

# Key Information

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

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Please store this document in a secure location to protect personal and confidential information.

# Key Information

## PERSONAL INFORMATION

### My Information

Full Legal Name: \_\_\_\_\_

Given / Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (hospital, city, county, state/country):  
\_\_\_\_\_

Mother's Full Legal Name: \_\_\_\_\_

Mother's Place of Birth (city and state/country): \_\_\_\_\_

Father's Full Legal Name: \_\_\_\_\_

Father's Place of Birth (city and state/country): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Full Names of Children (living and deceased):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Employer (name, address, phone, manager):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pets:  
\_\_\_\_\_  
\_\_\_\_\_

# Key Information

## SPOUSE'S/PARTNER'S INFORMATION

### My Spouse's/Partner's Personal Information

Full Legal Name: \_\_\_\_\_

Given/Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (hospital, city, county, state/country):  
\_\_\_\_\_

Marriage Date: \_\_\_\_\_

Marriage Location (city and state/country): \_\_\_\_\_

Spouse's Former Spouse: \_\_\_\_\_

Marriage Dates: \_\_\_\_\_

Reason:  Death  Divorce (date and location): \_\_\_\_\_

My Former Spouse/Partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marriage Dates: \_\_\_\_\_

Reason:  Death  Divorce (date and location): \_\_\_\_\_

My Former Spouse/Partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marriage Dates: \_\_\_\_\_

Reason:  Death  Divorce (date and location): \_\_\_\_\_

Other:

# Key Information

## EMERGENCY CONTACTS

Information last updated: \_\_\_\_\_

Contact	Name	Phone or Email
Emergency Contacts:		
Primary Doctor:		
Doctor/Specialist:		
Cleric:		
Attorney:		
Financial Advisor:		

# Key Information

## EMERGENCY CONTACTS

Information last updated: \_\_\_\_\_

Contact	Name	Phone or Email
Property and Casualty Agent:		
CPA:		
Executor:		
Trustee:		
Successor Trustee:		
Other (Power of Attorney, Healthcare Proxy):		







# Essential Documents

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# Essential Documents

## ESSENTIAL DOCUMENTS

Information last updated: \_\_\_\_\_

These documents are important, but only occasionally needed.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Driver's License:			
Passport:			
Military Service Documents:			
Professional Certifications:			
Document Inventory:			
Vehicle Titles:			
Vehicle Repairs:			
Real Estate Deeds:			
Property Tax Assessment and Statements:			
Household Inventory:			
Home Improvement Receipts:			
Photos/Videos of Possessions:			
Safe Deposit Box Inventory:			

# Essential Documents

## ESSENTIAL DOCUMENTS

Information last updated: \_\_\_\_\_

These documents should never be destroyed. Store everything in one secure location.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Birth Certificate:			
Social Security Card:			
Marriage Certificates:			
Divorce Decrees:			
Death Certificates:			
Citizenship or Naturalization Papers:			
Military Discharge:			
Veteran's Records:			
Crematory Deed:			
Final Expense Insurance:			
Diplomas:			
Lawsuits:			
Immunizations:			

# Essential Documents

## ESSENTIAL DOCUMENTS

Information last updated: \_\_\_\_\_

These documents are important, but only occasionally needed.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Insurance Policies:			
Retirement Plan Documents:			
Employee Benefits:			
Employment Contracts:			
Financial Statements:			
Credit Card Statements:			
Credit Reports:			
Loan Agreements and Statements:			
College Savings/Financial Aid:			
Investment Statements:			
Annuity Contracts:			
Stock Certificates:			
Bond Certificates:			

# Essential Documents

## ESSENTIAL INFORMATION

Information last updated: \_\_\_\_\_

My family is due the following benefits from my employer:

- |  |  |
|--|--|
| <input type="checkbox"/> AD&D                  | <input type="checkbox"/> Stock           |
| <input type="checkbox"/> Life Insurance        | <input type="checkbox"/> Long-Term Care  |
| <input type="checkbox"/> Disability Insurance  | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Other: _____    |

### SAFE & VALUABLES

I have  a safe and/or  valuables (jewelry, collections, etc.) located at:

Persons who know the safe combination:

I may receive an inheritance from:

I am the beneficiary of a trust. Trust document is located at:

I am entitled to military benefits, including:

### SAFE DEPOSIT BOXES

Located at (city and state): \_\_\_\_\_

Safe deposit box keys are located: \_\_\_\_\_

Safe deposit box code: \_\_\_\_\_

# Essential Documents

## RENEWALS

Information last updated: \_\_\_\_\_

These are documents that expire and require renewals.

