

# PERSONAL INFORMATION RECORD



Last Updated (date) \_\_\_\_\_

Names of My Family Members <i>(List full names)</i>		Social Security Numbers and Dates of Birth	
<b>Insurance I Currently Own</b> <i>(Check all that apply)</i>			
Life Insurance		<input type="checkbox"/>	
Disability Insurance		<input type="checkbox"/>	
Life Long Term Care Insurance		<input type="checkbox"/>	
<b>My Insurance Policies Are Kept Here</b> <i>(Describe location of policies)</i>			
Policy Name <i>(List each policy)</i>		Beneficiary <i>(List corresponding beneficiary)</i>	

<b>Bank Accounts</b> <i>(List bank account names)</i>		<b>My Bank Records Are Kept Here</b> <i>(Describe location of bank records for each account)</i>
<b>Safe Deposit Box and/or Safe at Home</b> <i>(Describe location of key or password if applicable)</i>		
<b>Bills</b> <i>(Describe reoccurring bill payments) Where do I keep the bills?</i>		
<b>Investments</b> <i>(List investments)</i>	<b>My Investment Records Are Kept Here</b> <i>(Describe location of investment records for each account)</i>	<b>Beneficiary</b> <i>(List corresponding beneficiary)</i>
<b>Wills</b> <i>(List wills and living wills)</i>		<b>My Wills Are Kept Here</b> <i>(Describe location of wills)</i>

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<b>My Executor</b> <i>(Name)</i>
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<b>Important Online Passwords</b> <i>(List sites and corresponding passwords)</i>
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<b>Credit Cards</b> <i>(List credit card information)</i>
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<b>Professional Advisors</b> <i>(Name)</i>	<b>Contact Information</b> <i>(Phone Number, Email)</i>
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<b>Doctor:</b>	
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<b>Dentist:</b>	
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<b>Attorney:</b>	
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<b>CPA:</b>	
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<b>Banker:</b>	
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<b>Insurance Broker:</b>	
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<b>Other:</b>	
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