



Private Wealth
Management

Personal Information Guide

Organizing and maintaining family and financial records can be a challenge. However daunting it may seem, having this information readily accessible could be vital, especially in an emergency involving a loved one.

This Personal Information Guide is designed to help you gather all of your personal and financial information into one document. Using this guide can help:

- locate information in the future
- reduce confusion and stress in the event of a family emergency
- decrease the likelihood of unclaimed assets for your heirs

This guide is designed for informational use and is not legally binding. We recommend that you maintain all copies in a secure location and update your personal information regularly.

Children Information

	Child 1	Child 2	Child 3	Child 4
Name				
Phone				
Social Security No.				
Birth Date				
Driver's License No.				
Passport No.				
School Name				
School Phone				
Allergies				
Blood Type				
Medications and Dosage				

Pediatrician		Specialist	
Phone		Phone	

Dentist		Day Care Provider	
Phone		Phone	

Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Special Considerations			
Veterinarian			
Phone			

Employer Benefits

Note: Remember to include former employers from whom you may still be eligible to receive benefits.

	Benefit 1	Benefit 2	Benefit 3
Name			
Employer			
Employer Phone			
Benefit Type			

Military Record

Record For (Name)		
Type of Record		

Safety Deposit Box

Registered in the Name of	
Name of Institution	
Box No. and Location of Keys	
Institution Address	

Personal Safe

Location	
Combination	
Box No. and Location of Keys	
Institution Address	

Rental

Post office box, storage unit, etc.

Renter	
Phone	
Contact Name	
Location of Records	

Other important employment, military service, safe deposit boxes or rental information

Insurance

You

Spouse

Life Insurance

Policy Holder (Owner)

Company Name

Phone

Agent

Policy Holder

Group Number

Policy Amount

Beneficiaries

Disability

Policy Holder (Owner)

Company Name

Phone

Agent

Policy Holder

Group Number

Policy Amount

Beneficiaries

Health

Policy Holder (Owner)

Company Name

Phone

Agent

Policy Holder

Group Number

Policy Amount

Beneficiaries

Insurance

Vehicle 1

Vehicle 2

Car

Company Name

Agent and Phone

Agent Contact Info

License Plate

Make and Model

Loan Holder

Loan Account No.

Property/Casualty

Company Name

Agent and Phone

Agent Contact Info

Policy Holder

Group Number

Policy Amount

Beneficiaries

Real Estate

Primary

Secondary

Other

Address

Mortgage

Account No.

Interest Rate

Second Mortgage

Account No.

Interest Rate

Home Equity

Deed

Location of Records

Other important insurance information

Financial/Investment Information

	Account 1	Account 2	Account 3	Account 4
Investment Type				
Account Number				
Phone Number				
Website				

	Bank 1	Bank 2	Bank 3	Bank 4
Bank Name				
Checking Account No.				
Savings Account No.				
Certificate of Deposit No.				

	Loan 1	Loan 2
Auto Loan Holder		
Address		
Phone		
Account No.		
Interest Rate		

	Credit Card 1	Credit Card 2	Credit Card 3
Name as it appears on Card			
Billing Address			
Phone			
Account No.			
Interest Rate			

	Dependent 1	Dependent 2	Dependent 3
Name of Dependent			
Type (Savings, 529s, etc.)			

Other important financial or bank information

Emergency Information In case of emergency: Dial 9-1-1

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Home Phone			
Cell Phone			

CPA			
Estate Planning			
Attorney			

Plumber		Phone	
Electrician		Phone	
Heating Provider		Phone	
Telephone Company		Phone	
Electric Company		Phone	
Cable Company		Phone	
Town Hall		Phone	
Other		Phone	

Neighbor 1		Phone	
Neighbor 2		Phone	
Neighbor 3		Phone	

Other important emergency information

Will, Trust, Estate and Power of Attorney

Will

Last Will and Testament For		
Executor or Personal Representative	Dated	
Location of Living Will and Testament	Attorney	

Last Will and Testament For		
Executor or Personal Representative	Dated	
Location of Living Will and Testament	Attorney	

Living Trust

Revocable (Living) Trust For		
Current Trustee	Dated	
Location of Trust	Successor Trustees	

Revocable (Living) Trust For		
Current Trustee	Dated	
Location of Trust	Successor Trustees	

Financial

Durable Power of Attorney (Financial) For		
Agent or Proxy	Dated	
Location of Durable Power of Attorney	Attorney	

Medical

Durable Power of Attorney For		
Agent or Proxy	Dated	
Location of Durable Power of Attorney	Attorney	

Funeral Arrangement

Disposal of my remains

The below summarizes my wishes around funeral arrangements that I have indicated in the appropriate governing documents.

I have made prior arrangements for: Anatomical gift donation Bequest (or gift) of my body to medical school

Legal documents detailing these wishes are located at:

I do or do not wish to be: cremated directly cremated

Standard cremation usually involves viewing in a rented casket followed by a traditional service. Direct cremation refers to immediate cremation, no viewing and may be followed by a traditional service.

I do or do not wish to be embalmed.

I am a member of the following organization (military veterans, Masons, etc.) and desire an organizational service.

I desire that services be held at: funeral home church graveside other _____

I request that memorial contributions be made to:

I have or have not made funeral prearrangements with the funeral home.

I have or have not made any prepayment of funeral expenses.

I have made prepayment as follows:

I own burial property. yes no

I have purchased a funeral/burial plan. yes no

If yes, the following is the location of the deed, title or plan.

Section Lot

Tier Spaces

Title of property or plan in the name of:

