

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

 epared for:

PERSONAL INFORMATION My Information Full Legal Name: __ Given / Maiden Name (if applicable): Social Security Number: _____ Date of Birth: Place of Birth (hospital, city, county, state/country): Mother's Full Legal Name: Mother's Place of Birth (city and state/country): Father's Full Legal Name: _____ Father's Place of Birth (city and state/country): Passport Number: _____ Expiration Date: _____ Full Names of Children (living and deceased): Current Employer (name, address, phone, manager): Pets:

SPOUSE'S/PARTNER'S INFORMATION My Spouse's/Partner's Personal Information Full Legal Name: Given/Maiden Name (if applicable): Social Security Number: ___ Date of Birth: Place of Birth (hospital, city, county, state/country): Marriage Date: Marriage Location (city and state/country): Spouse's Former Spouse: Marriage Dates: Reason: Death Divorce (date and location): My Former Spouse/Partner: ____ Date of Birth: Marriage Dates: _____ Reason: Death Divorce (date and location): My Former Spouse/Partner: Date of Birth: Marriage Dates: _____ Reason: Death Divorce (date and location): Other:

EMERGENCY CONTACTS			
Information last updated:			
Contact	Name	Phone or Email	
Emergency Contacts:			
Primary Doctor:			
Doctor/Specialist:			
Cleric:			
Attorney:			
Financial Advisor:			

EMERGENCY CONTACTS			
Information last updated:			
Contact	Name	Phone or Email	
Property and Casualty Agent:			
CPA:			
Executor:			
Trustee:			
Successor Trustee:			
Other (Power of Attorney, Healthcare Proxy):			

PROFESSIONAL DIRECTORY				
Information last updated: Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping and Pool Services, etc.				
Name	Business Type	Address	Phone or Email	

SPOUSE'S/PARTNER'S OR FAMILY PROFESSIONAL DIRECTORY Information last updated: Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping and Pool Services, etc. **Address Phone or Email** Name **Business Type**

AssetMark, Inc.

1655 Grant Street 10th Floor Concord, CA 94520-2445 800-664-5345

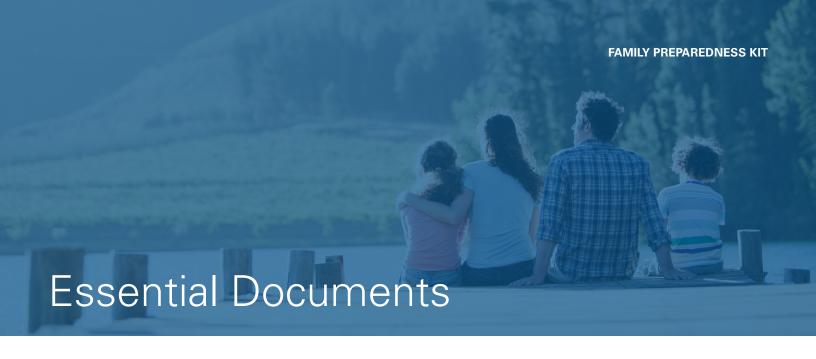
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ESSENTIAL DOCUMENTS Information last updated: These documents are important, but only occasionally needed. **Document Physical Location** Who Has a Copy? **Online Access / Location** Driver's License: Passport: Military Service Documents: Professional Certifications: Document Inventory: Vehicle Titles: Vehicle Repairs: Real Estate Deeds: Property Tax Assessment and Statements: Household Inventory: Home Improvement Receipts: Photos/Videos of Possessions: Safe Deposit Box Inventory:

ESSENTIAL DOCUMENTS Information last updated: These documents should never be destroyed. Store everything in one secure location. Document **Physical Location** Who Has a Copy? **Online Access / Location** Birth Certificate: Social Security Card: Marriage Certificates: Divorce Decrees: Death Certificates: Citizenship or Naturalization Papers: Military Discharge: Veteran's Records: Crematory Deed: Final Expense Insurance: Diplomas: Lawsuits: Immunizations:

ESSENTIAL DOCUMENTS Information last updated: _ These documents are important, but only occasionally needed. **Document Physical Location** Who Has a Copy? **Online Access / Location** Insurance Policies: Retirement Plan Documents: Employee Benefits: Employment Contracts: Financial Statements: Credit Card Statements: Credit Reports: Loan Agreements and Statements: College Savings/Financial Aid: Investment Statements: Annuity Contracts: Stock Certificates: **Bond Certificates:**

