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Your **Financial Keepsake** is provided to ensure important personal and financial information is at your fingertips when you need it most. Use it to keep track of important phone numbers, records and documents, saving you and family members valuable time searching for information in a time of crisis or stress. Best of all, it's easy to update over time.

We are grateful for the opportunity to help you pursue the Return on Life® you desire. As always, please contact us with any questions or concerns you may have.



PlannedFinancial.com 440.740.0130

7000 Fitzwater Road, Suite 300 • Cleveland, Ohio 44141



Table of Contents

IAB I	Personal Information			
TAB 2	Documents			
TAB 3	Advisors & Contacts			
RETIREMEN	T AND NON-RETIREMENT ASSETS			
TAB 4.1	Cash Assets			
TAB 4.2	After-Tax Assets			
TAB 4.3	Pre-Tax Assets			
TAB 4.4	Custodial Accounts			
TAB 5	Real Estate Information			
TAB 6	Personal Property Assets			
TAB 7	Insurance Contracts			
TAB 8	Passwords			
TAB 9	In the Event of My incapacity			
TAB 10	In the Event of My death			
TAB 11	Ethical Will			





TAB 1

Personal Information

INFORMATION	MYSELF	SPOUSE
Social Security Number		
Driver's License Number		
Passport Number		
Medicare Number		
SAFETY DEPOSIT BOX		
Location		
The key is located		
Person(s) that are authorized to open it		
SAFE?		
Location		
The key is located		
The combination is		
FIRE PROOF BOX?		
Location		
The key is located		
The combination is		





TAB 2 Page 1

My Documents

DOCUMENT	DATE EXECUTED?	LOCATION OF DOCUMENT
Tax Returns		
Automobile Title		
Boat and/or Airplane Title		
Doods to Bool Proporty		
Deeds to Real Property		
Family Partnership or LLC		
Minor's Trust		
Custodial Account		





TAB 2

Page 2

My Documents

DOCUMENT	DATE EXECUTED?	LOCATION OF DOCUMENT
DOCIONENI		

Section 529 or Other Education Plan	
Charitable Trust	
Life Insurance Trust	
Last Will & Testament	
Burial or Pre-Need Arrangement	
Retirement Plan Beneficiary Form	
Life Insurance Beneficiary Form	
Qualified Plan, i.e. 401(k); Pension	





TAB 2 Page 3

My Documents

DOCUMENT	DATE EXECUTED?	LOCATION OF DOCUMENT
IRA Beneficiary Plan		
Living Will		
Medical Power of Attorney		
General Power of Attorney		
Guardianship Papers		
Organ Donation Form		
Others Medical Discusion		
Other Medical Directive		
Birth Certificates		
Birti certificates		
Adoption Papers		





TAB 2 Page 4

My Documents

DOCUMENT DATE EXECUTED? LOCATION OF DOCUMENT

Citizenship Papers	
Marriage License	
Domestic Partner Agreement	
Cohabitation Agreement	
Pre-Nuptial Agreement	
Post-Nuptial Agreement	
Divorce or Separation Agreement	
Child Support Agreement	
Employment or Contractor Contract	
Military Discharge Papers (DD214)	
Other	





My Advisors & Contacts

FINANCIAL / INVESTMENT ADVISOR Name: ___ Address: Phone: ______ Fax: _____ E-mail: _____ Special Comments: FINANCIAL / INVESTMENT ADVISOR Address: ____ Phone: ______ Fax: _____ E-mail: _____ Special Comments: FINANCIAL / INVESTMENT ADVISOR Name: Fax: E-mail: Phone: Special Comments: **ESTATE PLANNING ATTORNEY** Name: ___ Address: Phone: Fax: E-mail: Special Comments:_____ **ESTATE PLANNING ATTORNEY** Phone: _____ Fax: ____ E-mail: ____ Special Comments:





My Advisors & Contacts

Special Comments:

BUSINESS ATTORNEY		
Name:		
Address:		
Phone:	_ Fax:	E-mail:
Special Comments:		
BUSINESS ATTORNEY		
Name:		
Address:		
Phone:	_ Fax:	E-mail:
Special Comments:		
CPA / ACCOUNTANT		
Name:		
Address:		
Phone:	_ Fax:	E-mail:
Special Comments:		
CPA / ACCOUNTANT		
Name:		
Address:		
Phone:	_ Fax:	E-mail:
Special Comments:		
SOCIAL SECURITY CONTACT		
Name:		
Address:		
Phone:	_ Fax:	E-mail:





EMPLOYER OR FORMER EMPLOYER BENEFITS ADMINISTRATOR					
Name:					
Address:					
		E-mail:			
Special Comments:					
EMPLOYER OR FOI	RMER EMPLOYER BENEFIT	S ADMINISTRATOR			
Name:					
Address:					
		E-mail:			
Special Comments:					
	RMER EMPLOYER BENEFIT	S ADMINISTRATOR			
Name:					
Address:					
		E-mail:			
Special Comments:					
LIFE AND DISABILI	TY INSURANCE ADVISOR				
Name:					
		E-mail:			
LIFE AND DISABILI	TY INSURANCE ADVISOR				
Name:					
Address:					
Phone:	Fax:	E-mail:			
Special Comments:					





PROPERTY AND CASUALTY INSURANCE ADVISOR					
Name:					
Address:					
Phone:	Fax:	E-mail:			
Special Comments:					
PROPERTY AND CAS	UALTY INSURANCE ADVI	SOR			
Name:					
Address:					
Phone:	Fax:	E-mail:			
Special Comments:					
BANKER					
Address:					
Phone:	Fax:	E-mail:			
Special Comments:					
BANKER					
		E-mail:			
Special Comments:					
BANKER					
Name:					
Address:					
		E-mail:			
Special Comments:					





BANKER			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
MORTGAGE BROKER/	OTHER		
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (PRIMARY)			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (PRIMARY)			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (SPECIALIST	Γ)		
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			





DOCTOR (SPECIALIST)			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (SPECIALIST)			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (SPECIALIST)			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (SPECIALIST)			
Name:			
Address:			
Phone:	Fax:	E-mail:	
Special Comments:			
DOCTOR (SPECIALIST)			
Name:			
Address:			
		E-mail:	
Special Comments:			





TAB 4.1 RETIREMENT & NON RETIREMENT ASSETS

Cash Assets

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
Checking Account(s)				
Savings Account(s)				
CD(s)				
Money Market Account(s)				
		,		





TAB 4.2
RETIREMENT & NON RETIREMENT ASSETS

Page 1

After-Tax Assets

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
Stock Options				
Stock Purchase Plans				
Stock Furchase Fulls				
Stocks/Certificates				





TAB 4.2 RETIREMENT & NON RETIREMENT ASSETS

Page 2

After-Tax Assets

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
Mutual Funds - Direct Ownership				
Annuities				





TAB 4.2
RETIREMENT & NON RETIREMENT ASSETS

Page 3

After-Tax Assets

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
Brokerage Accounts				
Other				





TAB 4.3
RETIREMENT & NON RETIREMENT ASSETS

Page 1

Pre-Tax Assets

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
401(k)				
403(b)				
IRA				
Profit Sharing				
ESOP				





TAB 4.3
RETIREMENT & NON RETIREMENT ASSETS

Page 2

Pre-Tax Assets

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
Pension				
Deferred Comp.				
Annuities				
Amunics				
Other				





TAB 4.4
RETIREMENT & NON RETIREMENT ASSETS

Custodial Accounts

ASSET	INSTITUTION NAME	PHONE NUMBER	ACCOUNT NUMBER	WEBSITE ADDRESS
529(s)				
UGMA(s)				
O GIFIA(3)				
UTMA(s)				
Other				





