



All of your financial and personal information—all in one place



Know where to find your most important information when you need it most

Life gets busy. And life has unexpected events. So it's always wise to have a record of your most important financial and personal information ready at a moment's notice. It may take a little time to assemble now, but doing so can make you feel more confident and prepared for what may come later.

Completing this financial information booklet and keeping it with other important documents that chronicle your financial life will help you answer "yes" to these and other important questions.

Complete the following pages and then store in a safe place along with:

- Passwords and safe combinations
- Bank, brokerage and mutual fund statements
- Insurance policies
- Copies of your last will and testament, living will and healthcare proxy, power of attorney and/or trust documents
- Loan paperwork, leases, property deeds, auto titles
- Tax returns
- U.S. savings bonds
- Copies of beneficiary designation forms for:
 - IRAs
 - Retirement plans
 - Insurance policies
- List of safe deposit box contents, the key or combination

Personal information

Client

Spouse

Date: _____

Full legal name: _____

Social Security #: _____

Location of SS cards: _____

Phone number: _____

Place of birth: _____

City State City State

Country Country

Date of birth: _____ / _____ / _____

If citizen of foreign country, date entered USA: _____

Father's name: _____

Mother's maiden name: _____

Place of marriage/ civil union: _____

Date married/ civil union: _____

If widowed, date of spouse's death: _____

If divorced, date of divorce: _____

If a veteran, branch: _____

Dates of service: _____

Personal information

Child's name:	Date of birth	Place of birth
1. _____	_____	_____

Address		
2. _____	_____	_____

Address		
3. _____	_____	_____

Address		
4. _____	_____	_____

Address		

Key contacts

Financial Advisor:	_____
Name	_____
_____	_____
Phone number	_____
_____	_____
Address	_____
Financial Advisor:	_____
Name	_____
_____	_____
Phone number	_____
_____	_____
Address	_____

Key contacts

Accountant:

Name	Phone number	
Street	City	State

Attorneys:

Name	Phone number	
Street	City	State

Banker:

Name	Phone number	
Street	City	State

Physician:

Name	Phone number	
Street	City	State

Specialist:

Name	Phone number	
Street	City	State

Life insurance agent:

Name	Phone number	
Street	City	State

Property and casualty agent:

Name	Phone number	
Street	City	State

Other:

Name	Phone number	
Street	City	State

Name	Phone number	
Street	City	State

Name	Phone number	
Street	City	State

Financial information

Personal accounts (checking, savings, etc.)

Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number

Retirement Accounts (pension, 401(k))

Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number

Investment accounts (brokerage, IRA, trust)

Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number
Owner	Institution	Account number
Contact		Phone number

Financial information

Credit cards

Owner	Type of card	Card number
Owner	Type of card	Card number
Owner	Type of card	Card number
Owner	Type of card	Card number

Real estate/
property:

Location	Deed location
Location	Deed location

Rent Mortgage
Payment to:

Company or bank/branch	City
Company or bank/branch	City

Safety deposit
boxes located at:

Bank/branch/city	Number
Address	
Bank/branch/city	Number
Address	

Major possessions/
automobile(s):

Make	Financing/ leasing company	Title location
Make	Financing/ leasing company	Title location

Artwork and collectibles:

Description	Location
Description	Location
Description	Location
Description	Location
Description	Location

Employment history

Most current employer:

Client	Phone number
Spouse	Phone number

Group life insurance: Yes No Client Yes No Spouse

Disability: Yes No Client Yes No Spouse

Stock options: Yes No Client Yes No Spouse

Insurance

Medical/healthcare insurance:

Primary healthcare provider	Policy number
Long-term care insurance provider	Policy number
Other medical insurance provider	Policy number

Financial information (continued)

Life insurance/
V.A. benefits:

Company _____ Policy number _____

Company _____ Policy number _____

Company _____ Policy number _____

Automobile
insurance:

Company _____ Policy number _____

Property
insurance:

Company _____ Policy number _____

Estate planning

Attorney:

Name _____ Phone number _____

Location of
Original will:

Living will:

Letter of last
instruction:

Personal and charitable
trust documents:

HIPAA agreements:

Power of attorney

Financial :

Name _____ Phone number _____

Document location _____

Medical:

Name _____ Phone number _____

Document location _____

Important nonfinancial documents

Personal

Birth certificate: _____
Location

Passport/citizenship papers: _____
Location

Adoption papers: _____
Location

Marriage certificate: _____
Location

Family death certificates: _____
Location

Prenuptial agreement: _____
Location

Divorce or separation agreement: _____
Location

Military discharge papers: _____
Location

Appraisal and inventory of valuable items: _____
Location

Tax

Prior years' federal and state returns: _____
Location

Federal/state gift tax returns: _____
Location

Property and school tax records: _____
Location

Small business

Incorporation/ownership papers: _____
Location

Buy/sell agreements: _____
Location

Important information regarding serious illness or death

Church/temple:

Name _____ Phone number _____

Personal contacts:

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

I have made funeral arrangements with:

Name _____ Phone number _____

Burial plot arrangements:

Cemetery name _____ Phone number _____

I have not made arrangements but would like the following:

Preferred funeral home _____

Address _____

Type of service _____

Type of arrangements (burial/cremation) _____

Cemetery _____

If planning a cremation, what is your preference for the cremains?

Information I would like included in my obituary:

Preferred memorial donations:

Notes

Neither UBS Financial Services Inc. nor its employees (including its Financial Advisors) provide tax or legal advice. You should consult with your legal counsel and/or your accountant or tax professional regarding the legal or tax implications of a particular suggestion, strategy or investment, including any estate planning strategies, before you invest or implement.

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