
Preparing for the future:

PERSONAL

INFORMATION

CHECKLIST



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



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 (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	
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: https://www.ebenefits.va.gov	Allergies
	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: 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?
				<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> <p>Phone #</p> <p>Checking account #</p> <p>Savings account #</p> <p>ATM/Debit card # Pin #</p> <p>Certificates of deposit</p> <p>Website</p> <p>Username Password</p>	<p>Bank name</p> <p>Phone #</p> <p>Checking account #</p> <p>Savings account #</p> <p>ATM/Debit card # Pin #</p> <p>Certificates of deposit</p> <p>Website</p> <p>Username Password</p>
<p>Bank name</p> <p>Phone #</p> <p>Checking account #</p> <p>Savings account #</p> <p>ATM/Debit card # Pin #</p> <p>Certificates of deposit</p> <p>Website</p> <p>Username Password</p>	<p>Bank name</p> <p>Phone #</p> <p>Checking account #</p> <p>Savings account #</p> <p>ATM/Debit card # Pin #</p> <p>Certificates of deposit</p> <p>Website</p> <p>Username Password</p>

Automatic bill pay

<p>Name of institution</p>	<p>Username Password</p>
<p>Name of institution</p>	<p>Username Password</p>

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 # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>
<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>
<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>
<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</p>	<hr/> <p>Credit card issued to</p> <hr/> <p>Issuer</p> <hr/> <p>Account # Exp.</p> <hr/> <p>Website</p> <hr/> <p>Username Password/Pin # (circle one)</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

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

Other insurance

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

Notes:

Lined area for taking notes, consisting of multiple horizontal lines.

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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