

PERSONAL FINANCIAL DIARY

“Before anything else, preparation is the key to
success.”

Alexander Graham Bell

IN TODAY'S BUSY LIFE, IT'S DIFFICULT TO REMEMBER DETAILS. And even though you may have told your family about personal details, such as medical insurance information, chances are, they do not remember. Help simplify matters for your family by providing these pertinent details about yourself. Be sure to be as accurate as possible.

Personal Information

Your Name:

Birthday:

Place of Birth:

Maiden Name:

Mother's Maiden Name:

Spouse's Name/Phone

Number _____

Wedding Date / Place:

Childs Name / Birth Date / Place/Phone Number

Childs Name/ Birth Date/ Place/Phone Number

Childs Name/Birth Date/Place/Phone Number

Childs Name/Birth Date/Place/Phone Number

PERSONAL MEDICAL INFORMATION

Health Care Plan ID#: _____
Group ID #: _____
Blood Type: _____
Do you have drug allergies? _____
Are you a blood donor? _____
Are you an organ donor? _____

PERSONAL IDENTIFICATION NUMBERS

Social Security #: _____
Driver's License # / State: _____
Visa #: _____
Passport # / Issuing Country: _____
Green Card #: _____

PERSONAL EMPLOYMENT INFORMATION

Current Employer Name: _____
Employer Address: _____
Telephone : _____

Hire Date: _____
Employee ID#: _____
Human Resources Contact: _____

Military Service Branch: _____
Contact: _____
Serial # / Rank: _____
Discharge Date: _____

Remember, your life insurance can help protect your loved ones or leave a legacy in case you are no longer there. By providing the most accurate, updated information you have about your insurance policies, you can help make sure that your family can benefit from the financial plan you so carefully built.

Life Insurance

Company: _____

Policy #: _____

Contact Name: _____ Telephone: _____

Life Insurance

Company: _____

Policy #: _____

Contact Name: _____ Telephone: _____

Medical Insurance Company:

Policy #: _____

Contact Name: _____ Telephone: _____

Dental Insurance Company: _____

Policy #: _____

Contact Name: _____ Telephone: _____

OTHER INSURANCE COMPANIES

Disability Insurance

Company: _____

Policy #: _____

Contact Name: _____ Telephone: _____

Long-Term Care Insurance Company:

Policy #: _____

Contact Name: _____ Telephone: _____

Other:

PERSONAL ADVISORS CAN HELP ASSIST YOUR FAMILY MEMBERS for how you'd like your financial and medical affairs to be handled if you become incapable of making your own decisions. Give your family easy access to contact them. Please fill in the information below as accurately as possible. If an advisor changes over time, be sure to update your *Personal Financial Diary*.

EXECUTOR/Phone Number

INSURANCE/Phone Number

LAWYER/Phone Number

FINANCIAL/Phone Number

ACCOUNTANT/Phone Number

STOCKBROKER/Phone Number

BANKER/Phone Number

EMPLOYER/Phone Number

LANDLORD/Phone Number

DOCTOR/Phone Number

DENTIST/Phone Number

OTHER

OTHER

confidential

Trust Documents

Location:

Comments:

Property Deeds

Location:

Comments:

Vehicle Title(s)

Location:

Comments:

Passport

Location:

Comments:

Social Security Card

Location:

Comments:

Marriage Certificate

Location:

Comments:

Death Certificates

Location:(s)

Comments:

Divorce Decree

Location:

PERSONAL ASSETS

PRIMARY HOME ADDRESS

Mortgage Holder: _____

Telephone: _____

Policy #: _____

Homeowner's Insurance Company: _____

Telephone: _____

Policy #: _____

Flood Insurance Company: _____

Telephone: _____

Policy #: _____

Security Company: _____

Telephone: _____

Policy #: _____

VACATION/TIMESHARE ADDRESS

Mortgage Holder: _____

Telephone: _____

Policy #: _____

Homeowner's Insurance Company: _____

Telephone: _____

Policy #: _____

Flood Insurance Company: _____

Telephone: _____

Policy #: _____

Security Company: _____

Telephone: _____

Policy #: _____

Telephone: _____

Policy #: _____

Flood Insurance Company: _____

Telephone: _____

Policy #: _____

Security Company: _____

Telephone: _____

Policy #: _____

Cars

Make/Model/Year: _____

License Plate # / State: _____

Insurance Company: _____

Policy #: _____

Telephone: _____

Make/Model/Year: _____

License Plate # / State: _____

Insurance Company: _____

Policy #: _____
Telephone: _____

PERSONAL FINANCIAL INFORMATION AND ACCOUNTS

SAFE DEPOSIT BOX

Bank Name: _____
Telephone: _____
Policy #: _____

SAVINGS ACCOUNT

Bank Name: _____
Account #: _____

ATM CARD

Bank Name: _____
Account #: _____

CHECKING ACCOUNT

Bank Name: _____
Account #: _____

CERTIFICATE OF DEPOSIT

Bank Name: _____
CD #: _____
Maturity Date: _____

CERTIFICATE OF DEPOSIT

Bank Name: _____
CD #: _____
Maturity Date: _____

MONEY MARKET ACCOUNT

Institution Name: _____
Account #: _____

MONEY MARKET ACCOUNT

Institution Name: _____
Account #: _____

CREDIT CARD COMPANY: _____

Card #: _____
Expiration Date: _____
Telephone: _____

MUTUAL FUND NAME: _____

Account #: _____
Broker: _____
Telephone: _____

IRA

Account #: _____
Bank Name: _____
Telephone: _____

PENSION: _____

Account #: _____
Date Purchased #: _____
Shares / \$ per Share: _____
Broker: _____
Telephone: _____
401(k) / 403(b) PLAN: _____

Company Name: _____
Account #: _____
Administrator Telephone: _____

ANNUITIES

Contract #: _____
Insurance Company: _____
Telephone: _____

BONDS

Issuer: _____
Maturity Date: _____
Account #: _____
Telephone: _____

STOCK NAME _____

Account #: _____
Date Purchased #: _____
Shares / \$ per Share: _____
Broker: _____
Telephone: _____

OTHER _____

**PERSONAL SERVICE PREFERENCES
FUNERAL & CEMETERY INSTRUCTIONS**

Place of Service:

Type of Service:

Clergyman or Layperson Requested:

Address and Phone Number:

Participating Organization (Military, Lodge, Society or Fraternal):

Type of Service (Open or Closed):

Type of Casket (Metal, Wood, Fiberglass, Other):

Casket Color:

Casket Interior Color/Material:

Flag (Yes or No):

Pallbearers:

Music:

Favorite Religious Passage:

Clothing (Purchased or Selected):

Jewelry (Leave on or return to family):

Glasses (Leave on or return to family):

Cemetery

Preferences:

Name of

Cemetery:

Location:

Preferred Form of Interment? Ground Space Mausoleum Cremation Niche Lawn Crypt
Description of Cemetery Property (If owned):

Location of Ownership Certificate:

Memorial (Bronze, Granite or Other):

Inscription:

Special Instructions:

NOTES

For more information call Jesse Bateman
617-847-3900