Financial Life Organizer

T.SAPP
financial partners
a financial planning firm

HOLISITIC FINANCIAL PLANNING
WEALTH MANAGEMENT
ADVICE

www.tsappfp.com

FINANCIAL LIFE ORGANIZER

Provided by

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PURPOSE

THE FINANCIAL LIFE ORGANIZER helps you create a plan to put your mind at ease and financial confidence. You can live your life with strength and wisdom, knowing that your family can navigate your financial affairs, when needed.

- Organize household financial information in one place
- Facilitate planning work with T. Sapp Financial Partners
- Provide family members information in case of emergency
- Communicate to family members that T. Sapp Financial Partners is a resource

GET ORGANIZED

Each year **GET ORGANIZED** falls on the top 10 list of New Year's resolutions. It is there for a good reason; getting organized makes life easier! You can find what you need, when you need it. You don't have to waste time sorting piles of paper and you reduce the frustration about losing things. We encourage you to take this opportunity to get your financial life organized so that this year you can be smooth sailing!

COMMUNICATE WITH LOVED ONES

Our experience tells us that one of the most stressful times in a person's life is when someone close to them passes away or is hospitalized. One of the objectives of the Financial Life Organizer is to encourage you to organize your financial life for the benefit of those you love!

If you knew that taking a couple of hours once a year to update this document would make a marked difference in the stress that your family experiences in an emergency, would you do it? We hope you will knowing that we are here to help in any way that we can!

---The T. Sapp Financial Partners Team

HOW TO USE THIS ORGANIZER

- Use checklists to gather documents
- File documents behind appropriate tab. You may also upload documents to the secure vault on your Personal Financial Website.
- Note missing items and the location of items stored elsewhere
- Bring to all of your T. Sapp Financial Partners planning meetings
- Update at least annually during your Risk Management Review Meeting

TIPS

- ✓ Set aside time once a year to review and update this document and the corresponding binder.
- ✓ Bribe yourself to do it with a glass of wine, cup of tea or whatever makes you happy!
- ✓ Print a copy to include in your binder.
- ✓ Notify a family member or friend about this document and where it will be kept.
- ✓ Keep this booklet safe in fire resistant safe or consider uploading the Financial Life Organizer and documents into the secure vault on your Personal Financial website.

Contents

About your family

Place of birth	Date

Parents' names

Mother's maiden name	
Maternal grandparents' names	Paternal grandparents' names
Maternal grandmother's maiden name	Paternal grandmother's maiden name

Brothers and sisters (including step and half-siblings)

Name	Address	Phone Number .	Birth date

Children

Name	Address	Phone No.	Birth date

Grandchildren

Name	Address	Phone No.	Birth date

Great-grandchildren

Name	Address	Phone No.	Birth date

Memberships and affiliations

Additional facts about my family history

Family mission statement

Notes

Professional contacts and advisors

About you and your spouse/partner

Your full name Spouse/partner full name	Birthday	Current address

Key contacts

In an emergency, please contact:

Name	Phone	Email	Relationship

Phone numbers and access codes

Include your cell phones, computers, tablets, work and home landlines, home and office alarm codes, Wi-Fi access, etc.

Item	Number (if applicable)	Access code or password

Important numbers

Include Social Security, driver's license, Medicare and passport.

Item	Number	Location of original document

Your financial and asset advisors

Include your financial professional, attorneys, CPA/accountant, employers (past/present), where applicable.

Type of advisor	Advisor's name	Company Name	Phone Number

Your medical doctors

Include medical doctors, specialists, dentists, physical therapists, etc.

Doctor's name	Specialty	Phone Number	Location

Your pharmacy

Name	Address	Phone Number

Mail-in pharmacy

Name	Address	Phone Number

Notes

Your assets

Your retirement assets

Include Social Security, IRAs, 401(k)s or other qualified retirement plans, stock options, deferred compensation plans, military retirement benefits, ⋆ *military survivor benefits*⋆⋆ *and annuities.*
For details, you should include a recent statement.

Type of Plan	Institution	Account No.	Primary Beneficiary	Secondary Beneficiary	Customer Service No.

Please note: *You should review your beneficiary designations to ensure they reflect your wishes regarding how you would like your retirement assets to pass at your death.*

Your stocks, securities, bank and custodial accounts

For each of the accounts listed below, you should include a recent statement that shows the actual investments or assets you own.

Financial institution/Website	Account No.	Owner(s)	ID/Password	Customer Service No.

Please note: *You should consider naming a beneficiary for each financial account.*

Real estate

Type of property	Owner(s)	Address	Est. value	Location of documents

Personal property

Include belongings such as artwork, collectibles, antiques, jewelry, etc. and how you'd like them to be distributed. If you can, and where appropriate, include appraisals and photos.

