

Personal Financial Affairs Record



Compliments of

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Personal Information

Full Name _____ DOB _____

Social Security # _____

Legal Address _____ How Long? _____

Prior Address _____ How Long? _____

Marital Status

Single

Married Date _____ Place _____

Preuptial Agreement? No Yes Location of document _____

Widowed Date _____

Separated Date _____ Location of document _____

Divorced Date _____ Location of document _____

Parents

	DOB	Living	Deceased
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Children

	DOB	Living	Deceased
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Siblings

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Military Service

Service ID Number _____ Branch _____ Last Rank _____

Length of Service _____ From _____ To _____

Military Records

Document	Location
_____	_____
_____	_____
_____	_____

Education

School _____ From _____ To _____

Degree/Certification earned _____

School _____ From _____ To _____

Degree/Certification earned _____

School _____ From _____ To _____

Degree/Certification earned _____

School _____ From _____ To _____

Degree/Certification earned _____

School _____ From _____ To _____

Degree/Certification earned _____

Employment

Retired? Yes No

Current Employer _____ From _____

Address _____

Job Title _____

Benefits Due* _____

Location of Documents _____

Previous Employer _____ From _____ To _____

Address _____

Job Title _____

Benefits Due* _____

Location of Documents _____

Previous Employer _____ From _____ To _____

Address _____

Job Title _____

Benefits Due* _____

Location of Documents _____

Previous Employer _____ From _____ To _____

Address _____

Job Title _____

Benefits Due* _____

Location of Documents _____

Previous Employer _____ From _____ To _____

Address _____

Job Title _____

Benefits Due* _____

Location of Documents _____

*** Due now or upon retirement – include details in Insurance and Retirement Sections**

Final Legal Arrangements

Date of Latest Will _____

Location(s) of Original and Copies _____

I have a **Living Will** No Yes Location of document _____

I have a **Durable Power of Attorney** No Yes Location of document _____

I am an Organ or Body Donor No Yes Location of document _____

Executor or Administrator

Name _____

Address _____

Phone _____ Email Address _____

Financial guardian for dependent children and/or adults

My will appoints a **financial guardian** for dependent children and/or adults. Yes No N/A

If Yes, Names of Child(ren) _____

Name(s) of financial guardian _____

Address _____ Phone _____

Name(s) of financial guardian _____

Address _____ Phone _____

Heirs

Name	Relationship	Amt. or % of Bequest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Funeral and Burial Instructions

Religious Affiliation _____

Church _____

Person to Conduct Service _____

Address _____

Email Address _____ Phone _____

If he or she is unavailable, contact _____

Address _____

Email Address _____ Phone _____

Funeral Home _____

Address _____

Email Address _____ Phone _____

I have purchased a prepaid funeral plan. No Yes Plan # _____

Service

Service to be held at: Funeral Home Grave Site
 Church Other _____

Type of Service: Family Only Family & Friends Open to Public

Music: Organist Vocalist Other _____

Disposition of Body: Burial Cremation

Pallbearers

I have purchased a Cemetery Plot Mausoleum Crypt or Columbarium Niche

Location Name _____

Address _____

Email Address _____ Phone _____

Lot # _____ Block # _____ Section _____

Casket at funeral is to be Open Closed N/A

I want my ashes scattered No Yes N/A

Location _____

By Whom? _____

In lieu of flowers, I would prefer donations made to the following organizations:

Other special requests

Bible passages: _____

Music: _____

Clothing: _____

Photos: _____

Mementos: _____

Other: _____

Friends and Family to be notified of my death

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

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Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Trusts and Life Estates

I have placed my property and/or assets in a **Trust**. No Yes

I am the beneficiary of a **Trust**. No Yes

Some or all of my property or assets will transfer into a **Trust** upon my death. No Yes

I have transferred property or assets through a **Life Estate**. No Yes

How many Trusts have been established? _____ Complete a copy of the following for each trust.

