

Imagine waking up in the middle of the night only to find your house on fire. Besides the kids, what would you grab? Hundreds of thoughts cross your mind as you watch your house burn.

- Do I have copies of all my important information?
- What people do I need to call to get back on my feet?
- Can I remember all my important information?
- How much will it cost me to get new copies of all my essential documents?
- Do others have copies of all my important information?

Or, what if you were to have a stroke or suddenly become dependent on others to take care of your financial and personal affairs? Would they be able to come in and get bills paid and work done on your behalf without having to spend hours trying to figure it all out?

For these and many reasons, it pays to have your important information organized and at your fingertips.

Having it accessible in a notebook is one format that many people are finding beneficial. It takes only one disaster to make you realize how important it is to gather all your family records in one place.

Unfortunately, too many people put off this important task until it's too late – when they have only a few minutes to leave their house quickly. The answer: compile a financial notebook.

Would someone else know where your checking and savings accounts are held, what credit cards you hold, who your financial advisor is, where your safe-deposit box is, where your investments are held, who your beneficiaries are or whether you have policies that entitle your dependents to death benefits?

A financial notebook doesn't have to be fancy. It can be as simple as a three-ring notebook that serves as a road map for you and your loved ones.

What kinds of things might you include in a financial notebook?

- *Account information:* Account numbers and contact information for credit union and brokerage accounts
- *Estate planning and legal documents:* Wills, trusts, advance directives, powers of attorney, letters of instruction, funeral instructions
- *Family information:* Family members and contact information, education records, employment records
- *Financial documents:* Cash-flow statement, net-worth statement, spending plan, loans, copies of tax returns
- *Insurance and health records:* Copies of all insurance policies for auto, homeowners/renters, health, life, disability and long-term care
- *Inventories:* Household inventory, safe-deposit box contents, wallet contents
- *Personal records:* Financial goals, location of important documents, copies of certificates – birth, adoptions, citizenship, marriage, divorce, death
- *Property records:* Vehicles, real estate, investments
- *Retirement planning document:* Pension benefit statements, Social Security benefits statement and tax-deferred and individual retirement annual statements

Keep your financial notebook in a safe place, such as a fireproof box at home that you can quickly grab in an emergency.

Here are some forms to help you get started.

Financial Binder Table of Contents

Page Number

- 1. Personal Directory 3-4
- 2. Professional Directory..... 5
- 3. Insurance Policies..... 6
- 4. Financial Information..... 7
- 5. Investments/Pensions..... 8
- 6. Financial Goals..... 9
- 7. Personal Property Inventory..... 10
- 8. Budget/Special Expenses..... 11
- 9. Monthly Spending Plan..... 12-13
- 10. Loan Information..... 14
- 11. Retirement Plan..... 15
- 12. Document Locator..... 16

Personal Directory

PERSONAL INFORMATION

FULL NAME

MAIDEN NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

PLACE OF BIRTH

PHONE

EMAIL ADDRESS

SPOUSE INFORMATION

FULL NAME

MAIDEN NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

PLACE OF BIRTH

PHONE

EMAIL ADDRESS

STREET ADDRESS

CITY / STATE / ZIP CODE

MAILING ADDRESS

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Contacts

Family Members

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Co-Workers

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Friends

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Name _____ Gender _____
Address _____
Phone _____
Cell Phone _____
Work Phone _____
Email _____
Birth Date _____
Relationship _____

Professional Directory

Attorney

Name _____
Address _____

Phone _____
Email _____

Insurance Agent

Name _____
Address _____

Phone _____
Policy _____

Executor of Will

Name _____
Address _____

Phone _____
Email _____

Funeral Director

Name _____
Address _____

Phone _____
Email _____

Stockbroker

Name _____
Address _____

Phone _____
Email _____

Accountant

Name _____
Address _____

Phone _____
Email _____

Finance Advisor

Name _____
Address _____

Phone _____
Email _____

Doctor

Name _____
Address _____

Phone _____
Email _____

Insurance Policies

COMPANY

TYPE OF POLICY

POLICY NO.

ANNUAL PREMIUM

COMPANY

TYPE OF POLICY

POLICY NO.

ANNUAL PREMIUM

COMPANY

TYPE OF POLICY

POLICY NO.

ANNUAL PREMIUM

COMPANY

TYPE OF POLICY

POLICY NO.

ANNUAL PREMIUM

COMPANY

TYPE OF POLICY

POLICY NO.

ANNUAL PREMIUM

Financial Information

Financial Institutions

Type	Institution	Account #	Names on Account	Debit Card

Safe-Deposit Box

Location of Box	Box Number	Names on Box	Key Location

Credit Cards

Issued By	Account Number	PIN	Lost or stolen call...

Other Financial Information

Type of Account	Name/Address	Borrower	Terms

Investments/Pensions

Stocks, Bonds and Securities

List any U.S. Savings Bonds, U.S. Treasure securities, government agency securities, corporate and governmental stock certificates and other securities owned by you or an immediate family member.

Name of Asset	Serial Number	Date Purchased	Purchase Price	Other Useful Information (owner name, no. shares, maturity date)

Mutual Funds

List each mutual fund and money market fund owned by you or a member of your immediate family.

Company Name and Fund Type	Identification Number	Date Purchased	Original Amount	Other Useful Information (owner name, no. shares, maturity date)

Other Investment / Retirement Information

Name of Asset	Number	Date Purchased	Original Amt.	Other Useful Information (owner name, no. shares, maturity)

Financial Goals

What do you want the future to look like? What will bring pleasure to your life right now and security and independence in the future? Consider all areas of your life such as housing, hobbies, travel, volunteer work, education, employment or business, major purchases (such as an automobile or piece of furniture), cultural or social, fitness and recreation, gifts and charitable contributions.

