

FINANCIAL ORGANIZER

PERSONAL INFORMATION			
YOU			
First Name	Last Name	Social Security Number	
Street Address		Date of Birth	
City, State, Zip		Phone 1	
Phone 2	Email 1	Email 2	
Employer	Employer Contact Info		
Other			

YOUR SIGNIFICANT OTHER

First Name	Last Name	Social Security Number
Street Address		Date of Birth
City, State, Zip		Phone 1
Phone 2	Email 1	Email 2
Employer	Employer Contact Info	
Other		

If you don't have any dependents, skip to page 5



DEPENDENT/CHILD 1

First Name	Last Name	Social Security Number	
Street Address		Date of Birth	
City, State, Zip		Phone 1	
Phone 2	Email 1	Email 2	
Employer Employer Contact Info			
Other			

DEPENDENT/CHILD 2

First Name	Last Name	Social Security Number
Street Address		Date of Birth
City, State, Zip		Phone 1
Phone 2	Email 1	Email 2
Employer	Employer Contact Info	
Other		



DEPENDENT/CHILD 3

First Name	Last Name	Social Security Number
Street Address		Date of Birth
City, State, Zip		Phone 1
Phone 2	Email 1	Email 2
Employer	Employer Contact Info	
Other		

DEPENDENT/CHILD 4

First Name	Last Name	Social Security Number
Street Address		Date of Birth
City, State, Zip		Phone 1
Phone 2	Email 1	Email 2
Employer	Employer Contact Info	
Other		



DEPENDENT/CHILD 5

First Name	Last Name	Social Security Number
Street Address		Date of Birth
City, State, Zip		Phone 1
Phone 2	Email 1	Email 2
Employer	Employer Contact Info	
Other		

DEPENDENT/CHILD 6

First Name	Last Name	Social Security Number
Street Address		Date of Birth
City, State, Zip		Phone 1
Phone 2	Email 1	Email 2
Employer	Employer Contact Info	
Other		

Please see end of workbook if you need to add more than six dependents.



IMPORTANT CONTACTS FOR QUICK REFERENCE

EMERGENCY AND MEDICAL

EMERGENCY AND MEDICAL				
Category	Name	Phone	Location/Website/Note	
Emergency Contact- Close Relative or Friend				
Emergency Contact- Close Relative or Friend				
Emergency Contact- Close Relative or Friend				
Emergency Contact- Close Relative or Friend				
Physician 1				
Physician 2				
Physician 3				
Physician 4				
Dentist 1				
Dentist 2				
Religious				
Other			5	



LEGAL, FINANCIAL AND TAX PROFESSIONALS				
Category	Name	Phone	Location/Website/Note	
Attorney				
Financial Advisor				
CPA/Tax Advisor				
Personal Banker				
Other 1				
Other 2				

DO I NEED TO ESTABLISH A RELATIONSHIP WITH ONE OF THESE ADVISORS IF I DON'T CURRENTLY HAVE ONE?

AM I HAPPY WITH THE SERVICE BEING PROVIDED BY EACH OF THESE ADVISORS?



FINANCIAL INSTITUTIONS

BANK ACCOUNTS – CHECKING AND SAVINGS				
Bank Name	Account Type & Owner	Account Number	Phone/Web/Login Info	

HAVE I REVIEWED MONTHLY FEES AND INTEREST RATES THIS YEAR?

HAVE I CHECKED ACCOUNTS FOR ANY AUTOMATIC PAYMENTS FOR SUBSCRIPTIONS OR SERVICES I AM NO LONGER USING?

ADDITIONAL NOTES ON BANK ACCOUNTS



CREDIT CARDS AND OTHER PERSONAL OR STUDENT LOANS (NOT HOME OR AUTO)

Lender	Account Type & Owner	Account Number	Phone/Web/Login Info	Current Interest Rate and Balance

HAVE I REVIEWED THE FOLLOWING REGARDING MY CREDIT CARDS AND LOANS THIS YEAR?

Do I have any unchanged balances that I still haven't paid off?	
Have I checked my annual fees and are they worth it?	
Additional Notes:	



REAL ESTATE AND VEHICLE LOANS

Loan Type	Lender	Account Number	Phone/Web/Login Info	Current Interest Rate and Balance
Primary Residence Mortgage				
Secondary Residence Mortgage				
Home Equity Loan or Line of Credit				
Auto Ioan 1				
Auto loan 2				
Auto Ioan 3				
Boat/RV/Other Real Estate or Auto 1				
Boat/RV/Other Real Estate or Auto 2				

HAVE I REVIEWED THE FOLLOWING REGARDING MY MORTGAGE(S) AND OR AUTO LOANS THIS YEAR?

Do I have any loans that I should consider refinancing?	
Do I have any loans that I could easily payoff?	
Additional Notes:	



INSURANCES

	Insurer	Account Number	Phone/Web/Login Info
Health 1			
Health 2			
Homeowners/Renters and/or Flood			
Windstorm			
Life 1 (list type here)			
Life 2 (list type here)			
Life 3 (list type here)			
Auto 1			
Auto 2			
Liability			
Long Term Care			
Disability			
Umbrella			
Other			



HAVE I REVIEWED THE FOLLOWING REGARDING MY INSURANCES THIS YEAR?

Have I evaluated high deductible vs co-pay health plans for savings?	
Have I shopped for cheaper homeowners' and auto?	
Is long term care insurance something I need to consider?	
ls my life insurance through an employer or is it my own personal contract?	
Do I have enough in savings to cover deductibles?	
Additional Notes:	





EMPLOYER SPONSORED RETIREMENT ACCOUNTS (401K, 403B, SEP, SIMPLE, TSP, HSA ETC.)