How many Life Estates have been established? _____ Complete a copy of the following for each Life Estate.

Trusts

Name of Trust _____

Federal Tax I.D. # _____ Date of Trust _____

Is the Trust revocable or irrevocable? _____

Trustee _____

Address _____ Phone _____

Successor Trustee _____

Address _____ Phone _____

Who Established the Trust? _____

Who is Named to Manage the Trust? _____

Address _____

Email Address _____ Phone _____

Describe the property or assets now in the trust, or that will go into the trust upon death:

Approximate Value of Assets \$ _____ as of this date _____

Beneficiaries of Trust Assets

Primary Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Successor Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Successor Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Successor Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Approximate annual income from the trust? _____ As of this date _____

Beneficiaries of Trust Income

Primary Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Successor Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Successor Beneficiary Name _____
Address _____
Email Address _____ Phone _____

Successor Beneficiary Name _____
Address _____
Email Address _____ Phone _____

When does the trust terminate for beneficiaries? _____

To whom will the property or assets transfer upon termination?

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Name _____

Address _____

Email Address _____ Phone _____

Life Estates

Describe the property or asset transferred through a Life Estate _____

To whom was ownership transferred?

Name _____

Address _____

Email Address _____ Phone _____

By whom was ownership transferred?

Name _____

Address _____

Email Address _____ Phone _____

Date of Transfer _____ Was Gift Tax Filed? _____

Professional Advisors

Attorney

Name _____

Address _____

Email Address _____ Phone _____

Accountant or Tax Preparer

Name _____

Address _____

Email Address _____ Phone _____

Financial Planner

Name _____

Address _____

Email Address _____ Phone _____

Stock Broker

Name _____

Address _____

Email Address _____ Phone _____

Insurance Agent – Life

Name _____

Address _____

Email Address _____ Phone _____

Insurance Agent – Health Care

Name _____

Address _____

Email Address _____ Phone _____

Insurance Agent – Home

Name _____

Address _____

Email Address _____ Phone _____

Insurance Agent – Automobile(s)

Name _____

Address _____

Email Address _____ Phone _____

Clergy

Name _____

Address _____

Email Address _____ Phone _____

Other Advisor

Name _____

Address _____

Email Address _____ Phone _____

Home – Primary Residence

Address _____

If you **RENT**, Name of Landlord(s) _____

Lease or Rental Agreement runs from _____ to _____

Monthly Rent: _____ Due _____

If you **OWN**, Name of Owner(s) _____

Date of Purchase _____ Purchase Price \$ _____

Most Recent Appraisal Date _____ Value \$ _____

Mortgage Held By _____ Phone _____

Annual Interest Rate _____ % Is Interest Rate Variable? No Yes

If YES, please note terms and conditions _____

Is the Mortgage covered by Mortgage Life and/or Disability Insurance? No Yes

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes \$ _____ per year, due on _____ and _____

Paid directly or paid in Escrow to Mortgage Holder? _____

For Condominiums or Co-Ops

Management Firm _____

Address _____

Membership Dues or Maintenance Fees \$ _____ Payable each _____

Monthly Payment

Principal & Interest _____

Property Taxes _____

Homeowner's Insurance _____

Mortgage Life & Disability Insurance _____

TOTAL MONTHLY PAYMENTS \$ _____ due on the _____ of each month.

Home – Secondary Residence

Address _____

If you **RENT**, Name of Landlord(s) _____

Lease or Rental Agreement runs from _____ to _____

Monthly Rent: _____ Due _____

Date of Purchase _____ Purchase Price \$ _____

Most Recent Appraisal Date _____ Value \$ _____

Mortgage Held By _____ Phone _____

Annual Interest Rate _____ % Is Interest Rate Variable? No Yes

If YES, please note terms and conditions _____

Is the Mortgage covered by Mortgage Life and/or Disability Insurance? No Yes

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes \$ _____ per year, due on _____ and _____

Paid directly or paid in Escrow to Mortgage Holder? _____

For Condominiums or Co-Ops

Management Firm _____

Address _____

Membership Dues or Maintenance Fees \$ _____ Payable each _____

Monthly Payment

Principal & Interest _____

Property Taxes _____

Homeowner's Insurance _____

Mortgage Life & Disability Insurance _____

TOTAL MONTHLY PAYMENTS \$ _____ due on the _____ of each month.

