
Preparing for the future:

PERSONAL

INFORMATION

CHECKLIST

The information in this checklist is general in nature and intended for informational purposes only. This information does not constitute, and should not be relied upon as, legal or tax advice. The matters discussed herein are covered by applicable state law, and the laws of a particular state may differ from the general descriptions provided. Please be sure to consult with your qualified legal, tax and estate planning advisors concerning the materials referenced in this document and for your own personal circumstances. You may also consult with your Financial Professional for further guidance.

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Personal information checklist



Note:

When filling out these forms, please write above each line.

Last updated (month/date/year)

The **Personal information checklist** is a comprehensive depository of all your personal, financial and administrative information organized for the benefit of your family or beneficiaries. This information should be stored in a safe place. Your family members or beneficiaries should understand how to access this information in the event of an emergency or upon your death.

To family members or beneficiaries:

Please note the location of these important documents and valuables:

Safe deposit box/strong box

Last will & testament, trusts, power of attorney (POA), etc.

Military form DD-214 (U.S. Department of Veterans Affairs 1-800-827-1000)



Personal information

Self			
Full legal name (first, middle, last)		Maiden name	Home phone #
Address			Cell phone #
City	State	Zip	Personal email
Social Security #		Employer name	
Date of birth		Employer address	
Driver's license #		City	State Zip
Passport #	U.S. Other	Work email	Work phone #
Military #		Emergency contact name (at employer)	
Military status		Department/title of emergency contact name (at employer)	
Spouse/Partner			
Full legal name (first, middle, last)		Maiden name	Home phone # Same as spouse/partner
Address			Cell phone #
City	State	Zip	Personal email
Social Security #		Employer name	
Date of birth		Employer address	
Driver's license #		City	State Zip
Passport #	U.S. Other	Work email	Work phone #
Military #		Emergency contact name (at employer)	
Military status		Department/title of emergency contact name (at employer)	

Children

Full legal name (first, middle, last)	Social Security #	Date of birth
Health coverage	Passport #	U.S. Other
Adult/Independent	Under 18/living at home	
Cell phone #	Name of school/daycare	
Address	Phone #	
City State Zip	Teacher/Principal	
Full legal name (first, middle, last)	Social Security #	Date of birth
Health coverage	Passport #	U.S. Other
Adult/Independent	Under 18/living at home	
Cell phone #	Name of school/daycare	
Address	Phone #	
City State Zip	Teacher/Principal	
Full legal name (first, middle, last)	Social Security #	Date of birth
Health coverage	Passport #	U.S. Other
Adult/Independent	Under 18/living at home	
Cell phone #	Name of school/daycare	
Address	Phone #	
City State Zip	Teacher/Principal	

Children (Continued)

<hr/>		<hr/>	
Full legal name (first, middle, last)	Social Security #	Date of birth	
Health coverage	Passport #	U.S.	Other
Adult/Independent	Under 18/living at home		
Cell phone #	Name of school/daycare		
Address	Phone #		
City	State	Zip	
<hr/>		<hr/>	
Full legal name (first, middle, last)	Social Security #	Date of birth	
Health coverage	Passport #	U.S.	Other
Adult/Independent	Under 18/living at home		
Cell phone #	Name of school/daycare		
Address	Phone #		
City	State	Zip	
<hr/>		<hr/>	
Full legal name (first, middle, last)	Social Security #	Date of birth	
Health coverage	Passport #	U.S.	Other
Adult/Independent	Under 18/living at home		
Cell phone #	Name of school/daycare		
Address	Phone #		
City	State	Zip	
<hr/>		<hr/>	
Full legal name (first, middle, last)	Social Security #	Date of birth	
Health coverage	Passport #	U.S.	Other
Adult/Independent	Under 18/living at home		
Cell phone #	Name of school/daycare		
Address	Phone #		
City	State	Zip	
<hr/>		<hr/>	
Full legal name (first, middle, last)	Social Security #	Date of birth	
Health coverage	Passport #	U.S.	Other
Adult/Independent	Under 18/living at home		
Cell phone #	Name of school/daycare		
Address	Phone #		
City	State	Zip	
<hr/>		<hr/>	
Full legal name (first, middle, last)	Social Security #	Date of birth	
Health coverage	Passport #	U.S.	Other
Adult/Independent	Under 18/living at home		
Cell phone #	Name of school/daycare		
Address	Phone #		
City	State	Zip	

Emergency contacts (Backup support)

<hr/>		<hr/>	
Full legal name (first, middle, last)	Full legal name (first, middle, last)		
Home/cell phone #	Home/cell phone #		
Email	Email		
<hr/>		<hr/>	
Full legal name (first, middle, last)	Full legal name (first, middle, last)		
Home/cell phone #	Home/cell phone #		
Email	Email		
<hr/>		<hr/>	
Full legal name (first, middle, last)	Full legal name (first, middle, last)		
Home/cell phone #	Home/cell phone #		
Email	Email		

