

My documents.
My life.

To help you in this time of transition, I have catalogued my most important financial and personal details.

It was essential to me that you have quick and easy access to this information whenever necessary. The advisors, attorneys, doctors, clergy and other professionals listed in this document, should be available to help you. Rely on them when you need to, and use the information I've included to guide the decisions you make.

Identity theft is a major problem in the United States. This document is designed to provide your family and individuals you trust with as much information as possible about you and your personal and financial situation. It is also information which, in the wrong hands, could help someone steal your identity and/or your assets. We strongly advise you to (1) keep all copies in a locked location which is accessible only by people you fully trust, and (2) provide copies only to persons who you are confident can be trusted to maintain the privacy of your information.

Personal information

Name: _____

Primary address: _____

Secondary address: _____

Phone: _____ Fax: _____ E-mail: _____

Special comments: _____

Social Security number: _____

Document attached Document location: _____

Passport number: _____

Document attached Document location: _____

Driver's license number and expiration date: _____

Document attached Document location: _____

Other important family documents

I have executed each of the following documents and you may find them where noted:

Document	Check if attached	Date signed	Location of original	Check if N/A
Adoption papers				
Birth certificates				
Burial agreement				
Buy/sell agreement				
Cemetery plot deed				
Child support agreement				
Death certificate				
Divorce or separation agreement				
Family partnership or LLC				
Funeral home preference and information				
Guardianship papers				

Other important family documents (continued)

Document	Check if attached	Date signed	Location of original	Check if N/A
Last will and testament				
Letter of instruction to executor/executives				
Living will				
Marriage license				
Medical power of attorney				
Military discharge papers (DD 214)				
Organ donation form				
Other medical directive				
Prenuptial agreement				
Prepaid cremation papers				
Tax returns				
Other				

Important user names and passwords

Security reminder: Passwords are highly sensitive and designed to protect you. You should not share them with others. Before you include your passwords here, be comfortable that those who can access this information will safeguard them.

Account name	Account number	Account type	User name	Password

Family members

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Special needs family member

I have a special needs family member or friend I take care of: yes no

Name: _____ Relationship: _____

Nature of disability: _____

Special services he/she receives: _____

Primary physician and phone number: _____

There is a trust for such person: yes no

Location of trust documents: _____

I handle the following accounts for this person: _____

I am the legal guardian for such person: yes no In the event I cannot fulfill my obligations, I have named the following person to do so for me: _____

Friends

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Name: _____ Married: yes no Spouse's name: _____

Relationship: _____ Contact number: _____

Children's name(s): _____

Pets

I have the following pets:

Pet's name _____ Birth date _____ Special notes _____

Pet's name _____ Birth date _____ Special notes _____

Pet's name _____ Birth date _____ Special notes _____

Pet's name _____ Birth date _____ Special notes _____

If I become incapacitated or die, I want the following person to care for my pet(s): _____

Said person should receive, as a debt of my estate, the following sum for taking care of my pet(s): \$ _____

I have a pet trust in place: yes no The pet trust document is located: _____

Safe, safe deposit box, house alarm

Personal safe

I have a personal safe: yes no The combination is: _____

The safe may be found: _____

Safe deposit box

I have a safe deposit box: yes no Box number: _____

It may be found: _____

The key may be found: _____

The following people have signature authority to open the box: _____

House alarm

My house alarm code(s) and code name is: _____

Alarm company name: _____ Phone: _____

Firearms

I have the following firearms:

Make _____ Model _____ Serial number _____

Make _____ Model _____ Serial number _____

Make _____ Model _____ Serial number _____

Make _____ Model _____ Serial number _____

I have a Firearms Owner Identification Card: yes no License number: _____

Important contacts

Key advisors

Name of Financial Advisor: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Name of estate planning attorney: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Name of business attorney: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Name of CPA/accountant: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Name of insurance advisor: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medical doctors and specialists

Name of primary physician: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of doctor (specialist): _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of doctor (specialist): _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of doctor (specialist): _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of doctor (specialist): _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of dentist: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of pediatrician (for minor children): _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of veterinarian (for pets): _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Medicines this doctor has prescribed: _____