Description	Location	Photo?	Appraisal?	Person to receive property

Rewards programs

Program name/company	Account No.	Password	Phone Number

Other assets

Include partnerships/business ownerships, as well as any foreign and unclaimed assets.

Type of asset	Company/location	Account Number	Phone Number

Please note: *To check for unclaimed assets, you can visit unclaimed.org.*

Digital assets

Include email, social media, cloud-based backups and other accounts, apps or software that include your sensitive or personal information. For some platforms, such as Facebook, many profiles of deceased loved ones have stayed active and become In Memorial pages. As you consider your legacy, you should discuss with family and friends whether you want to live on in social media, and if so, who would maintain the pages, oversee privacy and legal issues, etc.

Account	User ID	Password or PIN	Security questions/answers

Safety deposit box

Location	Key Location
The following people have authority to open the box:	

Storage unit/facility

Location	Site contact
The following people have authorization to access the unit/facility:	

Personal safe

Location	Combination

Assets you've loaned to others

Object	Person/Place holding object	Phone Number

Money owed to you

Include debts that are owed to you and if you plan to forgive them.

Who owes you/Phone No.	Amount loaned	Balance due (as of)	Details

Notes

Your financial responsibilities

Liabilities

Include mortgages, loans such as home equity loans, lines of credit and student loans, liens and borrowed items. For details, include a copy of a statement.

Type of debt	Creditor	Amount owed (as of)	Payment due date

Credit/debit cards

Include whether each card is your own or a joint card with someone else. Also, include a statement for each card.

Creditor	Account No.	Website	ID/password	Phone No.	Joint?

If you have automatic debits from any of these cards, list them here (which card/debit details):

Please note: *Some credit cards may include a policy that pays off the balance at your death. You should investigate this before cancelling a card.*

Leases

Include any assets you currently lease from others.

Asset	Leased from	Payment/ due date	Expiration date	Contact/Phone Number

Other financial obligations

Include any ongoing personal financial responsibilities you have.

Obligation for	Amount owed/ payment method	Payment frequency	Details

Subscriptions

Include memberships, professional services, online or print newspapers, magazines, periodicals, ID protection, software and backup services, movie/TV streaming, etc.

Subscription for	Expiration date	Account No.	ID/password	Phone No.

Monthly budget and expenses

List your monthly income and where it comes from.

Income source	Net amount	Automatic deposit? To what account?

List monthly expenses that will need to be paid.

Expense	Amount	Automatic withdrawals? From what account?	Pay online? Website/password

Lawsuits

Include information about any lawsuits in which you are currently involved.

◯ I am a plaintiff. ◯ I am a defendant

Case details:

Attorney's contact information:

Name	Phone Number	Email

Notes

Insurance and other benefits

Life insurance

Include what happens if you are disabled or need long-term care. Can you use a portion of the death benefit for long-term care expenses? If you are disabled, can you stop making premium payments? For details, include a copy of the policy.

Carrier	Policy No.	Benefit amount	Primary beneficiary	Secondary beneficiary	Cost/ how paid*	What happens if I am disabled?

* You should confirm whether the policy is paid annually by check, monthly by debit from a bank account (list bank account number, too), etc.

Other insurance coverage

Include long- and short-term disability, long-term care, medical, dental, vision, prescription drug and Medicare and Medigap policies you have.

Carrier	Policy Number	Premium	Cost/how paid	Phone Number

Household insurance

Include policies you own to cover your auto, home, boat, airplane, valuables (art, jewelry, wine), as well as umbrella (excess liability), etc.

Type of policy/carrier	Policy Number	Premium	Cost/how paid	Phone Number

Employer benefits

Include any benefits you have through a current or previous employer.

Type of benefit/amount	Employer	Phone Number

Veteran (VA) or government benefits

Military branch of service	SVS#	Grade or rank	Dates of service

Military status: ◯ Veteran ◯ Retired veteran

Copy of separation or military discharge form (DD214) is located: _____

Your military records are located: _____

If you have a National Service Officer to assist you with VA benefits, you can list their information here:

Name: _____ Contact Information: _____

If you receive other government benefits, you can list them here: _____

Notes

Important documents & passwords

Wills, trusts and power of attorney

Include any of the following: last will and testament; living trust; living will; medical, general and/or limited power of attorney; life insurance trust; charitable trust, minor's trust and other medical directives.

Document	Date signed	Location (of original)	Contact	Phone Number

Accounts, deeds and titles

Include Section 529 or other educational plans, custodial accounts, organ donation forms, family partnership or LLC, deeds to real property, automobile title, boat or airplane title.

