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Preparing for the future:

PERSONAL

INFORMATION

CHECKLIST

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The information in this worksheet 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.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE



# Personal information checklist

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**Note:**

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

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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:

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Safe deposit box/strong box

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

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Military form DD-214 (Veteran's Administration 1-800-827-1000)



# Personal information

Self			
Full legal name (first, middle, last)		Maiden name	Home phone #
Address		Cell phone #	
City	State	Zip	
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	
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

Name	Social Security #
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
Name	Social Security #
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
Name	Social Security #
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)**

Name		Social Security #	
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

  

Name		Social Security #	
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

**Emergency contacts (Backup support)**

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

  

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

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

## 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 #	Group #
ID #	ID #
Covered person	Covered person
VA Medical    Yes    No	Blood type                                  Positive    Negative
Website: <a href="https://www.ebenefits.va.gov">https://www.ebenefits.va.gov</a>	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?
				<p>Who should care for pet(s) in the event of an emergency or your death?</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Phone #</p>

Investment accounts	
_____ Investment firm name _____ Financial Professional _____ Phone # _____ Email _____ Website _____ Username                      Password	_____ Investment firm name _____ Financial Professional _____ 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</p> <p>Phone #</p> <p>Email</p> <p>Website</p> <p>Username                      Password</p>	<p>Investment firm name</p> <p>Financial Professional</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

<p>Bank name</p> <hr/> <p>Phone #</p> <hr/> <p>Checking account #</p> <hr/> <p>Savings account #</p> <hr/> <p>ATM/Debit card # <span style="float: right;">Pin #</span></p> <hr/> <p>Certificates of deposit</p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password</span></p>	<p>Bank name</p> <hr/> <p>Phone #</p> <hr/> <p>Checking account #</p> <hr/> <p>Savings account #</p> <hr/> <p>ATM/Debit card # <span style="float: right;">Pin #</span></p> <hr/> <p>Certificates of deposit</p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password</span></p>
<p>Bank name</p> <hr/> <p>Phone #</p> <hr/> <p>Checking account #</p> <hr/> <p>Savings account #</p> <hr/> <p>ATM/Debit card # <span style="float: right;">Pin #</span></p> <hr/> <p>Certificates of deposit</p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password</span></p>	<p>Bank name</p> <hr/> <p>Phone #</p> <hr/> <p>Checking account #</p> <hr/> <p>Savings account #</p> <hr/> <p>ATM/Debit card # <span style="float: right;">Pin #</span></p> <hr/> <p>Certificates of deposit</p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password</span></p>

## Automatic bill pay

<p>Name of institution</p> <hr/>	<p>Username <span style="float: right;">Password</span></p> <hr/>
<p>Name of institution</p> <hr/>	<p>Username <span style="float: right;">Password</span></p> <hr/>

**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.)

<hr/> <p>Professional name</p> <hr/> <p>Firm</p> <hr/> <p>Specialty</p> <hr/> <p>Phone #</p> <hr/> <p>Address</p> <hr/> <p>City State Zip</p>	<hr/> <p>Professional name</p> <hr/> <p>Firm</p> <hr/> <p>Specialty</p> <hr/> <p>Phone #</p> <hr/> <p>Address</p> <hr/> <p>City State Zip</p>
<hr/> <p>Professional name</p> <hr/> <p>Firm</p> <hr/> <p>Specialty</p> <hr/> <p>Phone #</p> <hr/> <p>Address</p> <hr/> <p>City State Zip</p>	<hr/> <p>Professional name</p> <hr/> <p>Firm</p> <hr/> <p>Specialty</p> <hr/> <p>Phone #</p> <hr/> <p>Address</p> <hr/> <p>City State Zip</p>

## Loans

<hr/> <p>Name of mortgage holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>	<hr/> <p>Name of mortgage holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>
<hr/> <p>Home equity loan holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>	<hr/> <p>Vehicle holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>
<hr/> <p>Vehicle holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>	<hr/> <p>Vehicle holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>
<hr/> <p>Vehicle holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>	<hr/> <p>Vehicle holder</p> <hr/> <p>Account #</p> <hr/> <p>Website</p> <hr/> <p>Username                      Password</p>



## Credit cards

<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>
<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>
<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>
<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # <span style="float: right;">Exp.</span></p> <hr/> <p>Website</p> <hr/> <p>Username <span style="float: right;">Password/Pin # (circle one)</span></p>

**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**

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

<b>Life insurance #1</b>		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
<b>Life insurance #2</b>		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
<b>Life insurance #3</b>		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
<b>Life insurance #4</b>		
Insurer	Policy #	Death benefit
Insurance agent	Phone #	Beneficiary (Primary)
Website		Beneficiary (Secondary or contingent)
Username	Password	Beneficiary (Third or final)
<b>Life insurance #5</b>		
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			Agent
Insurer		Policy #	Phone #
Coverage type		Coverage amount	Website
Property address			Username
City	State	Zip	Password
Property			Agent
Insurer		Policy #	Phone #
Coverage type		Coverage amount	Website
Property address			Username
City	State	Zip	Password
Property			Agent
Insurer		Policy #	Phone #
Coverage type		Coverage amount	Website
Property address			Username
City	State	Zip	Password
Property			Agent
Insurer		Policy #	Phone #
Coverage type		Coverage amount	Website
Property address			Username
City	State	Zip	Password

### Umbrella coverage

<hr/>		<hr/>	
Insurer		Agent	
Policy #		Phone #	Website
Coverage amount		Username	Password
<hr/>		<hr/>	
Insurer		Agent	
Policy #		Phone #	Website
Coverage amount		Username	Password

### Other insurance

Policy 1		Policy 2	
<hr/>		<hr/>	
Insurer		Insurer	
Type of Insurance		Type of Insurance	
Policy #		Policy #	
Agent		Agent	
Phone #	Website	Phone #	Website
Username	Password	Username	Password

## Vehicle insurance

### Policy 1

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

### Policy 2

Insurer	Insurer
Policy #	Policy #
Make of vehicle	Make of vehicle
Model	Model
Year of vehicle	License plate #
Year of vehicle	License plate #
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).

<hr/> Name of friend/relative you wish to oversee arrangements	Wake      Yes      No
<hr/> Funeral home	Cremation      Burial
<hr/> Phone #	Open casket      Closed casket
<hr/> Email	Service at funeral home
<hr/> Location of deed to burial site (if applies)	Service at house of worship location (with body present)
<hr/> If pre-planned or pre-paid contract, location of document	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/>





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

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**All investments involve risk, including loss of principal.**

Please consult with your Financial Professional in addition to qualified legal, tax and estate planning advisors concerning the materials referenced in this document and for your own personal circumstances.

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