ESSENTIAL INFORMATION			
Information last updated:			
My family is due the following benefits from my employer: AD&D Life Insurance Disability Insurance Deferred Compensation	Stock Long-Term Care Retirement Plan Other:		
SAFE & VALUABLES I have a safe and/or valuables (jewelry, collections, etc.) Persons who know the safe combination:	c.) located at:		
I may receive an inheritance from:			
I am the beneficiary of a trust. Trust document is located at:			
I am entitled to military benefits, including:			
SAFE DEPOSIT BOXES Located at (city and state): Safe deposit box keys are located: Safe deposit box code:			

RENEWALS			
Information last updated: These are documents that expire and require renewals.			
Document	Expiration Date	In Document Vault?	
Driver's License:			
Passport:			
Club Membership:			
Other:			

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PERSONAL MEDICAL INFORMATION					
Information last updated: My Personal Medical Information					
Personal Information	Personal Information				
Health Insurer:	Plan ID:	Group #:	Medicare #:		
Medigap/Supplemental Plan:					
Prescription Coverage:	Issuer:	Group #:	ID #:		
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:		
Blood Type:					
Allergies:					
Medical Conditions/ Issues:					
Pharmacy for Prescriptions:					
VA Medical:					
Organ Donor:					

PERSONAL MEDICAL INFORMATION			
Information last updated: My Personal Medical Information			
Physician Name	Address	Phone or Email	

PERSONAL PRESCRIPTION INFORMATION			
Information last updated: My Personal Prescription Information			
Name of Medicine	Dosage	Prescribing Doctor	

	PERSONAL MEDICAL NOTES		
Information last updated: Miscellaneous Medical Notes			
Wilderiancous Wedicar Notes			
Issue/Contact	Notes		

SPOUSE'S/PARTNER'S MEDICAL INFORMATION				
Information last updated: Spouse's/Partner's Medical Information				
Personal Information				
Health Insurer:	Plan ID:	Group #:	Medicare #:	
Medigap/Supplemental Plan:				
Prescription Coverage:	Issuer:	Group #:	ID #:	
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:	
Blood Type:				
Allergies:				
Medical Conditions/ Issues:				
Medications/Pharmacy Locations:				
VA Medical:				
Organ Donor:				

CHILD MEDICAL INFORMATION			
Information last updated: Child Medical Information - Duplicate page and complete for each child/dependent			
Child 1			
Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

CHILD MEDICAL INFORMATION				
Information last updated: Child Medical Information - Duplicate page and complete for each child/dependent				
Child 2				
Health Insurer:	Plan ID:	Group #:	Medicare #:	
Prescription Coverage:	Issuer:	Group #:	ID #:	
Blood Type:				
Allergies:				
Medical Conditions / Special Needs:				
Medications:				
VA Medical:				
Organ Donor:				

FAMILY MEDICAL DIRECTORY			
Information last updated: Family Physicians' Contact Information			
Family Member	Physician Name and Specialty	Phone or Email	

PET VETERINARY INFORMATION Information last updated: Veterinarian Who will care for pet? Pet's Name and Type **Veterinary Information Phone** *Name and Phone

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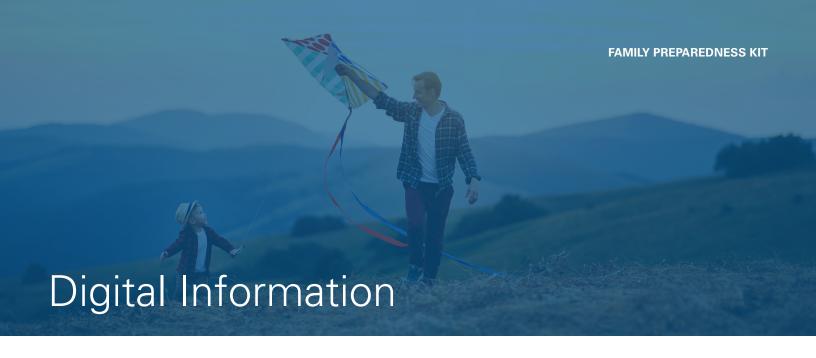
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ONLINE ACCOUNTS		
Information last updated: Online and Social Media Accounts	· · · · · · · · · · · · · · · · · · ·	
Account	Associated Email Address	
Amazon:		
Google:		
iTunes / Apple:		
LinkedIn:		
Facebook:		
Twitter:		
Other:		