Name of home health aide: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Power of attorney and executor

Name of person with power of attorney: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Name of executor: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Guardian for minors

Name: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Religious contacts

Name: _____

Address: _____

Business phone: _____ Cell phone: _____

Home phone: _____ Fax: _____

E-mail: _____

Special comments: _____

Name: _____
Address: _____
Business phone: _____ Cell phone: _____
Home phone: _____ Fax: _____
E-mail: _____
Special comments: _____

Memberships

Name of club or association: _____
Account/ID number: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____ Annual dues/fees: \$ _____
Dues/fees to be paid on: _____ Electronic bill pay: yes no
Special comments: _____

Name of club or association: _____
Account/ID number: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____ Annual dues/fees: \$ _____
Dues/fees to be paid on: _____ Electronic bill pay: yes no
Special comments: _____

Name of club or association: _____
Account/ID number: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____ Annual dues/fees: \$ _____
Dues/fees to be paid on: _____ Electronic bill pay: yes no
Special comments: _____

Subscriptions

Name of publication: _____

Address: _____

Contact number: _____

User Name: _____ Password: _____

Fee amount: _____ Electronic bill pay: yes no

Bill is due on the _____ day of the month

Special comments: _____

Name of publication: _____

Address: _____

Contact number: _____

User Name: _____ Password: _____

Fee amount: _____ Electronic bill pay: yes no

Bill is due on the _____ day of the month

Special comments: _____

Name of publication: _____

Address: _____

Contact number: _____

User Name: _____ Password: _____

Fee amount: _____ Electronic bill pay: yes no

Bill is due on the _____ day of the month

Special comments: _____

Service providers

Telephone provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

Cell phone provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

Cable/Internet provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

Gas provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

Electricity provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

Water provider: _____
Account/ID number: _____
Website: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____
Electronic bill pay: yes no Bill is due on the _____ day of the month
Special comments: _____

Other service provider: _____
Account/ID number: _____
Website: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____
Electronic bill pay: yes no Bill is due on the _____ day of the month
Special comments: _____

Other service provider: _____
Account/ID number: _____
Website: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____
Electronic bill pay: yes no Bill is due on the _____ day of the month
Special comments: _____

Other service provider: _____
Account/ID number: _____
Website: _____
User Name: _____ Password: _____
Address: _____
Contact number: _____
Electronic bill pay: yes no Bill is due on the _____ day of the month
Special comments: _____

Other service provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

Other service provider: _____

Account/ID number: _____

Website: _____

User Name: _____ Password: _____

Address: _____

Contact number: _____

Electronic bill pay: yes no Bill is due on the _____ day of the month

Special comments: _____

In the event of my death

I have the following final wishes:

Funeral home: _____

Location: _____

Phone: _____ Plot/drawer number: _____

I have prepaid my burial costs for my burial plot: yes no

I have prepaid the costs for my casket: yes no

I wish to be cremated: yes no

Crematorium: _____

Location: _____

Funeral and burial plans may be found:

Special requests

I have the following special requests:

Organs for donation: _____

Clergy to perform service: _____

Pallbearers: _____

I would like the following person(s) to give the eulogy at my service: _____

Obituary reading: _____

Tombstone engraving: _____

In lieu of flowers, please ask for donations to: _____

Other requests: _____

Planning documents

My UBS financial plan

Name of UBS Financial Advisor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Location of plan: _____

Date created: _____ Last reviewed: _____

Ownership

Document	Attached	Date signed	Location of original	Check if N/A
Motor vehicle title				
Real estate deeds				
Other				
Other				
Other				

Planning documents

Document	Attached	Date signed	Location of original	Check if N/A
UBS financial plan				
Supporting planning documents				
Ownership documents				
Other				
Other				
Other				

Investment

Document	Attached	Date signed	Location of original	Check if N/A
Alternative investments (including K-1s)				
Bearer bonds not held in an account				
Concentrated stocks (10b5-1 selling plans, Rule 144/145 sales and lending)				
Stock certificates not held in an account				
529 college savings plan statements				
Other				
Other				
Other				