Self	
<hr/> Insurer <hr/> <hr/> Name of insured <hr/> <hr/> Plan ID <hr/> <hr/> Group ID <hr/> <hr/> Phone # <hr/> <hr/> Website <hr/> <hr/> Username <hr/> <hr/> Password <hr/>	<hr/> Medicare # <hr/> <hr/> Phone # <hr/> <hr/> Website <hr/> <hr/> Username <hr/> <hr/> Password <hr/> <hr/> Medigap/Supplemental plan name <hr/> <hr/> Username <hr/> <hr/> Password <hr/>
<hr/> Prescription coverage <hr/> <hr/> Issuer <hr/> <hr/> Group ID <hr/> <hr/> Plan ID <hr/>	<hr/> Prescription coverage (Medicare D) <hr/> <hr/> Issuer <hr/> <hr/> Group ID <hr/> <hr/> Plan ID <hr/>
<hr/> Covered person <hr/> <p>VA Medical Yes No</p> <hr/> <p>Website: https://www.ebenefits.va.gov</p>	<hr/> Covered person <hr/> <hr/> Blood type Positive Negative <hr/> <hr/> Allergies <hr/> <hr/> Other <hr/>

Spouse/Partner

Insurer	Medicare #
Name of insured	Phone #
Plan ID	Website
Group ID	Username
Phone #	Password
Website	Medigap/Supplemental plan name
Username	Username
Password	Password
Prescription coverage	Prescription coverage (Medicare D)
Issuer	Issuer
Group ID	Group ID
Plan ID	Plan ID
Covered person	Covered person
VA Medical Yes No	Blood type Positive Negative
Website: https://www.ebenefits.va.gov	Allergies
	Other

Family physicians directory

Name of family member	Physician name/Specialty	Address	Phone/Fax #	Email

Family physicians directory (Continued)

Name of family member	Physician name/Specialty	Address	Phone/Fax #	Email

Veterinarian

Pet names	Veterinary information	Address	Phone/Fax #	
				Who should care for pet(s) in the event of an emergency or your death?

				Name

				Phone #

Investment accounts

Investment firm name _____ Financial Professional name _____ Phone # _____ Email _____ Website _____ Username Password _____	Investment firm name _____ Financial Professional name _____ Phone # _____ Email _____ Website _____ Username Password _____
1. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____	1. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____
2. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____	2. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____
3. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____	3. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____
4. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____	4. Account # _____ Account type (e.g., joint, IRA, etc.) _____ Account title _____

Investment accounts (Continued)

<p>Investment firm name</p> <p>Financial Professional name</p> <p>Phone #</p> <p>Email</p> <p>Website</p> <p>Username Password</p>	<p>Investment firm name</p> <p>Financial Professional name</p> <p>Phone #</p> <p>Email</p> <p>Website</p> <p>Username Password</p>
<p>1. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>	<p>1. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>
<p>2. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>	<p>2. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>
<p>3. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>	<p>3. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>
<p>4. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>	<p>4. Account #</p> <p>Account type (e.g., joint, IRA, etc.)</p> <p>Account title</p>

Bank accounts

Bank name	Bank name
Phone #	Phone #
Checking account #	Checking account #
Savings account #	Savings account #
ATM/Debit card #	PIN #
Certificates of deposit	Certificates of deposit
Website	Website
Username	Password

Bank name	Bank name
Phone #	Phone #
Checking account #	Checking account #
Savings account #	Savings account #
ATM/Debit card #	PIN #
Certificates of deposit	Certificates of deposit
Website	Website
Username	Password

Automatic bill pay

Name of institution	Username	Password
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Name of institution	Username	Password
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Employer**Retirement plans/executive compensation: Self**

401(k) account _____ Company name _____ Company contact/phone #	Pension _____ Company name _____ Company contact/phone #
401(k) account _____ Company name _____ Company contact/phone #	Pension _____ Company name _____ Company contact/phone #
Equity plan _____ Company name _____ Company contact/phone #	Deferred compensation _____ Company name _____ Company contact/phone #
Equity plan _____ Company name _____ Company contact/phone #	Other compensation plan _____ Company name _____ Company contact/phone #

Retirement plans/executive compensation: Spouse/Partner

401(k) account _____ Company name _____ Company contact/phone #	Pension _____ Company name _____ Company contact/phone #
401(k) account _____ Company name _____ Company contact/phone #	Pension _____ Company name _____ Company contact/phone #
Equity plan _____ Company name _____ Company contact/phone #	Deferred compensation _____ Company name _____ Company contact/phone #
Equity plan _____ Company name _____ Company contact/phone #	Other compensation plan _____ Company name _____ Company contact/phone #

Other professionals (lawyer, accountant, etc.)

