

What You Have and Where You Keep It

BANK ACCOUNTS

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Bank name:			
Address:			
Account number:			
Held jointly with:			
Where statements are kept:			

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Bank name:			
Address:			
Account number:			
Held jointly with:			
Where statements are kept:			

Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Bank name:			
Address:			
Account number:			
Held jointly with:			
Where statements are kept:			

BROKERAGE ACCOUNTS

Broker and brokerage firm:	
Address:	
Phone number:	
Account number:	
Where statements are kept:	

Broker and brokerage firm:	
Address:	
Phone number:	
Account number:	
Where statements are kept:	

MUTUAL FUND ACCOUNTS

Name of company/fund:	
Address:	
Phone number:	
Account number:	
Where statements are kept:	

Name of company/fund:	
Address:	
Phone number:	
Account number:	
Where statements are kept:	

Name of company/fund:	
Address:	
Phone number:	

Account number:	
Where statements are kept:	

CHILDREN'S ACCOUNTS AND TRUSTS

Child's name:	
Type of account or trust:	
Where funds are invested:	
Custodian or trustee name:	
Address:	
Where statements are kept:	

Child's name:	
Type of account or trust:	
Where funds are invested:	
Custodian or trustee name:	
Address:	
Where statements are kept:	

ANNUITIES

Name of company/account:	
Address:	
Phone number:	
Contract/policy number:	
Beneficiary:	
Where statements are kept:	

Name of company/account:	
Address:	

Phone number:	
Contract/policy number:	
Beneficiary:	
Where statements are kept:	

Retirement/Pension Benefits

Type of Account:	<input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contrib. <input type="checkbox"/> Other
Company:	
Address:	
Phone number:	
Contract/account number:	
Beneficiary:	
Where statements are kept:	

Type of Account:	<input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contrib. <input type="checkbox"/> Other
Company:	
Address:	
Phone number:	
Contract/account number:	
Beneficiary:	
Where statements are kept:	

Type of Account:	<input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contrib. <input type="checkbox"/> Other
Company:	
Address:	
Phone number:	
Contract/account number:	
Beneficiary:	
Where statements are kept:	

LIFE INSURANCE

Type of Account:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual		
Type of coverage:	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Variable	<input type="checkbox"/> Universal
Amount:	\$			
Company:				
Policy/certificate number:				
Agent's name:				
Phone number:				
Beneficiary				
Where documents are kept:				

Type of Account:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual		
Type of coverage:	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Variable	<input type="checkbox"/> Universal
Amount:	\$			
Company:				
Policy/certificate number:				
Agent's name:				
Phone number:				
Beneficiary				
Where documents are kept:				

Type of Account:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual		
Type of coverage:	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Variable	<input type="checkbox"/> Universal
Amount:	\$			
Company:				
Policy/certificate number:				
Agent's name:				
Phone number:				
Beneficiary				
Where documents are kept:				

LIFE INSURANCE

Type of Account:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual		
Type of coverage:	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Variable	<input type="checkbox"/> Universal
Amount:	\$			
Company:				
Policy/certificate number:				
Agent's name:				
Phone number:				
Beneficiary				
Where documents are kept:				

HEALTH INSURANCE

Type of Account:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual
Insurance company:		
Policy/certificate number:		
Amount:	\$	Deductible:
Phone number:		
Where documents are kept:		

Type of Account:	<input type="checkbox"/> Group	<input type="checkbox"/> Individual
Insurance company:		
Policy/certificate number:		
Amount:	\$	Deductible:
Phone number:		
Where documents are kept:		

HOMEOWNER'S/RENTER'S INSURANCE POLICY

Insurance company:	
Policy number(s):	
Amount:	\$ _____ Deductible:
Agent's name:	
Phone number:	
Where documents are kept:	

AUTO INSURANCE POLICY

Insurance company:	
Policy number(s):	
Amount:	\$ _____ Deductible:
Agent's name:	
Phone number:	
Where documents are kept:	

UMBRELLA POLICY

Insurance company:	
Policy number(s):	
Amount:	\$ _____ Deductible:
Agent's name:	
Phone number:	
Where documents are kept:	

OTHER SAVINGS

Type (give details):	
Type (give details):	
Type (give details):	
Type (give details):	
Type (give details):	
Type (give details):	

MISCELLANEOUS DOCUMENTS

Where important documents are kept:

Birth certificate:	
Marriage certificate:	
Divorce decree:	
Adoption papers:	
Social Security card:	
Military service records:	
Serial number:	
VA claim number:	
GI insurance number:	
Mortgage papers:	
Real estate deeds:	
Business agreements:	
Tax records:	
Vehicle titles:	
Other:	