Retirement

Document	Attached	Date signed	Location of original	Check if N/A
Beneficiary forms for annuity policies				
Beneficiary forms for IRAs, 401(k)s or other benefit plans				
Company retirement plan statements from all employers, e.g., 401(k), 403(b)				
IRA statements				
Variable or fixed annuity statements				
Other				
Other				
Other				

Credit and lending

Document	Attached	Date signed	Location of original	Check if N/A
Car loan				
Home equity line papers				
Mortgage				
Other outstanding loans				
Promissory notes				
Securities-backed loan				
Other				
Other				
Other				

Small business

Document	Attached	Date signed	Location of original	Check if N/A
Bank account statements				
Employee benefit plans				
Employee records				
Employee retirement plans				
Incorporation/ownership papers				
Payroll records				
Stock option plans				
Other				
Other				
Other				

Insurance

Document	Attached	Date signed	Location of original	Check if N/A
Beneficiary forms for insurance policies				
Group life policies				
Health and accident insurance cards and claims record				
Life insurance policy				
Long-term care policy				
Mortgage insurance policies				
Property and casualty policy				
Travel insurance policy				
Veterans Administration insurance policy				
Other				
Other				
Other				

Trust documents

Document	Attached	Date signed	Location of original	Check if N/A
Charitable donation preferences				
Charitable trust account				
Life insurance trust				
Living trust				
Minor's trust				
Personal and charitable trusts				
Personal trust account				
Trustee information				
Pet trust				
Other				
Other				

Statements

Bank accounts

Type of account: checking savings CD money market other _____

Financial institution name: _____

Address: _____

Owner(s) name: _____

Account balance (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Account is: solely in my name joint transfer on death trust other _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Type of account: checking savings CD money market other _____

Financial institution name: _____

Address: _____

Owner(s) name: _____

Account balance (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Account is: solely in my name joint transfer on death trust other _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Type of account: checking savings CD money market other _____

Financial institution name: _____

Address: _____

Owner(s) name: _____

Account balance (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Account is: solely in my name joint transfer on death trust other _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Credit/debit cards

I presently carry the following credit cards. As long as one of my cards has an available balance, my spouse may have a source of funds for emergencies while waiting for insurance proceeds. In some cases, my credit card may carry a policy that might pay off my balance at the time of death. Please do not cancel any cards until this feature is investigated.

My user names and passwords can be found in the "personal information" section.

Here are the cards and details as of ____ / ____ / ____ :

Creditor: _____
Account number: _____ CV Code: _____
Credit limit: _____ Average monthly debt: _____ Expiration: _____

Creditor: _____
Account number: _____ CV Code: _____
Credit limit: _____ Average monthly debt: _____ Expiration: _____

Creditor: _____
Account number: _____ CV Code: _____
Credit limit: _____ Average monthly debt: _____ Expiration: _____

Creditor: _____
Account number: _____ CV Code: _____
Credit limit: _____ Average monthly debt: _____ Expiration: _____

Creditor: _____
Account number: _____ CV Code: _____
Credit limit: _____ Average monthly debt: _____ Expiration: _____

Creditor: _____
Account number: _____ CV Code: _____
Credit limit: _____ Average monthly debt: _____ Expiration: _____

My credit card(s) may offer a rewards program. Policies and procedures may vary with each credit card. Please contact each credit card company for details on redeeming/transferring reward points.

Cash flow documents

Document	Attached	Location of original	Check if N/A
Personal income statement			
Personal balance sheet			
Family/personal budget			
Cash flow worksheet			
Other			
Other			
Other			

Savings/retirement accounts

IRAs

I have established Individual Retirement Account(s): yes no

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account number: _____

User Name: _____ Password: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Statements are located: _____

I receive \$ _____ from my IRA paid: annually semiannually quarterly monthly

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account number: _____

User Name: _____ Password: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Statements are located: _____

I receive \$ _____ from my IRA paid: annually semiannually quarterly monthly

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account number: _____

User Name: _____ Password: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Statements are located: _____

