

PERSONAL **A**SSETS & **C**ONTRACTS **K**IT

Your source to
record all personal
information in one
convenient place.



This document is for client use ONLY and must be kept in a safe and secure place (for example a lock box, safe, etc.). A copy MAY NOT be returned or held by your Pack Financial representative for any reason.



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HELPFUL HINT: *While this document seems long, few people will need to complete every field on every page. You may also be able to attach documents, or indicate where information is located, to save time in completing all fields.*

Once completed, keep in a secure location and make sure your estate executor or other responsible party knows this document exists.

PROTECT YOUR IDENTITY -

Keep this document in a secure location and only allow access to necessary parties.

Personal/Family Information

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
DATE OF BIRTH (use MM/DD/YY format)	SOCIAL SECURITY NUMBER	THIS DOCUMENT WAS LAST UPDATED ON

Family

Spouse/Partner

NAME (including maiden name)	
DATE OF BIRTH (use MM/DD/YY format)	SOCIAL SECURITY NUMBER

First Child

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH (use MM/DD/YY format)	SOCIAL SECURITY NUMBER

Second Child

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH (use MM/DD/YY format)	SOCIAL SECURITY NUMBER

Other Dependent - Relationship:

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH (use MM/DD/YY format)	SOCIAL SECURITY NUMBER

Important Contacts

Attorney Information

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Landlord Information

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Financial Planner Information

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Accountant Information

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Tax Preparer

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Important Contacts, cont'd.

Primary Care Physician Information

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Specialist Physician Information - Specialty:

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Specialist Physician Information - Specialty:

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Other Contact:

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Other Contact:

NAME _____

ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____

Important Document Directory

FAMILY DOCUMENTS	LOCATION
Social Security Card	
Driver's License Number	
Birth Certificate	
Passport/Visa	
Marriage Certificate	
Pre-Nuptial Agreement	
Divorce Decree	
Adoption Document(s)	
Military Discharge/Military ID	
Green Card/Naturalization Papers	

FINANCIAL DOCUMENTS	LOCATION
Deeds/Titles to Property	
Life Insurance Document(s)	
Auto Insurance Document(s)	
Home Insurance Document(s)	
Health Insurance Document(s)	
Loan Document	
Retirement Benefit Statement(s)	
Investments and Savings Document(s)	
State & Federal Income Tax Returns	
Employer/Union Benefits Information	

ESTATE PLANNING	LOCATION
Will	
Living Will	
Power of Attorney	
HIPAA Document(s)	
Trust Name Change	
Letter of Instruction	

OTHER DOCUMENTS	LOCATION

Financial Information

Safety Deposit Box

LOCATION OF SAFETY DEPOSIT BOX KEYS	SAFETY DEPOSIT BOX NUMBER
NAME OF INSTITUTION	
ADDRESS	PHONE

Savings Account

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Savings Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Checking Account

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Financial Information, cont'd.

Social Security Account Information

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Loan Information

LENDER	DEBTOR		
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN (use MM/DD/YY format)	DUE DATE	
AMOUNT OF LOAN	<input type="checkbox"/> MONTHLY PAYMENT OF	<input type="checkbox"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL		

Loan Information (additional)

LENDER	DEBTOR		
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN (use MM/DD/YY format)	DUE DATE	
AMOUNT OF LOAN	<input type="checkbox"/> MONTHLY PAYMENT OF	<input type="checkbox"/> QUARTERLY PAYMENT OF	INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL		

Real Estate Information

LOCATION OF PROPERTY DOCUMENTS	TYPE OF PROPERTY
PROPERTY OWNER	PROPERTY VALUE
LEGAL DESCRIPTION	
PROPERTY ADDRESS	
MORTGAGE OWNER	PHONE
MORTGAGE OWNER ADDRESS	

Retirement Fund

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

Financial Information, cont'd.

Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

ACCOUNT NUMBER	ACCOUNT OWNER	VALUE
----------------	---------------	-------

Bond Information

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE (use MM/DD/YY format)	MATURITY DATE (use MM/DD/YY format)	BOND VALUE	FACE VALUE

Bond Information (additional)

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE (use MM/DD/YY format)	MATURITY DATE (use MM/DD/YY format)	BOND VALUE	FACE VALUE

Stock Information

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
STOCK NAME				
NUMBER OF SHARES	PURCHASE DATE (use MM/DD/YY format)	PURCHASE PRICE	CURRENT PRICE	VALUE

Stock Information (additional)

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
STOCK NAME				
NUMBER OF SHARES	PURCHASE DATE (use MM/DD/YY format)	PURCHASE PRICE	CURRENT PRICE	VALUE

Insurance

Auto Insurance Policy

LOCATION OF DOCUMENTS

INSURANCE COMPANY		AGENT'S NAME
AGENT'S PHONE NUMBER	POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLES INSURED

Auto Insurance Policy (additional)

LOCATION OF DOCUMENTS

INSURANCE COMPANY		AGENT'S NAME
AGENT'S PHONE NUMBER	POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLES INSURED

Homeowner's Insurance Policy

LOCATION OF DOCUMENTS

COMPANY	
POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)

Life Insurance Policy

LOCATION OF DOCUMENTS

COMPANY		
POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

Life Insurance Policy

LOCATION OF DOCUMENTS

COMPANY		
POLICY NUMBER	DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

Insurance, cont'd.

