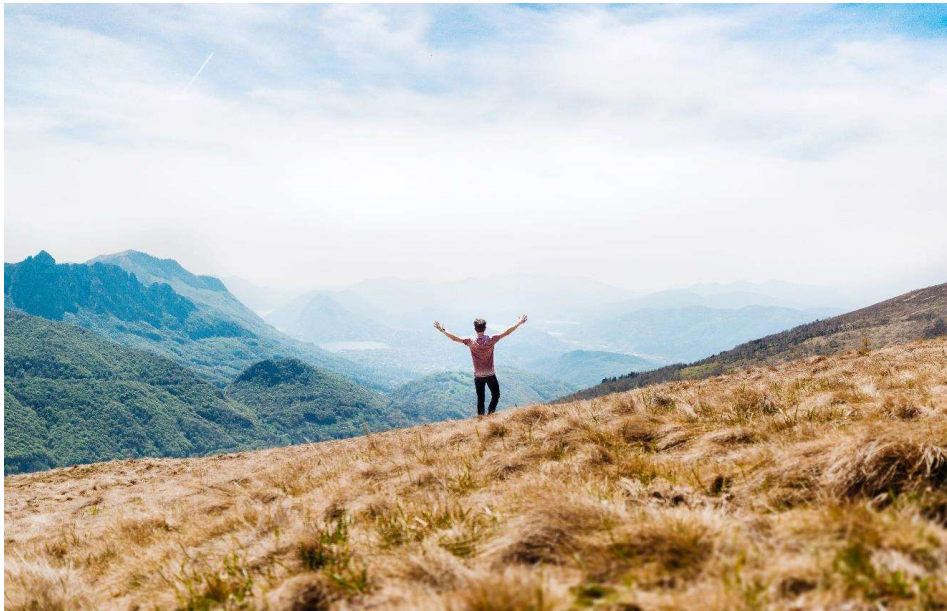


# Your Personal Information and Financial Roadmap





## Ask yourself some tough questions:

If you or your spouse passes away or becomes unable to make financial decisions, will you know:

- Where to find important financial documents
- Whom to call to adjust taxes, claim disability benefits and execute powers of attorney?
- At what institutions are assets held?
- Do you know passwords to websites and bill pay?

*Completing this financial information booklet and keeping it with other important documents that record your financial life will help you answer “yes” to these and other important questions.*

## Important documents to keep handy but in a safe place:

- This document
- Passwords and safe combinations
- Bank, brokerage and mutual fund statements
- Insurance policies
- Copies of your last will and testament, living will, and healthcare proxy, power of attorney, and/or trust documents.
- Tax returns
- US Savings bonds
- Copies of IRA designations for IRAs, Retirement Plans and Insurance Policies
- List of safe deposit box contents, the key or combination



## Personal Information:

	Client	Spouse
Full Legal Name:		
Social Security Number:		
Location of SS cards:		
Phone Number:		
Place of Birth:	<div> <div></div> <div>City</div> <div></div> <div>State</div> </div> <div> <div></div> <div>Country</div> </div>	<div> <div></div> <div>City</div> <div></div> <div>State</div> </div> <div> <div></div> <div>Country</div> </div>
If Citizen of foreign country, Date entered USA:		
Father's name:		
Mother's name:		
Place of marriage:		
Date of marriage:		
If widowed, date of spouse's death:		
If divorced, date of divorce;		
If a veteran, branch:		
Dates of service:		



## Personal Information continued:

Child's name	Date of birth	Place of birth
1.		
<hr/> <b>Address</b>		
2.		
<hr/> <b>Address</b>		
3.		
<hr/> <b>Address</b>		
4.		
<hr/> <b>Address</b>		

## Key Contacts

Financial Advisor	<hr/>
	Name
	<hr/>
	Phone
Financial Advisor	<hr/>
	Name
	<hr/>
	Phone
Financial Advisor	<hr/>
	Address