I receive \$ _____ from my IRA paid: annually semiannually quarterly monthly

Qualified retirement plans

I have the following qualified retirement plan(s): yes no

Type of plan: 401(k) profit sharing ESOP pension other _____

Employer name (current/previous): _____

Owner's name: _____

Account balance (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Plan sponsor name: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Type of plan: 401(k) profit sharing ESOP pension other _____

Employer name (current/previous): _____

Owner's name: _____

Account balance (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Plan sponsor name: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Annuities

I own or receive distributions from annuities: yes no

Annuity company name: _____

Contract/account number: _____

Company phone number: _____

User Name: _____ Password: _____

Annuitant name: _____

Owner's name: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Total purchase amount: \$ _____

Account value: \$ _____ Death benefit: \$ _____

Policy is located: _____

I receive \$ _____ from my annuity: annually semiannually quarterly monthly

Annuity company name: _____

Contract/account number: _____

Company phone number: _____

User Name: _____ Password: _____

Annuitant name: _____

Owner's name: _____

Primary beneficiary: _____

Contingent beneficiary(ies): _____

Total purchase amount: \$ _____

Account value: \$ _____ Death benefit: \$ _____

Policy is located: _____

I receive \$ _____ from my annuity: annually semiannually quarterly monthly

Social Security benefits

I am receiving Social Security benefits: yes no

Current monthly benefit: \$ _____

Contact info: 800-772-1213; website: socialsecurity.gov/mystatement

User Name: _____ Password: _____

Stock options/stock purchase plans

Employee stock options are non-standardized calls that are issued as a private contract between the employer and employee, typically as part of an executive compensation package.

I have a stock option plan: yes no

I have a stock purchase plan: yes no

Documents pertaining to my stock option/stock purchase plan(s) are located: _____

Deferred pension compensation

Deferred pension compensation is compensation to which I am entitled, but it will be paid to me at some later time based on a triggering event, such as early termination from employment or my normal retirement.

I have a deferred compensation plan: yes no

Owner's name: _____

Company name: _____

Address: _____

User Name: _____ Password: _____

Contact person: _____

Annuitant name: _____

Phone: _____ E-mail: _____

Amount: \$ _____ Vested percentage: _____%

Payment is made: upon my death upon my retirement upon termination at age _____

Documents are located: _____

I receive a distribution of \$ _____ paid: annually semiannually quarterly monthly

Military/government retirement/survivor benefits

I am entitled to military benefits: yes no

Monthly pension benefit amount: \$ _____

Electronically deposited: yes no

Name of bank: _____

Account number: _____

User Name: _____ Password: _____

Contact name: _____

Contact phone number: _____

Local benefits office address: _____

Military branch of service: _____

Dates of service: from _____ / _____ / _____ to _____ / _____ / _____

from _____ / _____ / _____ to _____ / _____ / _____

from _____ / _____ / _____ to _____ / _____ / _____

Custodial accounts

I have created accounts to hold funds for the benefit of my children, grandchildren or other minors such as my nieces and nephews: yes no

Type of plan: custodial account 529 plan UGMA/UTMA minor's trust

For the benefit of: _____

Custodian name: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account number: _____

Financial institution name: _____

User Name: _____ Password: _____

Address: _____

Representative name: _____

Phone: _____ E-mail: _____

Documents are located: _____

529 plans

I have a 529 plan: yes no

Owner's name: _____

Company name: _____

Address: _____

Contact person: _____

Beneficiary name: _____

Social Security number: _____

Address: _____

Phone: _____ E-mail: _____

Contingent account owner name: _____

Social Security number: _____

Address: _____

Phone: _____ E-mail: _____

Amount: \$ _____ I have prescheduled automatic contributions: yes no

Frequency of these contributions: monthly annually

Date contributions are made: _____

Account from which automatic contributions are deducted: _____

Location of 529 plan documents: _____

Debts

Here is a list of all my liabilities, including mortgages, loans (i.e., home equity loans or lines of credit), leases, liens, borrowed items, etc. Information related to my credit cards can be found in the "statements" section.