ONLINE ACCOUNTS AND SUBSCRIPTIONS Information last updated: Online Accounts and Subscriptions (Frequent flyer miles, hotel points, etc.) **Associated Email Account or Subscription Additional Notes**

LOGIN INFORMATION Information last updated: Persons Entrusted with Logins/Pins and Access to Accounts Login Item **Designated Confidant** Phone # In Document Vault? Websites: Computers: Cell Phones: Credit Cards: Banking: Medical: Other:

DIGITAL DEVICE INVENTORY Information last updated: Personal and Business Cell Phones, Computers, Tablets, Etc. **Device** Type/Model Location **Business or Personal?**

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BANKING IN	FORMATION
Information last updated:Bank Accounts	
Account	
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:
Bank Name:	Phone #:
Checking Account #:	Savings Account #:
ATM/Debit Card #:	Other:

CREDIT CARE	DINVENTORY
Information last updated: Credit Card Inventory	
Credit Cards	
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:

CREDIT CARE	DINVENTORY
Information last updated: Credit Card Inventory	
Credit Cards	
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:
Credit Card Issued To:	Issuer:
Account #:	Expiration:

AUTOMATIC BILL PAY			
Information last updated: Automatic Debits			
Institution	Account Name	Recurrence	Amount

FINANCIAL INFORMATION		
Information last updated:Investment Accounts		
Account		
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:
Investment Firm Name:	Financial Professional:	Phone #:
Account #:	Account Title:	Account Type:

RETIREMENT PLANS				
Information last updated: My Retirement Plans / Executive Compensation				
Plan	Company Name	Phone #		
401(k) Account:				
Pension:				
Equity Plan:				
Other Compensation Plan:				
Other Compensation Plan:				
Other Compensation Plan:				

SPOUSE'S/PARTNER'S RETIREMENT PLANS Information last updated: _ Spouse's/Partner's Retirement Plans / Executive Compensation **Contact Name and Phone #** Plan **Company Name** 401(k) Account: Pension: Equity Plan: Other Compensation Plan: Other Compensation Plan: Other Compensation Plan:

LIABILITY IN	IFORMATION
Information last updated: Loan Inventory	
Loan	Account Information
Mortgage Broker Name:	
Mortgage (First):	
Mortgage (Second):	
HELOC/HEL:	
Vehicle Lienholder:	
Vehicle Lienholder:	
Vehicle Lienholder:	

	LIFE INSU	RANCE	
Information last updated: My Life Insurance			
Benefits:			
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):
Insurer:	Policy #:	Insurance Agent:	Phone #:
Death Benefit:	Beneficiary (Primary):	Beneficiary (secondary or contingent):	Beneficiary (third or final):

	INSURANCE INVENTORY
Information last updated: My Insurance Inventory	
My Long-term Care Insurance:	
Insurer:	
Policy #:	
Contact Name:	
Phone #:	
My Disability Insurance:	
Insurer:	
Policy #:	
Contact Name:	
Phone #:	
Benefit Amount:	
User Name:	
Other Information:	

PROPERTY	INSURANCE
Information last updated: Property Insurance	
Property	Insurer
Property: Property Address: Policy #: Coverage Amount:	Agent: Phone #: Insurer: Coverage Type:
Property: Property Address: Policy #: Coverage Amount:	Agent: Phone #: Insurer: Coverage Type:
Property: Property Address: Policy #: Coverage Amount:	Agent: Phone #: Insurer: Coverage Type:
Property: Property Address: Policy #: Coverage Amount:	Agent: Phone #: Insurer: Coverage Type:

SPOUSE'S/PARTNER'S INSURANCE
Information last updated: Spouse's/Partner's Insurance Inventory
Long-term Care Insurance:
Insurer:
Policy #:
Contact Name:
Phone #:
Disability Insurance:
Insurer:
Policy #:
Contact Name:
Phone #:
Benefit Amount:
User Name:
Other Information:

