

Key Information

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.

Kit prepared for:

Please store this document in a secure location to protect personal and confidential information.

Key Information

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:

Key Information

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:

Key Information

EMERGENCY CONTACTS

Information last updated: _____

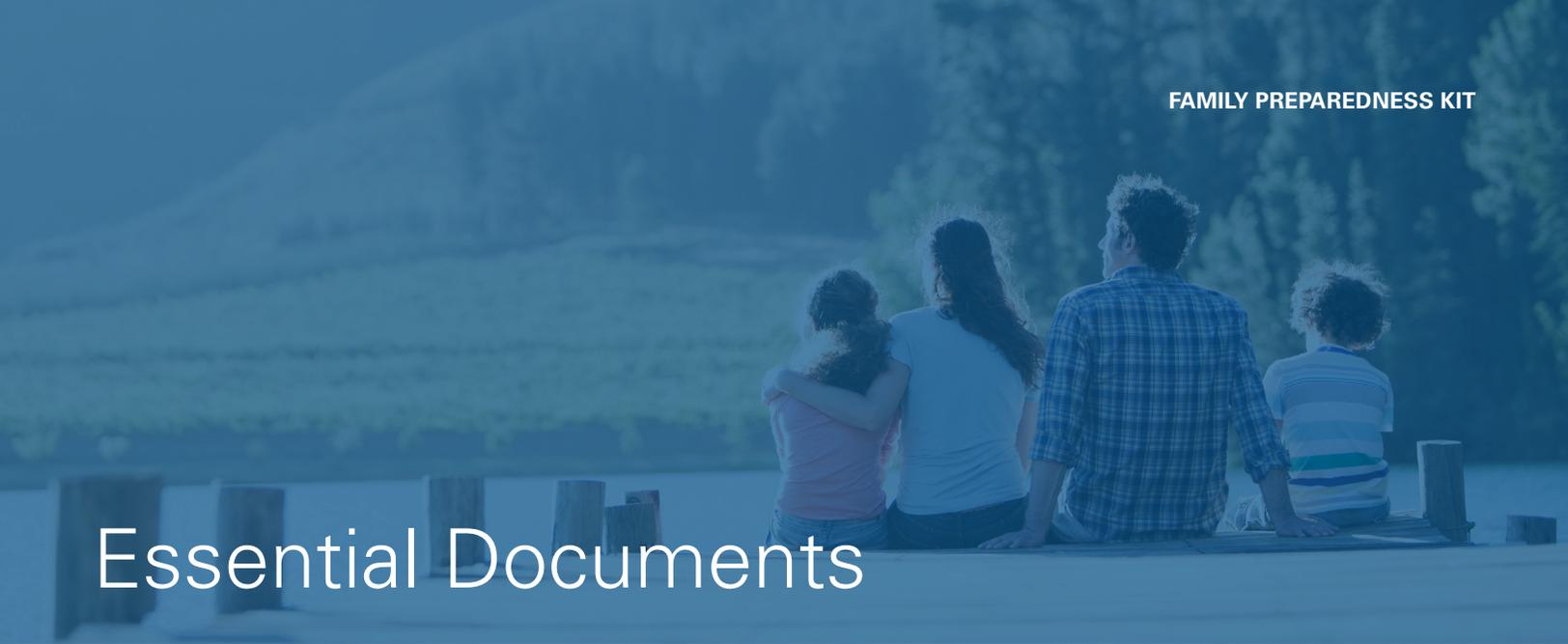
Contact	Name	Phone or Email
Emergency Contacts:		
Primary Doctor:		
Doctor/Specialist:		
Cleric:		
Attorney:		
Financial Advisor:		

Key Information

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):		



Essential Documents

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Essential Documents

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

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

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 Documents

ESSENTIAL INFORMATION

Information last updated: _____

My family is due the following benefits from my employer:

- | | |
|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> AD&D | <input type="checkbox"/> Stock |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Other: _____ |

SAFE & VALUABLES

I have a safe and/or valuables (jewelry, collections, etc.) located at:

Persons who know the safe combination:

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: _____

Essential Documents

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: _____		

AssetMark, Inc.