Type of debt: mortgage auto personal debt line of credit other _____

Amount owed (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Collateral: _____

There is insurance that pays this debt: yes no

Creditor: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Document attached: yes no Document location: _____

Type of debt: mortgage auto personal debt line of credit other _____

Amount owed (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Collateral: _____

There is insurance that pays this debt: yes no

Creditor: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Document attached: yes no Document location: _____

Type of debt: mortgage auto personal debt line of credit other _____

Amount owed (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Collateral: _____

There is insurance that pays this debt: yes no

Creditor: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Document attached: yes no Document location: _____

Type of debt: mortgage auto personal debt line of credit other _____

Amount owed (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Collateral: _____

There is insurance that pays this debt: yes no

Creditor: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Document attached: yes no Document location: _____

Type of debt: mortgage auto personal debt line of credit other _____

Amount owed (as of ____ / ____ / ____): \$ _____

Account number: _____

User Name: _____ Password: _____

Collateral: _____

There is insurance that pays this debt: yes no

Creditor: _____

Phone: _____ E-mail: _____

Statements are located: _____

I receive a distribution of \$ _____: annually semiannually quarterly monthly

Document attached: yes no Document location: _____

Leases

I lease the following assets:

Asset: _____

Lessor: _____

Payment: \$ _____ Expiration date: ____ / ____ / ____

Phone: _____ Bill payment website: _____

User Name: _____ Password: _____

Asset: _____

Lessor: _____

Payment: \$ _____ Expiration date: ____ / ____ / ____

Phone: _____ Bill payment website: _____

User Name: _____ Password: _____

Asset: _____

Lessor: _____

Payment: \$ _____ Expiration date: ____ / ____ / ____

Phone: _____ Bill payment website: _____

User Name: _____ Password: _____

Personal guarantees

I am a guarantor of the following debt: yes no

Primary obligor: _____

Creditor name: _____

Liability: \$ _____ Phone: _____

Primary obligor: _____

Creditor name: _____

Liability: \$ _____ Phone: _____

Other debt obligations

I have ongoing personal financial obligations that I want maintained: yes no

Obligation for: _____

Amount due: \$ _____

Payment method: periodic as needed future need other _____

Contact name: _____

Phone: _____ E-mail: _____

Documents are located: _____

Obligation for: _____

Amount due: \$ _____

Payment method: periodic as needed future need other _____

Contact name: _____

Phone: _____ E-mail: _____

Documents are located: _____

Obligation for: _____

Amount due: \$ _____

Payment method: periodic as needed future need other _____

Contact name: _____

Phone: _____ E-mail: _____

Documents are located: _____

I have earmarked life insurance to pay off these liabilities: yes no

Investment advisory accounts

I have an investment advisory account(s): yes no

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account number: _____

User Name: _____ Password: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account is: solely in my name joint transfer on death trust other: _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account number: _____

User Name: _____ Password: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account is: solely in my name joint transfer on death trust other: _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account number: _____

User Name: _____ Password: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account is: solely in my name joint transfer on death trust other: _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Alternative investments

I have alternative investments (including K-1s) not held in an account: yes no

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account number: _____

User Name: _____ Password: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account is: solely in my name joint transfer on death trust other: _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account number: _____

User Name: _____ Password: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account is: solely in my name joint transfer on death trust other: _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Financial institution's name: _____

Address: _____

Owner(s) name: _____

Account number: _____

User Name: _____ Password: _____

Account balance (as of _____ / _____ / _____): \$ _____

Account is: solely in my name joint transfer on death trust other: _____

Representative name: _____

Phone: _____ E-mail: _____

Statements are located: _____

Investment policy statement

I have an investment policy statement: yes no

Location of investment policy statements for investment advisory accounts: _____

Location of investment policy statements for qualified plan trustees or a trustee of irrevocable trusts, endowments, private foundations and charitable trusts: _____

Closely held businesses

I have closely held businesses: yes no

Name of business: _____

Type of business: _____

Website: _____

Documents pertaining to my closely held businesses are located: _____

For questions regarding my business, please contact: _____

Real estate/property

I own different types of real estate, including residential (my main or second home), commercial, industrial, rental property, agricultural property or property outside the US: yes no

Type of property: personal residence vacation commercial industrial rental
 agricultural property outside US other: _____