Financial Company	Employer and Account Owner	Account Type and Account Number	Phone/Web/Login Info	Actively Contributing? Y/N	Plan Loan Amount and Length or N/A

HAVE I REVIEWED THE FOLLOWING REGARDING MY RETIREMENT ACCOUNTS THIS YEAR?

Do I have sufficient savings to pay off any plan loans?	
Have I reviewed all of the investments in my accounts versus each other and against my other investment accounts to assess any hidden concentrated risks?	
Is my asset allocation still in line with my goals?	
Have I logged into each account to ensure that my beneficiaries are still listed and up to date?	
Should I consider rolling my old account into an IRA or my current employer retirement plan?	
Additional Notes:	



OTHER INVESTMENT ACCOUNTS (INDIVIDUAL & JOINT NON-RETIREMENT, IRA, ROTH IRA, COLLEGE)

Financial Company	Type and Title of Account as Shown on Statement	Account Number	Phone/Web/Login Info	Actively Contributing? Y/N

HAVE I REVIEWED THE FOLLOWING REGARDING MY INVESTMENT ACCOUNTS THIS YEAR?

Have I reviewed all of the investments in my accounts versus each other and against my other investment accounts to assess any hidden concentrated risks?	
Is my asset allocation still in line with my goals?	
Have I listed beneficiaries on IRAs and Roth IRAs and have I listed TOD beneficiaries on non-retirement accounts or incorporated non-retirement accounts into my will?	
Additional Notes:	



IMPORTANT DOCUMENTS

VITAL RECORDS	VITAL RECORDS				
Document	Location	Note			
Birth Certificates for Each Family Member					
Marriage Certificate		Add issuing county in notes section.			
Passports for Each Family Member		Add expiration dates in notes section.			
Death Certificate		Add name of deceased, date of death and issuing county in notes section.			
Divorce Decree/Court Order					
Other 1					
Other 2					
Other 3					



ESTATE DOCUMENTS

ESTIME DOCOMENTS			
Document	Location and description of type (example: durable vs limited power of attorney)	Name and Contact Details of Executor, Trustee or Agent	Date on document and expiration if applicable
Will			
Trust 1			
Trust 2			
Power of Attorney 1			
Power of Attorney 2			
Medical Directive/Living Will			
Other 2			
Other 3			

HAVE I REVIEWED THE FOLLOWING REGARDING MY ESTATE DOCUMENTS THIS YEAR?

Have the number or type of beneficiaries to my estate changed?	
Have I acquired or sold property or do I need to update estate values due to gains or losses?	
Are all of my trustees, agents and/or executors to documents still living, healthy and of sound mind?	
Additional Notes:	



OTHER DOCUMENTS

OTTER DOCOMENTS			
Document	Location and description of type	Any relevant parties and contact information	Date on document and expiration if applicable
Title or Deed – Real Estate			
Title or Deed – Real Estate			
Title – Auto 1			
Title – Auto 2			
Title – Auto 3			
Other 1			
Other 2			
Other 3			

NOTES			



DISCUSSION POINTS FOR MY ANNUAL REVIEWS WITH MY ADVISORS

LEGAL/ESTATE/REAL ESTATE

INVESTMENTS

BANKING

INSURANCE

_			

TAXES



EXTRA WORKSHEETS

ADDITIONAL DEPENDENTS/CHILDREN				
First Name	Last Name	Social Security Number		
Street Address		Date of Birth		
City, State, Zip		Phone 1		
Phone 2	Email 1	Email 2		
Employer	Employer Contact Info			
Other				
First Name	Last Name	Social Security Number		
Street Address		Date of Birth		
City, State, Zip		Phone 1		
Phone 2	Email 1	Email 2		
Employer	Employer Contact Info			
Other				

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Information on this page first entered on date: ______ Information on this page has been verified and is still up to date as of: ______ Place a mark next to any information on any page that needs to be updated.

ADDITIONAL EMERGENCY PHONE NUMBERS, SUCH AS VETERINARIAN, SCHOOLS, ETC.

Category	Name	Phone	Location/Website/Note



ADDITIONAL ADVISORS

Category	Name	Phone	Location/Website/Note

ADDITIONAL BANK ACCOUNTS

Bank Name	Account Type & Owner	Account Number	Phone/Web/Login Info



ADDITIONAL CREDIT CARDS, PERSONAL AND STUDENT LOANS

Lender	Account Type & Owner	Account Number	Phone/Web/Login Info	Current Interest Rate and Balance

ADDITIONAL REAL EST.	ADDITIONAL REAL ESTATE AND VEHICLE LOANS				
Loan Type	Lender	Account Number	Phone/Web/Login Info	Current Interest Rate and Balance	



ADDITIONAL INSURANCES

Covers	Insurer	Account Number	Phone/Web/Login Info

ADDITIONAL EMPLOYER RETIREMENT ACCOUNTS AND HSA

Financial Company	Employer and Account Owner	Account Type and Account Number	Phone/Web/Login Info	Actively Contributing? Y/N	Plan Loan Amount and Length or N/A



ADDITIONAL OTHER BROKERAGE/INVESTMENT ACCOUNTS

Financial Company	Type and Title of Account as Shown on Statement	Account Number	Phone/Web/Login Info	Actively Contributing? Y/N

ADDITIONAL VITAL RECORDS

Document	Location	Note



ADDITIONAL ESTATE DOCUMENTS

Document	Location and description of type (example: durable vs limited power of attorney)	Name and Contact Details of Executor, Trustee or Agent	Date on document and expiration if applicable

ADDITIONAL OTHER DOCUMENTS

Document	Location and description of type	Any relevant parties and contact information	Date on document and expiration if applicable



NOTES PAGES

NOIES PAGES	



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