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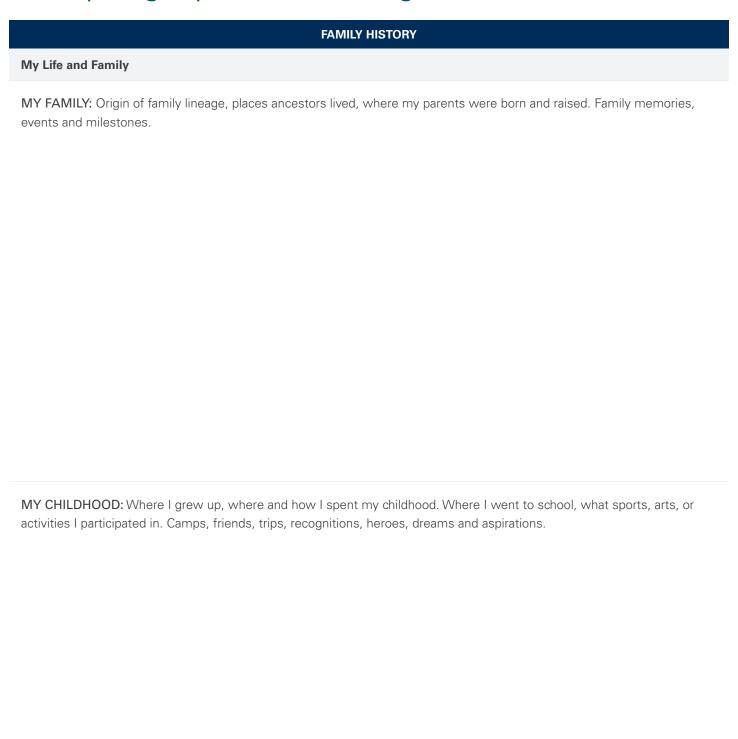
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MY LIFE: Which world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

MY LIFE: Words of wisdom and/or funny stories:

ACTION PLAN			
Information last updated: Checklist to be implemented when appropriate. Develop a plan for coordinating with your other advisors.			
Task	Person Assigned to Task	Date Completed	
Notify Family and Friends:			
Notify Funeral Home:			
Notify Employer:			
Notify Banks / Inquire About:			
Direct deposits and withdrawals, safety deposit box(es), credit life on loans.			
Notify Credit Card Companies:			
Notify Insurance Companies:			
Arrange House-sitter:			
Notify Utility Companies:			
Notify Benefits:			
Social Security, Veterans and Employment benefits.			
Other:			

The incapacity or death of a family member can cause great confusion for even the most organized persons. The following information will help guide the loved one who will handle your affairs.

FINAL ARRANGEMENTS
Information last updated: Please refer to these instructions and preferences when arranging my interment and memorial service.
1. I wish to be an organ donor. If yes, note whether it is indicated on your driver's license. \[Yes \] \[No \]
2. I wish to be: Buried at Details/Location: I already paid these costs: Burial Plot Casket Funeral Services Other Entombed at Details/Location: I already paid these costs: Drawer Casket Funeral Services Other Cremated at Details for my ashes: I already paid these costs: Drawer Casket Funeral Services Other Donated to science: Entire body Select body parts Details:
3. I wish to have: Funeral Service Other:

FINAL A	RRANGEMENTS (CONTINUED)
Service General Instructions	
Friend or relative I wish to oversee these arrangements:	
Funeral Home (Name and Phone #):	
Person to perform service:	
Pallbearers:	
Persons for eulogy/readings:	
Notes for obituary:	
Headstone engraving:	
Flowers and Music:	
Donations in lieu of flowers to:	
Burial clothing:	

FINAL ARRANGEMENTS (CONTINUED)
4. I wish to have a viewing:
☐ Yes ☐ No
Details:
5. I prefer:
☐ Open Casket
☐ Closed Casket
6. Service at:
☐ Funeral Home
☐ House of worship location (with body present)
☐ House of worship location (without body present)
Other arrangements:
7. I wish to be interred in a military cemetery:
Burial benefits include cost of burial for Veteran, along with spouse / partner, and dependents, at no cost to the family.
Arrangements can be made through funeral home.
☐ Yes ☐ No
Details:
8. Special Requests and Notes:
Prayer card, readings, music, etc.

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