Final Needs Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

Long-Term Care Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

Disability Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED (use MM/DD/YY format)	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

Legal

Legal Services Provider

LEGAL SERVICES PROVIDER	COMPANY PHONE
COMPANY WEBSITE	MEMBER ID
ATTORNEY NAME	ATTORNEY'S PHONE

Power of Attorney Information

LOCATION OF DOCUMENTS

AGENT	PHONE
AGENT	PHONE

Living Trust Information

LOCATION OF DOCUMENTS

AGENT	PHONE
AGENT	PHONE

Guardianship/Conservatorship Information

LOCATION OF DOCUMENTS

GUARDIAN/CONSERVATOR	PHONE	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
GUARDIAN/CONSERVATOR (additional)	PHONE	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

Living Will Information

LOCATION OF STATEMENTS

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Legal, cont'd.

Will Information

LOCATION OF DOCUMENTS

EXECUTOR

PHONE

CO-EXECUTOR

PHONE

LOCATION

BENEFICIARY NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

BENEFICIARY NAME (additional)

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

BENEFICIARY NAME (additional)

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

Executor Information

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

Supplemental Information

Divorce Information

FORMER SPOUSE'S NAME (including maiden name)

ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER DATE OF BIRTH (use MM/DD/YY format) SOCIAL SECURITY NUMBER

DIVORCE DOCUMENTS

DECREE LOCATION

OTHER LOCATION

OTHER LOCATION

OTHER LOCATION

DIVORCE ATTORNEY'S NAME

ADDRESS

CITY STATE ZIP CODE PHONE NUMBER

Military

BRANCH RANK SERVICE NUMBER

DATES OF SERVICE DATE OF DISCHARGE/LOCATION OF DOCUMENTS

Social Media

FACEBOOK USERNAME PASSWORD

TWITTER USERNAME PASSWORD

LINKEDIN USERNAME PASSWORD

GOOGLE+ USERNAME PASSWORD

OTHER: USERNAME PASSWORD

OTHER: USERNAME PASSWORD

Supplemental Information, cont'd.

Employment

PRESENT EMPLOYER		DATES OF EMPLOYMENT	
ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER		PHONE NUMBER	
DIRECT SUPERVISOR CONTACT		PHONE NUMBER	
HR CONTACT		PHONE NUMBER	

EMPLOYMENT BENEFITS

<input type="checkbox"/> MEDICAL	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> LIFE	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> 401K	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> STOCK	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> PENSION	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> PROFIT SHARING	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> DENTAL	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> VISION	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> LEGAL	LOCATION/POLICY OR ACCOUNT NUMBER
<input type="checkbox"/> OTHER	LOCATION/POLICY OR ACCOUNT NUMBER

Assets

AUTOMOBILE	MAKE	MODEL	YEAR
TITLE	LOCATION		
LOAN	LOCATION		
AUTOMOBILE (additional)	MAKE	MODEL	YEAR
TITLE	LOCATION		
LOAN	LOCATION		

Supplemental Information, cont'd.

ASSETS (additional)

<input type="checkbox"/> BOAT	LOAN/TITLE/LOCATION
<input type="checkbox"/> RV	LOAN/TITLE/LOCATION
<input type="checkbox"/> TRAILER	LOAN/TITLE/LOCATION
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION

Business

TYPE OF BUSINESS	TYPE OF OWNERSHIP	AMOUNT OF OWNERSHIP	ESTIMATED VALUE
BUSINESS CONTACT 1	PHONE NUMBER		
BUSINESS CONTACT 2	PHONE NUMBER		

Additional Business Documents

DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION
DOCUMENT NAME	LOCATION

Pre-Planning of Funeral and Final Arrangements

Funeral and Burial Arrangements

CEMETARY/COLUMBARIUM/NICHE NAME	LOT NUMBER
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ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
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FUNERAL HOME NAME	FUNERAL DIRECTOR NAME
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ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

CHURCH/SYNAGOGUE/OTHER NAME	CONTACT
-----------------------------	---------

ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
------	-------	----------	--------------

IMPORTANT DOCUMENTS

<input type="checkbox"/> ORGAN DONOR RECORDS	LOCATION
<input type="checkbox"/> INSTRUCTIONS FOR BURIAL, CREMATION, ETC	LOCATION
<input type="checkbox"/> SPECIAL WISHES FOR CEREMONY	LOCATION
<input type="checkbox"/> PREPAID FUNERAL POLICY	LOCATION

PERSONAL FRIENDS TO CONTACT (OR ATTACH LIST)

NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

NAME

ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PHONE NUMBER

Pre-Planning of Funeral and Final Arrangements Cont.