Address of property: _____

Owner(s): _____

Title held as: _____

Purchase price: \$ _____ Purchase date: _____ / _____ / _____

Estimated current value: \$ _____

Estimated mortgage balance: \$ _____

Mortgage company name: _____

Mortgage company address: _____

Phone: _____ E-mail: _____

User Name: _____ Password: _____

Documents are located: _____

Type of property: personal residence vacation commercial industrial rental
 agricultural property outside US other: _____

Address of property: _____

Owner(s): _____

Title held as: _____

Purchase price: \$ _____ Purchase date: ____ / ____ / ____

Estimated current value: \$ _____

Estimated mortgage balance: \$ _____

Mortgage company name: _____

Mortgage company address: _____

Phone: _____ E-mail: _____

User Name: _____ Password: _____

Documents are located: _____

Type of property: personal residence vacation commercial industrial rental
 agricultural property outside US other: _____

Address of property: _____

Owner(s): _____

Title held as: _____

Purchase price: \$ _____ Purchase date: ____ / ____ / ____

Estimated current value: \$ _____

Estimated mortgage balance: \$ _____

Mortgage company name: _____

Mortgage company address: _____

Phone: _____ E-mail: _____

User Name: _____ Password: _____

Documents are located: _____

Life insurance

I have the following life insurance policies (including company-owned) on my life:

Type: _____

Carrier: _____

Owner: _____

Beneficiary: _____

Contact name: _____

Phone: _____ E-mail: _____

Face value: \$ _____ Cash value: \$ _____

Loans: \$ _____ Policy number: _____

User Name: _____ Password: _____

Annual cost: \$ _____

Documents are located: _____

Please make sure the premiums on this policy continue to be paid if I become incapacitated.

Please note that premiums may be paid on a monthly, quarterly, semiannual or annual basis.

Premium payments are are not automatically deducted from my account:

checking savings investment

I have attached an in-force policy statement for the above life insurance policies:

yes no

If I am disabled, my life insurance policy allows for prepayment of death benefits to support me:

yes no

If I am disabled, my life insurance policy allows me to stop making premium payments:

yes no

Type: _____

Carrier: _____

Owner: _____

Beneficiary: _____

Contact name: _____

Phone: _____ E-mail: _____

Face value: \$ _____ Cash value: \$ _____

Loans: \$ _____ Policy number: _____

User Name: _____ Password: _____

Annual cost: \$ _____

Documents are located: _____

Please make sure the premiums on this policy continue to be paid if I become incapacitated.
Please note that premiums may be paid on a monthly, quarterly, semiannual or annual basis.

Premium payments are are not automatically deducted from my account:

checking savings investment

I have attached an in-force policy statement for the above life insurance policies:

yes no

If I am disabled, my life insurance policy allows for prepayment of death benefits to support me:

yes no

If I am disabled, my life insurance policy allows me to stop making premium payments:

yes no

Disability insurance

I have the following disability insurance policies:

Carrier: _____

Policy number: _____

User Name: _____ Password: _____

Contact name: _____

Phone: _____ E-mail: _____

Premium: \$ _____ Annual benefit: \$ _____

Paid by business?: yes no

Premium payments are are not automatically deducted from my account:

checking savings investment

Carrier: _____

Policy number: _____

User Name: _____ Password: _____

Contact name: _____

Phone: _____ E-mail: _____

Premium: \$ _____ Annual benefit: \$ _____

Paid by business?: yes no

Premium payments are are not automatically deducted from my account:

checking savings investment

Health insurance

I have the following medical, dental, vision and prescription coverage. (My primary carrier is listed first.):