## Key Contacts

<b>Accountant</b>	<div data-bbox="402 369 1352 401">Name</div> <div data-bbox="402 432 1352 464">Phone</div> <div data-bbox="402 495 1352 527">Address</div>
<b>Attorney</b>	<div data-bbox="402 558 1352 590">Name</div> <div data-bbox="402 621 1352 653">Phone</div> <div data-bbox="402 684 1352 716">Address</div>
<b>Banker</b>	<div data-bbox="402 747 1352 779">Name</div> <div data-bbox="402 810 1352 842">Phone</div> <div data-bbox="402 873 1352 905">Address</div>
<b>Physician</b>	<div data-bbox="402 936 1352 968">Name</div> <div data-bbox="402 999 1352 1031">Phone</div> <div data-bbox="402 1062 1352 1094">Address</div>
<b>Specialist</b>	<div data-bbox="402 1125 1352 1157">Name</div> <div data-bbox="402 1188 1352 1220">Phone</div> <div data-bbox="402 1251 1352 1283">Address</div>
<b>Insurance agent</b>	<div data-bbox="402 1314 1352 1346">Name</div> <div data-bbox="402 1377 1352 1409">Phone</div> <div data-bbox="402 1440 1352 1472">Address</div>
<b>Other</b>	<div data-bbox="402 1503 1352 1535">Name</div> <div data-bbox="402 1566 1352 1598">Phone</div> <div data-bbox="402 1629 1352 1661">Address</div>



Financial Information

Personal Accounts (checking, savings, etc)

1.

Owner	Institution	Account Number
Contact		Phone Number

2.

Owner	Institution	Account Number
Contact		Phone Number

3.

Owner	Institution	Account Number
Contact		Phone Number

4.

Owner	Institution	Account Number
Contact		Phone Number



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## Retirement Accounts (401(k), pensions, HSA, 403(b))

1.

Owner	Institution	Account Number
Contact		Phone Number

2.

Owner	Institution	Account Number
Contact		Phone Number

3.

Owner	Institution	Account Number
Contact		Phone Number

## Investment Accounts

1.

Owner	Institution	Account Number
Contact		Phone Number

2.

Owner	Institution	Account Number
Contact		Phone Number

3.

Owner	Institution	Account Number
Contact		Phone Number

4.

Owner	Institution	Account Number
Contact		Phone Number

5.

Owner	Institution	Account Number
Contact		Phone Number



Credit Cards

Owner	Type of Card	Card Number	Phone Number
Owner	Type of Card	Card Number	Phone Number
Owner	Type of Card	Card Number	Phone Number
Owner	Type of Card	Card Number	Phone Number
Owner	Type of Card	Card Number	Phone Number

Real Estate/ Property

Owner	Location	Deed location
Owner	Location	Deed location

Rent\_\_\_\_ Mortgage\_\_\_\_

Payment to:

Company / branch	Loan Number	Phone Number
Company / branch	Loan Number	Phone Number

Safety Deposit Box

Bank	Branch	Address
Bank	Branch	Address





Cars:

Make	Financing/Leasing Company	Title Location
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Make	Financing/Leasing Company	Title Location
------	---------------------------	----------------

Make	Financing/Leasing Company	Title Location
------	---------------------------	----------------

Car Insurance:

Company / branch	Loan Number	Phone Number
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[illegible]

Art work and collectibles:

Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Description	Location
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Current Employer:

Client 1	Phone Number
Client 2	Phone Number

	Client 1		Client 2	
Group life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stock Options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance:	Provider	Policy Number	Phone Number
Medical Health Care Provider			
Long Term Care Insurance Provider			
Other Medical Insurance Provider			
Life Insurance			
Property Insurance Provider			



Estate Planning:

Document Location:	Client 1	Client 2
Original Will		
Living Will		
Last letter of Instruction		
Personal Trust Documents		

Financial Power of Attorney:

Client 1	Phone Number
Client 2	Phone Number

Medical Power of Attorney:

Client 1	Phone Number
Client 2	Phone Number



**Nonfinancial Information Location:**

Document	Client 1	Client 2
Birth Certificate		
Passport/ Citizenship Papers		
Adoption Papers		
Marriage Certificate		
Family Death Certificates		
Prenuptial Agreement		
Divorce Decree		
Military Discharge papers		
Appraisal/ Inventory of valuable items		

**Tax Document Location:**

	Client 1	Client 2
Prior Year Federal and State Return		
Federal/State Gift Tax Returns		
Property and School Tax records		

**Small Business:**

Incorporation/ Ownership Papers	
Buy/Sell Agreement	

**Pets:**

Veterinarian contact information: \_\_\_\_\_

Emergency care giver: \_\_\_\_\_



Important information regarding serious illness or death:

	Name	Phone Number
Church/ Temple:		

Personal Contacts:	

I have made Funeral arrangements with:	
--	--

Burial Plot arrangements:	
---------------------------	--

I have not made arrangements and would like the following:	Preferred Funeral Home:
	Type of Service:
	Type of Arrangements : burial/cremation)
	If Cremation -preference for treatment of remains:
	Cemetery:

Information I would like included in my obituary	

Preferred memorial donations:	



Passwords:

[illegible]

Bill Pay:

[illegible]



Notes:

[illegible]



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