Document	Expiration Date	In Document Vault?
Driver's License:		
Passport:		
Club Membership:		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

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# Medical Information

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# Medical Information

## PERSONAL MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

### My Personal Medical Information

#### Personal Information

Health Insurer:	Plan ID:	Group #:	Medicare #:
Medigap/Supplemental Plan:			
Prescription Coverage:	Issuer:	Group #:	ID #:
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions/ Issues:			
Pharmacy for Prescriptions:			
VA Medical:			
Organ Donor:			

# Medical Information

## PERSONAL MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

### My Personal Medical Information

Physician Name	Address	Phone or Email

# Medical Information

## PERSONAL PRESCRIPTION INFORMATION

Information last updated: \_\_\_\_\_

My Personal Prescription Information

Name of Medicine	Dosage	Prescribing Doctor

# Medical Information

## PERSONAL MEDICAL NOTES

Information last updated: \_\_\_\_\_

### Miscellaneous Medical Notes

Issue/Contact	Notes

# Medical Information

## SPOUSE'S/PARTNER'S MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

### Spouse's/Partner's Medical Information

#### Personal Information

Health Insurer:	Plan ID:	Group #:	Medicare #:
Medigap/Supplemental Plan:			
Prescription Coverage:	Issuer:	Group #:	ID #:
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions/ Issues:			
Medications/Pharmacy Locations:			
VA Medical:			
Organ Donor:			

# Medical Information

## CHILD MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

Child Medical Information - *Duplicate page and complete for each child/dependent*

### Child 1

Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

# Medical Information

## CHILD MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

Child Medical Information - *Duplicate page and complete for each child/dependent*

### Child 2

Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

# Medical Information

## FAMILY MEDICAL DIRECTORY

Information last updated: \_\_\_\_\_

### Family Physicians' Contact Information

Family Member	Physician Name and Specialty	Phone or Email

# Medical Information

## PET VETERINARY INFORMATION

Information last updated: \_\_\_\_\_

Veterinarian

Pet's Name and Type	Veterinary Information	Phone	Who will care for pet? <i>*Name and Phone</i>

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A photograph of a man and a young child flying a kite on a grassy hill. The man is holding the kite, which has a colorful pattern and long streamers. The child is holding the string. The background shows rolling hills under a clear sky.

# Digital Information

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Kit prepared for:

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# Digital Information

## ONLINE ACCOUNTS

Information last updated: \_\_\_\_\_

### Online and Social Media Accounts

Account	Associated Email Address
Amazon:	
Google:	
iTunes / Apple:	
LinkedIn:	
Facebook:	
Twitter:	
Other:	

# Digital Information

## ONLINE ACCOUNTS AND SUBSCRIPTIONS

Information last updated: \_\_\_\_\_

Online Accounts and Subscriptions (Frequent flyer miles, hotel points, etc.)

Account or Subscription	Associated Email	Additional Notes

# Digital Information

## LOGIN INFORMATION

Information last updated: \_\_\_\_\_

Persons Entrusted with Logins/Pins and Access to Accounts

Login Item	Designated Confidant	Phone #	In Document Vault?
Websites:			
Computers:			
Cell Phones:			
Credit Cards:			
Banking:			
Medical:			
Other: _____ _____			



# Financial Information

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Kit prepared for:

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# Financial Information

## BANKING INFORMATION

Information last updated: \_\_\_\_\_

### Bank Accounts

#### Account

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

# Financial Information

## CREDIT CARD INVENTORY

Information last updated: \_\_\_\_\_

### Credit Card Inventory

#### Credit Cards

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

# Financial Information

## CREDIT CARD INVENTORY

Information last updated: \_\_\_\_\_

### Credit Card Inventory

#### Credit Cards

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_



# Financial Information

## FINANCIAL INFORMATION

Information last updated: \_\_\_\_\_

### Investment Accounts

#### Account

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

# Financial Information

## RETIREMENT PLANS

Information last updated: \_\_\_\_\_

My Retirement Plans / Executive Compensation

Plan	Company Name	Phone #
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

# Financial Information

## SPOUSE'S/PARTNER'S RETIREMENT PLANS

Information last updated: \_\_\_\_\_

Spouse's/Partner's Retirement Plans / Executive Compensation

Plan	Company Name	Contact Name and Phone #
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