Home Equity or Line of Credit Loans

Address _____ Loan # _____

Lender's Name and Address _____

Loan Officer _____ Phone _____

Max. Credit Limit \$ _____ Outstanding Balance \$ _____ as of this date _____

Duration of Loan (months) _____ Loan Expires on _____

Payments Due on _____ of month Most Recent Monthly Payment _____

Interest Rate _____ % Is this Interest Rate Variable? No Yes

If YES, describe the details _____

Is this loan covered by Credit Life and/or Disability Insurance No Yes

If YES, location of policy _____

Address _____ Loan # _____

Lender's Name and Address _____

Loan Officer _____ Phone _____

Max. Credit Limit \$ _____ Outstanding Balance \$ _____ as of this date _____

Duration of Loan (months) _____ Loan Expires on _____

Payments Due on _____ of month Most Recent Monthly Payment _____

Interest Rate _____ % Is this Interest Rate Variable? No Yes

If YES, describe the details _____

Is this loan covered by Credit Life and/or Disability Insurance No Yes

If YES, location of policy _____

Address _____ Loan # _____

Loan Officer _____ Phone _____

Max. Credit Limit \$ _____ Outstanding Balance \$ _____ as of this date _____

Duration of Loan (months) _____ Loan Expires on _____

Payments Due on _____ of month Most Recent Monthly Payment _____

Interest Rate _____ % Is this Interest Rate Variable? No Yes

If YES, describe the details _____

Is this loan covered by Credit Life and/or Disability Insurance No Yes

If YES, location of policy _____

Automobiles

Make _____ Model _____ Year _____

VIN _____ License _____ State _____

Purchase or lease? _____

Dealership Name/Address _____

Extended Warranty? No Yes If YES, Location of Warranty _____

If purchased: Registered Owner(s) _____

Date of Purchase _____ Title # _____ Location of Title _____

Loan with _____ Loan # _____

Address _____

Email Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____

Monthly Payment \$ _____ Annual Interest Rate _____ % # of Months? _____

Is this loan covered with Credit Life and/or Disability Insurance? No Yes

If leased: Name(s) of Lessee(s) _____

Auto Lease Holder _____

Address _____

Email Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Payment \$ _____ Security Deposit \$ _____

Additional Mileage Cost \$ _____ per mile over _____ miles per _____

Make _____ Model _____ Year _____

VIN _____ License _____ State _____

Purchase or lease? _____

Dealership Name/Address _____

Extended Warranty? No Yes If YES, Location of Warranty _____

If purchased: Registered Owner(s) _____

Date of Purchase _____ Title # _____ Location of Title _____

Loan with _____ Loan # _____

Address _____

Email Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____

Monthly Payment \$ _____ Annual Interest Rate _____ % # of Months? _____

Is this loan covered with Credit Life and/or Disability Insurance? No Yes

If leased: Name(s) of Lessee(s) _____

Auto Lease Holder _____

Address _____

Email Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Payment \$ _____ Security Deposit \$ _____

Additional Mileage Cost \$ _____ per mile over _____ miles per _____

Make _____ Model _____ Year _____

VIN _____ License _____ State _____

Purchase or lease? _____

Dealership Name/Address _____

Extended Warranty? No Yes If YES, Location of Warranty _____

If purchased: Registered Owner(s) _____

Date of Purchase _____ Title # _____ Location of Title _____

Loan with _____ Loan # _____

Address _____

Email Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____

Monthly Payment \$ _____ Annual Interest Rate _____ % # of Months? _____

Is this loan covered with Credit Life and/or Disability Insurance? No Yes

If leased: Name(s) of Lessee(s) _____

Auto Lease Holder _____

Address _____

Email Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Payment \$ _____ Security Deposit \$ _____