Goal Statements:

★ _____

★ _____

★ _____

Short-Term Objective (less than 3 months)	Estimated Cost	Target Date	Weekly \$ To Save

Medium-Term Objective (3 months to 1 year)	Estimated Cost	Target Date	Weekly \$ To Save

Long-Term Objective (more than 1 year)	Estimated Cost	Target Date	Weekly \$ To Save

MONTHLY SPENDING PLAN

Mo / Yr _____

CATEGORY	SPENT	CATEGORY	SPENT
SAVINGS		TRANSPORTATION	
Savings Account		Vehicle Payments	
Retirement Fund		Gas/Oil	
Other		Auto Repairs/Tires	
Total		Auto Insurance	
HOUSING		Auto Licensing	
Rent/Mortgage Payment		Public Transportation	
Property Tax/Insurance		Other	
Electricity		Total	
Gas		PERSONAL EXPENSES	
Telephone - Land Line		Toiletries/ Haircuts	
Telephone - Cell Phones		Hosiery	
Water/Sewer/Garbage		Grooming Appliances	
Maintenance/Repair/Tools		Cigarettes/Tobacco	
Cleaning (bi-monthly)		Other	
Towels/Linens/Drapes		Total	
Furniture/Appliances		HEALTH AND LIFE	
Other		Doctor	
Total		Drugs/Prescriptions	
FOOD		Vision	
Groceries/Food Supplies		Dentist	
Meals Eaten Out		Health Insurance	
School/Business Lunches		Insurance - Life	
Milk Deliveries		Other	
Special Occasions		Total	
Snacks/JunkFood		CONTRIBUTIONS	
Other		Church Donations	
Total		Charitable Contributions	
CLOTHING		Other	
School/Office/Work Clothes and Shoes		Total	
Seasonal Clothing		GIFTS	
Special Events/Sports		Cards and Wrapping Paper	
Laundry/Dry Cleaning/Repair		Gifts for Various Occasions	
Other		Other	

MONTHLY SPENDING PLAN

Mo / Yr _____

CATEGORY	SPENT	CATEGORY	SPENT
PERSONAL IMPROVEMENT		DEBT REPAYMENTS*	
Tuition		Credit Cards (BB – SAC)	
Books		Loans	
Supplies		Installments	
Magazines/Newspapers		Other	
Lessons		Total	
Equipment/Computers			
Internet Fees			
Other			
Total			
WORK-EXPENSES			
PRO / Work Dues			
Office Gifts and Donations			
Child Care			
PROMO Materials			
Total			
TAXES/SOCIAL SECURITY			
Income Tax			
Social Security			
Total			
RECREATION			
Hobbies			
Pets			
Movies			
Cable TV			
Camera/Film/Developing			
Club Memberships			
Vacation Expenses			
Babysitting Fees			
Other			
Total			
MISCELLANEOUS			
Allowances			
Postage			
Total			
Total			

INCOME	
INCOME - NET	
Paycheck 1	
Paycheck 2	
Paycheck 3	
Paycheck 4	
Paycheck 5	
Public Assistance	
Interest / Dividends	
Other	
Total Income	
Total Expenses	

Loan Information

Include copies of all loan documents.

Name of Bank/Credit Union _____
Address _____ Phone _____
Account Number _____
Contact Person _____
Collateral _____
Loan Term _____ Payoff Date _____
Credit Life/Disability Insurance YES NO

Name of Bank/Credit Union _____
Address _____ Phone _____
Account Number _____
Contact Person _____
Collateral _____
Loan Term _____ Payoff Date _____
Credit Life/Disability Insurance YES NO

Name of Bank/Credit Union _____
Address _____ Phone _____
Account Number _____
Contact Person _____
Collateral _____
Loan Term _____ Payoff Date _____
Credit Life/Disability Insurance YES NO

Retirement Plan

Contact _____

Phone _____

Retirement estimate can be obtained at:

Estimate Included? YES NO

Payout Option _____

Beneficiary _____

Contact _____

Phone _____

Retirement estimate can be obtained at:

Estimate Included? YES NO

Payout Option _____

Beneficiary _____

Other Pension Plan(s)

Company _____

Address _____

Phone _____

Amount _____

Contact _____

Company _____

Address _____

Phone _____

Amount _____

Contact _____

Other Pertinent Retirement Information

Document Locator

It is not recommend that original copies of your most valuable/important and hard to replace documents be kept in this notebook. Some you may want to consider storing in a fireproof safe at home, at an attorney's office or in a safe-deposit box. This chart will help serve as a reminder of where the originals are stored.

Document	Location	Notes
Adoption Papers		
Birth Certificates		
Burial/Funeral		
Child Support Order		
Citizenship Papers		
Death Certificates:		
Divorce Decree		
Education Degrees/Diplomas		
Health Care Power of Attorney		
Household Inventory		
Home Ownership Titles or Property Deeds		
Investment Certificates—stocks, bonds, etc.		
Marriage Certificate		
Military Service Records		Serial No. VA Claim No. GI Insurance No.
Other Property Titles/Deeds		
Power of Attorney		
Social Security Cards		
Tax Records		
Vehicle Titles		
Wills/Trusts		
Other		
Other		

Retirement Plan

Contact _____

Phone _____

Retirement estimate can be obtained at:

Estimate Included? YES NO

Payout Option _____

Beneficiary _____

Contact _____

Phone _____

Retirement estimate can be obtained at:

Estimate Included? YES NO

Payout Option _____

Beneficiary _____

Other Pension Plan(s)

Company _____

Address _____

Phone _____

Amount _____

Contact _____

Company _____

Address _____

Phone _____

Amount _____

Contact _____

Other Pertinent Retirement Information

