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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



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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		



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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		



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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.



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IMPORTANT CONTACTS FOR QUICK REFERENCE

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			



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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?



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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



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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 loan 1				
Auto loan 2				
Auto loan 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:	



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INSURANCES

Covers	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			



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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?	
Is my life insurance through an employer or is it my own personal contract?	
Do I have enough in savings to cover deductibles?	
Additional Notes:	





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IMPORTANT DOCUMENTS

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		



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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
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:	



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OTHER DOCUMENTS

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



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DISCUSSION POINTS FOR MY ANNUAL REVIEWS WITH MY ADVISORS

LEGAL/ESTATE/REAL ESTATE

INVESTMENTS

BANKING

INSURANCE

TAXES



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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
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Employer	Employer Contact Info	
Other		



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ADDITIONAL ADVISORS

Category	Name	Phone	Location/Website/Note

ADDITIONAL BANK ACCOUNTS

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



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ADDITIONAL CREDIT CARDS, PERSONAL AND STUDENT LOANS

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

ADDITIONAL REAL ESTATE AND VEHICLE LOANS

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



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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



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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



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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

