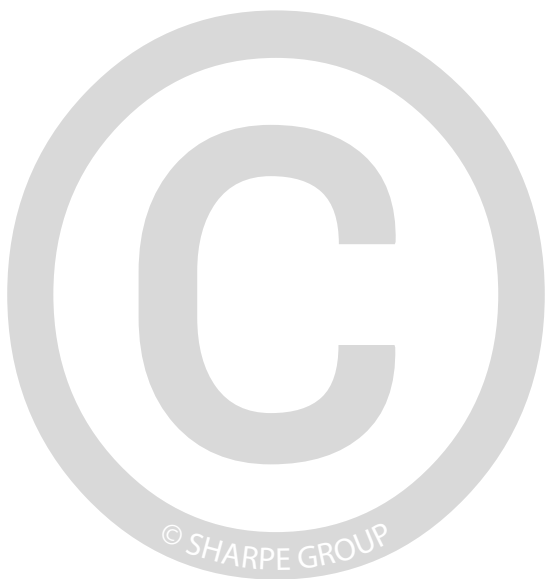
Address _____

Organization _____

Address _____



Notes



The purpose of this publication is to provide general gift, estate, and financial planning information. It is not intended as legal, accounting, or other professional advice. For assistance in planning charitable gifts with tax and other financial implications, the services of appropriate advisors should be obtained. Consult an attorney for advice if your plans require revision of a will or other legal document. Tax deductions vary based on applicable federal discount rates, which can change on a monthly basis. Some opportunities may not be available in all states. ©MMXIV RFSCO, Inc. All Rights Reserved.

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and other contact information.]