Carrier: _____

Policy number: _____

User Name: _____ Password: _____

Contact name: _____

Phone: _____ E-mail: _____

Premium: \$ _____ Annual benefit: \$ _____

Paid by business?: yes no

Carrier: _____

Policy number: _____

User Name: _____ Password: _____

Contact name: _____

Phone: _____ E-mail: _____

Premium: \$ _____ Annual benefit: \$ _____

Paid by business?: yes no

Carrier: _____

Policy number: _____

User Name: _____ Password: _____

Contact name: _____

Phone: _____ E-mail: _____

Premium: \$ _____ Annual benefit: \$ _____

Paid by business?: yes no

Carrier: _____

Policy number: _____

User Name: _____ Password: _____

Contact name: _____

Phone: _____ E-mail: _____

Premium: \$ _____ Annual benefit: \$ _____

Paid by business?: yes no

Premium payments are are not automatically deducted from my account:

checking savings investment

I take the following prescription drugs: _____

Medicare insurance and prescription drug coverage

I have Medicare insurance: yes no
Carrier: _____
Policy number: _____
User Name: _____ Password: _____
Type of Medicare insurance: Part A Part B Part D (Note: Some policies have both plans.)
Type of Medicare plan: _____
Documents/Medicare card located: _____

The premium for Part D is deducted from my Social Security benefit: yes no
If not, the premium payment for part D is is not automatically deducted from my account:
 checking savings investment

Long-term care insurance

I have a long-term care policy: yes no
Below are the specifics as I understand them:
Waiting period: _____
Daily benefit: \$ _____
Term of benefit: _____
Inflation rider: _____ %: _____ simple: _____
compounded to: _____ maximum: _____
My policy has an indemnity feature: yes no

All or some of the benefit may be paid in cash, not directly to the service provider. This affords me the opportunity to address some expenses not directly related to long-term care, such as cooking, housekeeping, lawn and garden services, etc.

My policy provides a spousal discount and premium waiver provisions: yes no

At my death, my spouse will have special premium considerations: yes no

Premium payments are are not automatically deducted from my account:

checking savings investment

Property and casualty insurance

Auto

Carrier: _____ Policy number: _____

User Name: _____ Password: _____

Document location: _____

Premium: \$ _____

Contact information: _____

Airplane

Carrier: _____ Policy number: _____

User Name: _____ Password: _____

Document location: _____

Premium: \$ _____

Contact information: _____

Umbrella

Carrier: _____ Policy number: _____

User Name: _____ Password: _____

Document location: _____

Premium: \$ _____

Contact information: _____

Jewelry/Art

Carrier: _____ Policy number: _____

User Name: _____ Password: _____

Document location: _____

Premium: \$ _____

Contact information: _____

Home

Carrier: _____ Policy number: _____
User Name: _____ Password: _____
Document location: _____
Premium: \$ _____
Contact information: _____

Overhead

Carrier: _____ Policy number: _____
User Name: _____ Password: _____
Document location: _____
Premium: \$ _____
Contact information: _____

Boat

Carrier: _____ Policy number: _____
User Name: _____ Password: _____
Document location: _____
Premium: \$ _____
Contact information: _____

Other

Type: _____
Carrier: _____ Policy number: _____
User Name: _____ Password: _____
Document location: _____
Premium: \$ _____
Contact information: _____

Type: _____
Carrier: _____ Policy number: _____
User Name: _____ Password: _____
Document location: _____
Premium: \$ _____
Contact information: _____

Estate plan

Name of estate planning attorney: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Location of plan documents: _____

Date created: _____ Last reviewed: _____

Trusts

I am currently the **trustee for a trust**: yes no Location of trustee documents:

I am a **beneficiary of a trust**: yes no Location of trust documents:

I have a **charitable trust account**: yes no Location of charitable trust documents:

I have a **life insurance trust**: yes no Location of life insurance trust documents:

I have a **living trust**: yes no Location of living trust documents:

I have established a **minor's trust**: yes no Location of minor's trust documents:

I have **personal trusts**: yes no Location of personal trust documents:

I may receive an inheritance from: _____

Possible amount: \$ _____

Donor-advised funds

I have established a donor-advised fund: yes no

Name of donor-advised fund: _____

The fund is held at: UBS Fidelity Comerica ImpactAssets other: _____

Mission statement: _____

Date established: _____

Initial amount contributed to create donor-advised fund: \$ _____

I have prescheduled automatic contributions to my donor-advised fund: yes no

Frequency of these contributions: monthly annually

Date contributions are made: _____

Account from which automatic contributions are deducted: _____

Are family members involved in the donor-advised fund? yes no

If so, please list the family members involved:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Current assets of the donor-advised fund:

Primary Advisor:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Joint Advisor:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Secondary Advisor:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Is it my wish that a successor continue this donor-advised fund? yes no

If **yes**, name of the successor:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

If **no**, name of the specific charity(ies) that would be successor recipient(s) of the funds.