Additional Mileage Cost \$ _____ per mile over _____ miles per _____

Banking

Checking Accounts

Financial Institution _____ Account # _____

Address _____ Phone _____

Authorized Signers _____

Location of Checkbook _____

Location of Bank Statements & Canceled Checks _____

Financial Institution _____ Account # _____

Address _____ Phone _____

Authorized Signers _____

Location of Checkbook _____

Location of Bank Statements & Canceled Checks _____

Financial Institution _____ Account # _____

Address _____ Phone _____

Authorized Signers _____

Location of Checkbook _____

Location of Bank Statements & Canceled Checks _____

Financial Institution _____ Account # _____

Address _____ Phone _____

Authorized Signers _____

Location of Checkbook _____

Location of Bank Statements & Canceled Checks _____

Savings and Trust Accounts

Financial Institution _____ Account # _____
Address _____ Phone _____
Authorized Signers _____
Location Statement/Account Information _____

Financial Institution _____ Account # _____
Address _____ Phone _____
Authorized Signers _____
Location Statement/Account Information _____

Financial Institution _____ Account # _____
Address _____ Phone _____
Authorized Signers _____
Location Statement/Account Information _____

Financial Institution _____ Account # _____
Address _____ Phone _____
Authorized Signers _____
Location Statement/Account Information _____

Certificates of Deposit

Amount \$ _____ Date Purchased _____ Maturity Date _____
Rate _____ Certificate # _____ Owner _____
Institution _____ Phone _____

Amount \$ _____ Date Purchased _____ Maturity Date _____
Rate _____ Certificate # _____ Owner _____
Institution _____ Phone _____

Amount \$ _____ Date Purchased _____ Maturity Date _____
Rate _____ Certificate # _____ Owner _____
Institution _____ Phone _____

Amount \$ _____ Date Purchased _____ Maturity Date _____
Rate _____ Certificate # _____ Owner _____
Institution _____ Phone _____

Amount \$ _____ Date Purchased _____ Maturity Date _____
Rate _____ Certificate # _____ Owner _____
Institution _____ Phone _____

U. S. Treasury Notes, Bills and Bonds

Series # _____ Owner(s) _____
Face Value _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Series # _____ Owner(s) _____
Face Value _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Series # _____ Owner(s) _____
Face Value _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Series # _____ Owner(s) _____
Face Value _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Series # _____ Owner(s) _____
Face Value _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

*** Includes Fees and Commissions**

Other Bonds: Corporate, State, Municipal, Etc.

Issuer _____ Owner(s) _____
Face Amount _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Issuer _____ Owner(s) _____
Face Amount _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Issuer _____ Owner(s) _____
Face Amount _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Issuer _____ Owner(s) _____
Face Amount _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Issuer _____ Owner(s) _____
Face Amount _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

Issuer _____ Owner(s) _____
Face Amount _____ Purchase Price* _____ Rate _____
Date Purchased _____ Maturity Date _____
Location _____

*** Includes Commissions**

Mutual Funds and Money Market Funds

Issuer _____ Phone _____
Owner(s) _____ Account # _____
Purchase Start Date _____ Type of Fund _____
Amount Invested* _____

Issuer _____ Phone _____
Owner(s) _____ Account # _____
Purchase Start Date _____ Type of Fund _____
Amount Invested* _____

Issuer _____ Phone _____
Owner(s) _____ Account # _____
Purchase Start Date _____ Type of Fund _____
Amount Invested* _____

Issuer _____ Phone _____
Owner(s) _____ Account # _____
Purchase Start Date _____ Type of Fund _____
Amount Invested* _____

Issuer _____ Phone _____
Owner(s) _____ Account # _____
Purchase Start Date _____ Type of Fund _____
Amount Invested* _____

Issuer _____ Phone _____
Owner(s) _____ Account # _____
Purchase Start Date _____ Type of Fund _____
Amount Invested* _____

*** Includes Commissions**

Rental Real Estate Investment

Complete a form for each rental property.