Professional name

Firm

Specialty

Phone #

Address

City State Zip

Professional name

Firm

Specialty

Phone #

Address

City State Zip

Professional name

Firm

Specialty

Phone #

Address

City State Zip

Professional name

Firm

Specialty

Phone #

Address

City State Zip

Loans

Name of mortgage holder

Account #

Website

Username

Password

Name of mortgage holder

Account #

Website

Username

Password

Home equity loan holder

Account #

Website

Username

Password

Vehicle holder

Account #

Website

Username

Password

Vehicle holder

Account #

Website

Username

Password

Vehicle holder

Account #

Website

Username

Password

Vehicle holder

Account #

Website

Username

Password

Vehicle holder

Account #

Website

Username

Password

Credit cards

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/Pin # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Credit card issued to

Issuer

Account #

Exp.

CVV

Website

Username

Password/PIN # (circle one)

Life insurance

Please note: You may include more details on the beneficiaries for your life insurance policies in our Beneficiary audit worksheet beginning on page 31.

Policy owner: Self

Life insurance #1		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #2		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #3		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #4		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #5		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)

Life insurance (Continued)**Policy owner: Spouse/Partner**

Life insurance #1		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #2		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #3		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #4		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
Life insurance #5		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)

Long-term care

Policy owner: Self

Insurer	Contact name/phone #
Policy #	Website
Covered benefit	Username Password

Policy owner: Spouse/Partner

Insurer	Contact name/phone #
Policy #	Website
Covered benefit	Username Password

Disability insurance

Self

Insurer	Contact name/phone #
Policy #	Website
Benefit amount	Username Password

Spouse/Partner

Insurer	Contact name/phone #
Policy #	Website
Benefit amount	Username Password

Property insurance

Property type

Agent

Insurer

Policy #

Phone #

Coverage type

Coverage amount

Website

Property address

Username

City

State

Zip

Password

Property type

Agent

Insurer

Policy #

Phone #

Coverage type

Coverage amount

Website

Property address

Username

City

State

Zip

Password

Property type

Agent

Insurer

Policy #

Phone #

Coverage type

Coverage amount

Website

Property address

Username

City

State

Zip

Password

Property type

Agent

Insurer

Policy #

Phone #

Coverage type

Coverage amount

Website

Property address

Username

City

State

Zip

Password

Umbrella coverage

Insurer	Agent
Policy #	Phone # Website
Coverage amount	Username Password
Insurer	Agent
Policy #	Phone # Website
Coverage amount	Username Password

Other insurance

Policy 1	Policy 2
Insurer	Insurer
Type of Insurance	Type of Insurance
Policy #	Policy #
Agent	Agent
Phone # Website	Phone # Website
Username Password	Username Password

Vehicle insurance

Policy 1

Make of vehicle	Make of vehicle
Model	Model
Year of vehicle	License plate #
Year of vehicle	License plate #
Insurer	Insurer
Policy #	Policy #
Agent	Agent
Phone #	Phone #
Website	Website
Username	Password
Username	Password

Policy 2

Make of vehicle	Make of vehicle
Model	Model
Year of vehicle	License plate #
Year of vehicle	License plate #
Insurer	Insurer
Policy #	Policy #
Agent	Agent
Phone #	Phone #
Website	Website
Username	Password
Username	Password

Online/social media accounts

Self	
_____ LinkedIn username _____ Password	_____ Other _____ Username Password
_____ Facebook username _____ Password	_____ Other _____ Username Password
_____ Twitter username _____ Password	_____ Other _____ Username Password

Spouse/Partner	
_____ LinkedIn username _____ Password	_____ Other _____ Username Password
_____ Facebook username _____ Password	_____ Other _____ Username Password
_____ Twitter username _____ Password	_____ Other _____ Username Password

Child (pre-teen, teen, or young adult)

If you have more than one child on social media, please document that in the "Notes" section on page 30.

_____ Facebook username _____ Password	_____ Other _____ Username Password
_____ Twitter username _____ Password	_____ Other _____ Username Password
_____ LinkedIn username _____ Password	_____ Other _____ Username Password

Burial instructions and preferences

General instructions

Check the boxes and fill-in specific details (as appropriate).

Name of friend/relative you wish to oversee arrangements <hr/> Funeral home <hr/> Phone # <hr/> Email <hr/> Location of deed to burial site (if applies) <hr/> If pre-planned or pre-paid contract, location of document <hr/>	Wake Yes No
	Cremation Burial
	Open casket Closed casket
	Service at funeral home
	Service at house of worship location (with body present)
	Service at house of worship location (without body, usually called Memorial Service)

Specific instructions for memorial/service


Service and then cremation. Cremation (Instructions for disposition of ashes) <hr/> <hr/>	Memorial contributions in lieu of flowers Preferences for burial <hr/> <hr/>
Immediate cremation. Cremation (Instructions for disposition of ashes) <hr/> <hr/>	I wish to be buried in a military cemetery. Burial benefits include cost of burial for Veteran, along with spouse/partner and dependents at no cost to the family. Arrangements can be made through funeral home.
Any special requests (e.g., prayer card, readings, music) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Other arrangements as follows <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Brandywine Global
Clarion Partners
ClearBridge Investments
EnTrustPermal
Martin Currie
QS Investors
RARE Infrastructure
Royce & Associates
Western Asset

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