

PERSONAL FINANCIAL ORGANIZER

Client Name: _____

Date: _____





Your Name

Your Spouse's Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

PERSONAL INFORMATION

	You	Your Spouse
Social Security Number		
Passport Number		
Driver's License Number		

EMPLOYER

	You	Your Spouse
Company Name		
Address		
City, State, Zip Code		
Contact Name & Phone Number		

PENSION PLANS

	Plan 1	Plan 2	Plan 3
Plan Sponsor			
Employer			
Account Number			
Service Provider			
Key Contact			
Address			
City, State, Zip Code			
Phone Number			

MEDICAL INFORMATION

	You	Your Spouse
Physician's Name		
Physician's Number		
Physician's Name		
Physician's Number		
Dentist's Name		
Dentist's Number		
Health Insurer		
Plan Name		
Identification #		
Blood Type		
Allergies		
Medications		
Other Notes:		



FINANCIAL ADVISOR

SBC Wealth Management

Firm Name

Contact Name

Address

City

State

Zip Code

(866) 818-1028

Phone Number

Email Address

Account Type/Number

Account Type/ Number

Account Type/Number

ATTORNEY

Firm Name

Contact Name

Address

City

State

Zip Code

Phone Number

Email Address



CPA

Firm Name		Contact Name
Address		
City	State	Zip Code
Phone Number	Email Address	

CAR LOANS

	Car Loan 1	Car Loan 2
Vehicle Description		
Loan Holder		
Policy Number		
Address of Loan Servicer		
City, State, Zip Code		
Email Address		
Term/Other Info		

MORTGAGES

	Mortgage 1	Mortgage 2
Property Address		
Mortgage Holder		
Contract Number		
Address of Mortgage Servicer		
City, State, Zip Code		
Email Address		
Term/Other Info		

CREDIT CARDS

	Card 1	Card 2	Card 3
Type of Card/ Issuing Organization			
Name on Card			
Card Number			
Customer Service Phone/Email			
Available Limit			
Terms/Other Info			



BANK

Name of Institution

Contact Name

Institution's Address

City

State

Zip Code

Phone Number

Email Address

Account Type/Number

Account Type/ Number

Account Type/Number

Name of Institution

Contact Name

Institution's Address

City

State

Zip Code

Phone Number

Email Address

Account Type/Number

Account Type/ Number

Account Type/Number



INSURANCE

Insurance Type	Insurance Company	Policy Number	Agent Name / Phone Number
Auto			
Description			
Property			
Description			
Life			
Insured			
Insured			
Disability			
Insured			
Insured			
Long-Term Care			
Insured			
Insured			
Other			



WILLS

	You	Your Spouse
Location of Will		
Attorney's Name		
Address		
City, State, Zip Code		
Phone Number		
Email Address		
Executor's Name		
Address		
City, State, Zip Code		
Phone Number		
Email Address		
Alt. Executor's Name		
Address		
City, State, Zip Code		
Phone Number		
Email Address		

LIVING WILLS / HEALTH CARE PROXIES

	You	Your Spouse
Location of Will		
Location of Health Care Proxy		
Health Care Agent		
Address		
City, State, Zip Code		
Phone Number		
Email Address		
Attorney's Name		
Address		
City, State, Zip Code		
Phone Number		
Email Address		

TRUSTS

	You	Your Spouse
Type of Trust		
Trustee Names		
Financial Institution		
Address		
City, State, Zip Code		
Phone Number		
Email Address		



EMERGENCY CONTACTS

Contact Name

Relationship

Address

City

State

Zip Code

Phone Number

Email Address

Contact Name

Relationship

Address

City

State

Zip Code

Phone Number

Email Address

Contact Name

Relationship

Address

City

State

Zip Code

Phone Number

Email Address