Address: _____

Names of Owner(s) _____

Date of Purchase _____ Purchase Price _____

Date of Appraisal _____ Appraised Value _____

Mortgage Held By _____

Address _____ Phone _____

Date of Mortgage _____ Loan # _____ Mortgage Period _____

Annual Interest Rate _____ % Variable? No Yes

If YES, what are the terms? _____

Is Mortgage covered by Mortgage Life and/or Disability Insurance? No Yes

Title Insurance Company _____ Policy # _____

Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

How are taxes paid? Direct Payment to locality Escrow

Monthly Payment: Principal & Interest \$ _____

Property Tax \$ _____

Property Insurance \$ _____

Mortgage Life/Disability Insurance \$ _____

Total \$ _____

Is there a Real Estate Management Firm? No Yes

Firm Name _____

Manager(s) Name(s) _____

Address _____ Phone _____

Renters

1. Name(s) _____ Home/Cell Phone _____

Employer _____ Work Phone _____

Monthly Rent \$ _____ Due on the _____ day of the month

2. Name(s) _____ Home/Cell Phone _____

Employer _____ Work Phone _____

Monthly Rent \$ _____ Due on the _____ day of the month

Business Interests

Business Name _____

Address _____ Phone _____

Type of Business _____

Business Owners' Names _____

Percent of Ownership _____ % as of this date: _____

Price/Value of Interest in Business \$ _____ as of this date: _____

Business Name _____

Address _____ Phone _____

Type of Business _____

Business Owners' Names _____

Percent of Ownership _____ % as of this date: _____

Price/Value of Interest in Business \$ _____ as of this date: _____

Business Name _____

Address _____ Phone _____

Type of Business _____

Business Owners' Names _____

Percent of Ownership _____ % as of this date: _____

Price/Value of Interest in Business \$ _____ as of this date: _____

Business Name _____

Address _____ Phone _____

Type of Business _____

Business Owners' Names _____

Percent of Ownership _____ % as of this date: _____

Price/Value of Interest in Business \$ _____ as of this date: _____

Other Holdings

Include other real estate or limited partnerships in other holdings not previously covered

Description _____

Owner(s) _____

Date Acquired _____ Price/Value* _____ as of this date: _____

Description _____

Owner(s) _____

Date Acquired _____ Price/Value* _____ as of this date: _____

Description _____

Owner(s) _____

Date Acquired _____ Price/Value* _____ as of this date: _____

* Includes commissions

Debit and Credit Cards

Debit

Card Issuer _____ Phone _____

Card # _____ PIN # _____

Card User _____ Authorized Signer _____

Location of Card _____

Card Issuer _____ Phone _____

Card # _____ PIN # _____

Card User _____ Authorized Signer _____

Location of Card _____

Credit

Card Issuer _____ Phone _____

Card # _____ PIN # _____

Card User _____ Authorized Signer _____

Location of Card _____

Is the card covered by Credit Card Insurance? No Yes

Card Issuer _____ Phone _____

Card # _____ PIN # _____

Card User _____ Authorized Signer _____

Location of Card _____

Is the card covered by Credit Card Insurance? No Yes

Card Issuer _____ Phone _____

Card # _____ PIN # _____

Card User _____ Authorized Signer _____

Location of Card _____

Is the card covered by Credit Card Insurance? No Yes

Card Issuer _____ Phone _____

Card # _____ PIN # _____

Card User _____ Authorized Signer _____

Location of Card _____

Is the card covered by Credit Card Insurance? No Yes