# Financial Information

## LIABILITY INFORMATION

Information last updated: \_\_\_\_\_

### Loan Inventory

Loan	Account Information
Mortgage Broker Name: _____	
Mortgage (First): _____	
Mortgage (Second): _____	
HELOC/HEL: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	

# Financial Information

## LIFE INSURANCE

Information last updated: \_\_\_\_\_

### My Life Insurance

#### Benefits:

Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____
Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____
Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____
Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____

# Financial Information

## INSURANCE INVENTORY

Information last updated: \_\_\_\_\_

### My Insurance Inventory

#### My Long-term Care Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

#### My Disability Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

Benefit Amount:

User Name:

Other Information:

# Financial Information

## PROPERTY INSURANCE

Information last updated: \_\_\_\_\_

### Property Insurance

Property	Insurer
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____

# Financial Information

## SPOUSE'S/PARTNER'S INSURANCE

Information last updated: \_\_\_\_\_

### Spouse's/Partner's Insurance Inventory

#### Long-term Care Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

#### Disability Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

Benefit Amount:

User Name:

Other Information:

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# Family Legacy & Final Arrangements

Centralize important documents and information for your family and loved ones.  
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Kit prepared for:

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# Family Legacy & Final Arrangements

## FAMILY HISTORY

### My Life and Family

**MY FAMILY:** Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events and milestones.

---

**MY CHILDHOOD:** Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts, or activities I participated in. Camps, friends, trips, recognitions, heroes, dreams and aspirations.

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# Family Legacy & Final Arrangements

## FAMILY HISTORY

### My Life

**MY LIFE:** Which world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

---

**MY LIFE:** Words of wisdom and/or funny stories:

# Family Legacy & Final Arrangements

## ACTION PLAN

Information last updated: \_\_\_\_\_

Checklist to be implemented when appropriate. Develop a plan for coordinating with your other advisors.

Task	Person Assigned to Task	Date Completed
Notify Family and Friends:		
Notify Funeral Home:		
Notify Employer:		
Notify Banks / Inquire About: <i>Direct deposits and withdrawals, safety deposit box(es), credit life on loans.</i>		
Notify Credit Card Companies:		
Notify Insurance Companies:		
Arrange House-sitter:		
Notify Utility Companies:		
Notify Benefits: <i>Social Security, Veterans and Employment benefits.</i>		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

# Family Legacy & Final Arrangements

The incapacity or death of a family member can cause great confusion for even the most organized persons. The following information will help guide the loved one who will handle your affairs.

## FINAL ARRANGEMENTS

Information last updated: \_\_\_\_\_

Please refer to these instructions and preferences when arranging my interment and memorial service.

### 1. I wish to be an organ donor. If yes, note whether it is indicated on your driver's license.

Yes \_\_\_\_\_

No

### 2. I wish to be:

Buried at

Details/Location: \_\_\_\_\_

I already paid these costs:  Burial Plot  Casket  Funeral Services  Other

Entombed at

Details/Location: \_\_\_\_\_

I already paid these costs:  Drawer  Casket  Funeral Services  Other

Cremated at

Details for my ashes: \_\_\_\_\_

I already paid these costs:  Drawer  Casket  Funeral Services  Other

Donated to science:  Entire body  Select body parts

Details: \_\_\_\_\_

### 3. I wish to have:

Funeral Service

Other: \_\_\_\_\_

# Family Legacy & Final Arrangements

## FINAL ARRANGEMENTS *(CONTINUED)*

### Service General Instructions

Friend or relative I wish to oversee these arrangements:	
Funeral Home (Name and Phone #):	
Person to perform service:	
Pallbearers:	
Persons for eulogy/readings:	
Notes for obituary:	
Headstone engraving:	
Flowers and Music:	
Donations in lieu of flowers to:	
Burial clothing:	

# Family Legacy & Final Arrangements

## FINAL ARRANGEMENTS (CONTINUED)

### 4. I wish to have a viewing:

Yes  No

Details: \_\_\_\_\_

### 5. I prefer:

- Open Casket  
 Closed Casket

### 6. Service at:

- Funeral Home  
 House of worship location (with body present)  
 House of worship location (without body present)  
 Other arrangements: \_\_\_\_\_

### 7. I wish to be interred in a military cemetery:

Burial benefits include cost of burial for Veteran, along with spouse / partner, and dependents, at no cost to the family. Arrangements can be made through funeral home.

Yes  No

Details: \_\_\_\_\_

### 8. Special Requests and Notes:

Prayer card, readings, music, etc.

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