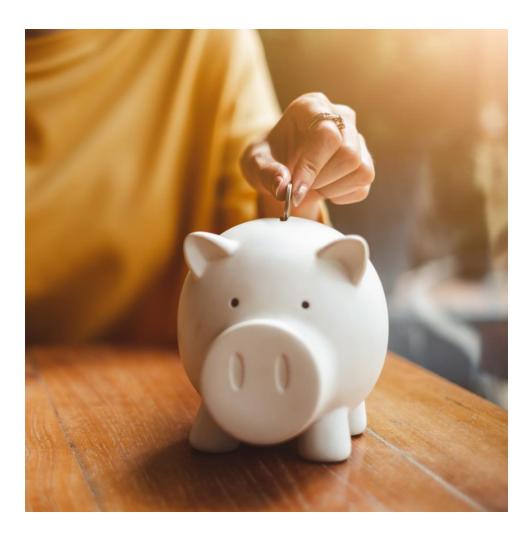


PERSONAL FINANCIAL ORGANIZER

Client Name:_

Date:





State	Zip Code
	Cell Phone Number
r	State

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 Norma			



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	Со	ntact Name	
Institution's Address			
City	State	Zip Code	
Phone Number	Email Address		
Account Type/Number			
Account Type/ Number			
Account Type/Number			
Name of Institution	Co	ntact 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	Relatio	nship	
Address			
City	State	Zip Code	
Phone Number	Email Address		
Contact Name	Relationship		
Address			
City	State	Zip Code	
Phone Number	Email Address		