OBITUARY INFORMATION

HOBBIES AND/OR PERSONAL INTERESTS

CLUBS, ORGANIZATIONS, CHURCH AFFILIATION AND ACTIVITIES

MILITARY SERVICE

AWARDS AND ACHIEVEMENTS

OTHER INFORMATION

SURVIVOR NAME 1	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 2	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 3	RELATIONSHIP	CITY	STATE
SURVIVOR NAME 4	RELATIONSHIP	CITY	STATE
PRE-DECEASED 1	RELATIONSHIP	YEAR OF DEATH	
PRE-DECEASED 2	RELATIONSHIP	YEAR OF DEATH	
PRE-DECEASED 3	RELATIONSHIP	YEAR OF DEATH	

WHO CAN MEMORIAL DONATIONS BE MADE TO

NAME

ADDRESS	PHONE NUMBER
---------	--------------

NAME

ADDRESS	PHONE NUMBER
---------	--------------

FUNERAL CEREMONY

HOUSE OF WORSHIP	ADDRESS
NAME OF CLERGYMAN	PHONE NUMBER

PREFERRED FUNERAL CEREMONY (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> HELD AT FUNERAL HOME | <input type="checkbox"/> VIEWING ONLY AT FUNERAL HOME PRIOR TO CEREMONY |
| <input type="checkbox"/> HELD AT CHURCH (specify) | <input type="checkbox"/> FAMILY AND FRIENDS ONLY |
| <input type="checkbox"/> GRAVESIDE CEREMONY ONLY | <input type="checkbox"/> IMMEDIATE FAMILY ONLY |
| <input type="checkbox"/> GRAVESIDE CEREMONY ONLY AT: | <input type="checkbox"/> NO VIEWING/NO OPEN CASKET |
| <input type="checkbox"/> OPEN CASKET | |

PERSONAL EFFECTS THAT SHOULD STAY WITH THE REMAINS AFTER THE MEMORIAL SERVICE (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> EYEGASSES | <input type="checkbox"/> OTHER (please specify) _____ |
| <input type="checkbox"/> WATCH | <input type="checkbox"/> NONE |
| <input type="checkbox"/> RINGS/JEWELRY | <input type="checkbox"/> NO PERSONAL EFFECTS ARE TO BE WITH THE REMAINS DURING THE MEMORIAL SERVICE |
| <input type="checkbox"/> SMART PHONE/CELL PHONE | |

Pre-Planning of Funeral and Final Arrangements Cont.

VETERANS FUNERAL ARRANGEMENTS

- DRAPED FLAG FOLDED FLAG FLAG PRESENTED TO: _____

TYPE OF EULOGY

- RELIGIOUS SERVICE ONLY EULOGY ONLY
 RELIGIOUS SERVICE AND EULOGY NONE

NAME OF INDIVIDUAL TO PROVIDE EULOGY

ADDRESS

CITY	STATE	ZIP CODE	PHONE NUMBER
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RELIGIOUS PASSAGES (to be read at service)

FLORAL PREFERENCES

- FLORAL TYPE: _____ FLORAL COLOR: _____ NO FLORAL

MUSIC SELECTION

- ORGANIST OTHER MUSIC SELECTION: _____
 SOLOIST NONE

CLOTHING PREFERENCE

- EXISTING CLOTHING DESCRIPTION OF CLOTHING (type and color): _____
 NEW CLOTHING NONE

PREFERENCE FOR DISPOSAL OF THE REMAINS

- BURIAL OTHER (please explain): _____
 CREMATION OTHER INSTRUCTIONS (e.g., dispersal of remains): _____
 MAUSOLEUM INTERMENT

TYPE OF CASKET

- HARDWOOD (type): _____ OTHER (please explain): _____
 METAL (type): _____ NOT APPLICABLE
 CREMATION COFFIN

CASKET SPECIFICS

- MANUFACTURER OTHER INFORMATION (please specify): _____
 MODEL: _____ NOT APPLICABLE

CASKET PRESENTATION DURING CEREMONY

- OPEN (if possible) NOT APPLICABLE
 CLOSED

TYPE OF HEADSTONE

- STONE HEADSTONE SAYING: _____
 FLAT MARKER HEADSTONE PHRASE: _____
 UPRIGHT

POST-MEMORIAL GATHERING DESIRED

- QUIET GATHERING AT FAMILY MEMBER'S HOUSE OTHER (please specify): _____
 LIFE CELEBRATION EVENT: _____ NONE

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**MANAGING IN WEALTH.
MATTERING IN LIFE.**