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

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Medical Information

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Medical Information

PERSONAL MEDICAL INFORMATION

Information last updated: _____

My Personal 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:			
Pharmacy for Prescriptions:			
VA Medical:			
Organ Donor:			

Medical Information

PERSONAL MEDICAL INFORMATION

Information last updated: _____

My Personal Medical Information

Physician Name	Address	Phone or Email

Medical Information

PERSONAL PRESCRIPTION INFORMATION

Information last updated: _____

My Personal Prescription Information

Name of Medicine	Dosage	Prescribing Doctor

Medical Information

PERSONAL MEDICAL NOTES

Information last updated: _____

Miscellaneous Medical Notes

Issue/Contact	Notes

Medical Information

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:			

Medical Information

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:			

Medical Information

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:			

Medical Information

FAMILY MEDICAL DIRECTORY

Information last updated: _____

Family Physicians' Contact Information

Family Member	Physician Name and Specialty	Phone or Email

Medical Information

PET VETERINARY INFORMATION

Information last updated: _____

Veterinarian

Pet's Name and Type	Veterinary Information	Phone	Who will care for pet? <i>*Name and Phone</i>

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Digital Information

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Digital Information

ONLINE ACCOUNTS

Information last updated: _____

Online and Social Media Accounts

Account	Associated Email Address
Amazon:	
Google:	
iTunes / Apple:	
LinkedIn:	
Facebook:	
Twitter:	
Other:	

Digital Information

ONLINE ACCOUNTS AND SUBSCRIPTIONS

Information last updated: _____

Online Accounts and Subscriptions (Frequent flyer miles, hotel points, etc.)

Account or Subscription	Associated Email	Additional Notes

Digital Information

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: _____ _____			

Financial Information

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Financial Information

BANKING INFORMATION

Information last updated: _____

Bank Accounts

Account

Bank Name:

Checking Account #:

ATM/Debit Card #:

Phone #:

Savings Account #:

Other:

Bank Name:

Checking Account #:

ATM/Debit Card #:

Phone #:

Savings Account #:

Other:

Bank Name:

Checking Account #:

ATM/Debit Card #:

Phone #:

Savings Account #:

Other:

Bank Name:

Checking Account #:

ATM/Debit Card #:

Phone #:

Savings Account #:

Other:

Financial Information

CREDIT CARD INVENTORY

Information last updated: _____

Credit Card Inventory

Credit Cards

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Financial Information

CREDIT CARD INVENTORY

Information last updated: _____

Credit Card Inventory

Credit Cards

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Financial Information

FINANCIAL INFORMATION

Information last updated: _____

Investment Accounts

Account

Investment Firm Name:

Account #:

Financial Professional:

Account Title:

Phone #:

Account Type:

Investment Firm Name:

Account #:

Financial Professional:

Account Title:

Phone #:

Account Type:

Investment Firm Name:

Account #:

Financial Professional:

Account Title:

Phone #:

Account Type:

Investment Firm Name:

Account #:

Financial Professional:

Account Title:

Phone #:

Account Type:

Investment Firm Name:

Account #:

Financial Professional:

Account Title:

Phone #:

Account Type:

Financial Information

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: _____		

Financial Information

SPOUSE'S/PARTNER'S RETIREMENT PLANS

Information last updated: _____

Spouse's/Partner's Retirement Plans / Executive Compensation

Plan	Company Name	Contact Name and Phone #
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

Financial Information

LIABILITY INFORMATION

Information last updated: _____

Loan Inventory

Loan	Account Information
Mortgage Broker Name: _____	
Mortgage (First): _____	
Mortgage (Second): _____	
HELOC/HEL: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	

Financial Information

LIFE INSURANCE

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): _____

Financial Information

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:

Financial 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: _____

Financial Information

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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Family Legacy & Final Arrangements

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Family Legacy & Final Arrangements

FAMILY HISTORY

My Life and Family

MY FAMILY: Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events and milestones.

MY CHILDHOOD: Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts, or activities I participated in. Camps, friends, trips, recognitions, heroes, dreams and aspirations.

Family Legacy & Final Arrangements

FAMILY HISTORY

My Life

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:

Family Legacy & Final Arrangements

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: <i>Direct deposits and withdrawals, safety deposit box(es), credit life on loans.</i>		
Notify Credit Card Companies:		
Notify Insurance Companies:		
Arrange House-sitter:		
Notify Utility Companies:		
Notify Benefits: <i>Social Security, Veterans and Employment benefits.</i>		
Other: _____		

Family Legacy & Final Arrangements

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: _____

Family Legacy & Final Arrangements

FINAL ARRANGEMENTS *(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:	

Family Legacy & Final Arrangements

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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