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Location of donor-advised fund documents: _____

Private foundation

I have established a private foundation: yes no

Name of private foundation: _____

Mission statement: _____

Date established: _____

Initial amount contributed to create foundation: \$ _____

I have pre-scheduled automatic contributions to my private foundation: yes no

Frequency of these contributions: monthly annually

Date contributions are made: _____

Account from which automatic contributions are deducted: _____

The legal work and administration is managed by:

Foundation Source: _____

Attorney: _____

CPA: _____

Other: _____

Family members involved in the private foundation? yes no

Family members involved:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Current assets of your private foundation: \$ _____

I wish that a successor continue this private foundation: yes no

If **yes**, name of the successor:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

If **no**, name of the specific charity(ies) that would be successor recipient(s) of the assets:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Location of private foundation paperwork: _____

Asset titling

Joint with rights of survivorship: yes no

If a joint living trust was created, were assets retitled in the name of the trust? yes no

For further information, please contact my estate planning attorney:

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Additional information

Valuable personal property

Here is a list of my personal property. It includes belongings such as furniture, jewelry, artwork, family heirlooms, photos and the like.

Where possible, I have included a photo so there is no question as to which item I refer to in this list.

Property description	Location	Secured appraisals	Attached appraisals	Photo
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		<input type="checkbox"/> no	<input type="checkbox"/> no	<input type="checkbox"/> no

Other assets

I have significant assets that were not previously described (e.g., foreign assets): yes no

Below is a list of other assets not previously listed:

Asset: _____

Estimated value: \$ _____

Contact: _____

Phone: _____ E-mail: _____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Asset: _____

Estimated value: \$ _____

Contact: _____

Phone: _____ E-mail: _____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Asset: _____

Estimated value: \$ _____

Contact: _____

Phone: _____ E-mail: _____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Asset: _____

Estimated value: \$ _____

Contact: _____

Phone: _____ E-mail: _____

Asset is collateral security for: _____

Asset is co-owned with: _____

Location of asset: _____

Money owed to me

This section provides information about the debts that are owed to me:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Amount loaned: \$ _____ on ____ / ____ / ____

Balance due: \$ _____

This loan is signed and in writing: yes no Dated: ____ / ____ / ____

Documents are located: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Amount loaned: \$ _____ on ____ / ____ / ____

Balance due: \$ _____

This loan is signed and in writing: yes no Dated: ____ / ____ / ____

Documents are located: _____

Lawsuits

I am currently a plaintiff or defendant in a lawsuit: yes no

Explanation: _____

Name of attorney handling suit: _____

Address: _____

Phone: _____ E-mail: _____

Amount in claim: \$ _____

Documents are located: _____

Frequent flyer miles

Policies regarding transferability of frequent flyer miles may vary by airline. Contact each airline for policies and procedures regarding the transfer of the frequent flyer miles to a beneficiary(ies). In most cases, a copy of the death certificate (or certified death certificate in some cases) will be required.

I have the following frequent flyer miles:

Airline: _____
Frequent flyer number: _____
User Name: _____ Password: _____
Total miles (as of ____ / ____ / ____): _____

Airline: _____
Frequent flyer number: _____
User Name: _____ Password: _____
Total miles (as of ____ / ____ / ____): _____

Airline: _____
Frequent flyer number: _____
User Name: _____ Password: _____
Total miles (as of ____ / ____ / ____): _____

Airline: _____
Frequent flyer number: _____
User Name: _____ Password: _____
Total miles (as of ____ / ____ / ____): _____

Airline: _____
Frequent flyer number: _____
User Name: _____ Password: _____
Total miles (as of ____ / ____ / ____): _____

Airline: _____
Frequent flyer number: _____
User Name: _____ Password: _____
Total miles (as of ____ / ____ / ____): _____

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2. Provide copies only to persons who you are confident can be trusted to **maintain the privacy** of your information.
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