Document	Date signed	Location (of original)	Contact	Phone Number

Family forms

Include marriage license, domestic partner agreement, cohabitation agreement, pre- or post-nuptial agreement, divorce or separation agreement, child support agreement, birth certificates, adoption papers, guardianship papers, citizenship papers, burial or pre-need agreement, and life insurance beneficiary forms.

Document	Date signed	Location (of original)	Contact	Phone Number
Employment or contractor contract				

Tax returns

Additional information or instructions: _____

They are: ◯ Personal returns ◯ Business returns

My tax accountant is:

Name	Address	Phone Number

Business documents

If you are an owner or co-owner in a business, please include information about any ownership or buy-sell agreements

Business	Date signed	Location of business	Partner(s)/ co-owners	Contact info

For buy-sell or buy-out and overhead expense agreements, please list the life insurance used.

Carrier	Policy Number	On the life of...	Primary beneficiary	Secondary beneficiary

If you become incapacitated

Appointment	Name	Phone Number
Power of attorney for medical decisions		
Power of attorney over my assets		
Guardian of my person		
Guardian of my property		
Would you like to live in your own home as long as possible? ◯ Yes ◯ No		
Additional information or instructions:		

Passwords

Website	Username	Password

Notes

Loved ones who will need care

Special needs family member or friend

If you become incapacitated or pass away, someone will need to look after the people for whom you currently provide care for. Include information about that person below.

Name	Relationship to you	Nature of disability
Services they receive	**From whom?**	**Phone Number**
Primary physician		**Phone Number**

Is there a trust set up for this person? ◯ Yes ◯ No

Location of trust documents: _____

If you are the legal guardian for this person, who is your successor guardian?

Name: _____ Phone Number _____

Accounts you handle for this person	Information

Pets

Include information about the pets you currently own.

Type of pet	Pet name	Age as of *(date)*	Notes, dietary needs, medical concerns, etc.

Veterinarian name	Address	Phone Number

Pet insurance information

Who will take care of your pets?

Name	Phone Number

Notes

FINAL ARRANGEMENTS – TIPS

Planning now may lessen burdens down the road for your loved ones as they ensure your wishes are carried out as you want. It can also help your executor(s) and beneficiary(ies) avoid added stress or pain because it gives them detailed directions for distributing your assets, thus minimizing any possible conflicts. Within this guide we outline a short list of tasks that your loved ones will need to handle according to your wishes:

- Contact funeral home for burial arrangements and associated costs.
- Contact attorney to obtain will and/or trust documents.
- Contact accountant and collect all tax information.
- Contact the county or state vital records office to get copies of the death certificate (typically between 10 to 25 copies).
- Contact bank and all financial institutions for account information.
- Have the location and keys to all safety deposit boxes and/or safes.
- Get the list of all credit cards, monthly bills (e.g., utility, phone, cable), outstanding debts.
- Get the list of key phone numbers, access codes and passwords to shut down services and social media accounts.
- Collect all insurance policies.

We hope this Financial Life Organizer helps you create a plan that will put your mind at ease so you, and your family, can live your lives with courage, strength and wisdom.

Funeral arrangements

There are many decisions and cost associated with how you want to be laid to rest. It's best if you decide where and how you would like to be remembered.

Arrangement details	Name/location	Phone Number
Funeral home		
Cemetery, if you wish to be buried		
Cemetery, if you wish to be cremated		

Item	Cost
Plot	
Casket	
Headstone and engraving	
Plaque	

Military Branch of Service	SVS Number	SS Number	Dates of service	Military status

Medal of honor: ◯ Recipient ◯ General

Upon my death, I would like the American flag presented to: _____

People you'd like to be involved

	Name	Phone Number
Priest/Minister/Rabbi/Master of ceremonies:		
Pallbearers:		
To give eulogy at my service:		
In lieu of flowers, ask for donations to:		

People who should be notified of my death

Include friends, family, as well as personal care professionals.

Relationship	Name/Phone Number	Relationship	Name/Phone Number

People you'd like to attend your service

Name	Phone Number	Name	Phone Number

People you prefer NOT to attend your service

Name	Name

Obtaining the death certificate

Funeral director or county clerk's office

Your executor(s) and beneficiary(ies) will need certified copies of your death certificate to claim Social Security and insurance benefits, change ownership of joint property, enter safety deposit boxes, file tax returns and even to close some social media accounts.

Ethical will

How would you like to be remembered? What's important to you? One of the most meaningful task that you can do as you plan for your future is to tell your story and define your legacy to your loved ones.

The most important things in life are:

I am most grateful for:

The most important things I've done in my life are:

I'd like my heirs to use their inheritance to:

The most important values I'd like to pass on to my loved ones are:

The most important traditions I'd like my loved ones to continue are:

I'd like to be remembered as:

The people who have influenced me the most are:

I'd like my loved ones to learn from my experiences:

Notes

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