TAB 5

Real Estate Information

Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached Notes PROPERTY 2 Type of Property Owners Estimated Mortgage Address of Property Documents Attached Notes PROPERTY 3 Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached Notes PROPERTY 4 Type of Property Owners Estimated Value	PROPERTY 1
Estimated Value Estimated Mortgage Address of Property Documents Attached Notes PROPERTY 2 Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached Notes PROPERTY 3 Type of Property Owners Estimated Value Estimated Value Estimated Mortgage Address of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached Notes PROPERTY 4 Type of Property Owners Estimated Value	Type of Property
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Documents Attached Notes PROPERTY 4 Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached	Estimated Mortgage
Notes PROPERTY 4 Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached	Address of Property
PROPERTY 4 Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached	Documents Attached
Type of Property Owners Estimated Value Estimated Mortgage Address of Property Documents Attached	Notes
Owners Estimated Value Estimated Mortgage Address of Property Documents Attached	PROPERTY 4
Owners Estimated Value Estimated Mortgage Address of Property Documents Attached	Tura of Duaments
Estimated Value Estimated Mortgage Address of Property Documents Attached	
Estimated Mortgage Address of Property Documents Attached	
Address of Property Documents Attached	
Documents Attached	
Notes	
	Notes





TAB 6

Page 1

Personal Property Assets - For example dining room set, China, Art work, Jewelry, etc.

ASSET/DESCRIPTION	LOCATION	PHOTO ATTACHED?	RECIPIENT OF ASSET	CONTACT INFORMATION







TAB 6 Page 2

Personal Property Assets - For example dining room set, China, Art work, Jewelry, etc.

ASSET/DESCRIPTION	LOCATION	PHOTO ATTACHED?	RECIPIENT OF ASSET	CONTACT INFORMATION





TAB 6
Page 3

Personal Property Assets - For example dining room set, China, Art work, Jewelry, etc.

ASSET/DESCRIPTION	LOCATION	PHOTO ATTACHED?	RECIPIENT OF ASSET	CONTACT INFORMATION





TAB 7 Page 1

My Insurance Contracts

CONTRACT 1	
Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 2	
Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 3	
·	
CONTRACT 3	
CONTRACT 3 Contract Type	
CONTRACT 3 Contract Type Owner(s)	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 4	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 4 Contract Type	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 4 Contract Type Owner(s)	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 4 Contract Type Owner(s) Carrier/Agent	
CONTRACT 3 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 4 Contract Type Owner(s) Carrier/Agent Telephone Number	





TAB 7

Page 2

My Insurance Contracts

CONTRACT 5

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 6	
CONTRACTO	1
Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 7	
Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 8	
CONTRACTO	T. T
Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Doliey Number	
Policy Number	
Beneficiary Designation	





TAB 7
Page 3

My Insurance Contracts

CONTRACT 9

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 40	
CONTRACT 10	
Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	
CONTRACT 11	
Contract Type	
Contract Type Owner(s)	
Owner(s)	
Owner(s) Carrier/Agent	
Owner(s) Carrier/Agent Telephone Number	
Owner(s) Carrier/Agent Telephone Number Policy Number	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12 Contract Type	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12 Contract Type Owner(s)	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12 Contract Type Owner(s) Carrier/Agent	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12 Contract Type Owner(s) Carrier/Agent Telephone Number	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number	
Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation Notes CONTRACT 12 Contract Type Owner(s) Carrier/Agent Telephone Number Policy Number Beneficiary Designation	





TAB 8
Page 1

Account Passwords

COMPANY	BUSINESS I HAVE WITH THEM	WEBSITE	USER ID	PASSWORD/PIN	SECURITY QUESTIONS/ ANSWERS





services
TAB 8

Page 2

Account Passwords

COMPANY	BUSINESS I HAVE WITH THEM	WEBSITE	USER ID	PASSWORD/PIN	SECURITY QUESTIONS/ ANSWERS





TABS

In The Event Of My Incapacity

I have appointed (in previously named legal documents) the following persons to act on my behalf if I become disabled:

ower of Attorney over my assets:	
t:	
nd:	
ower of Attorney of medical decisions:	
t:	
nd:	
uardian over my property:	
t:	
nd:	
uardian over my person:	
t:	
nd:	

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, the following is additional information that I think is important for my family and advisors to know:





TAB 10 Page 1

In The Event Of My Death

I have the following final wishes:
Funeral Home/Location:
1st:
2nd:
Cemetery/Plot or Draw #:
I have have not prepaid my burial costs for my burial plot for my casket
Information can be found at:
I have a deceased spouse parent child who is buried at:
And I wish to be buried next to such person if I check here
I do do not want to be cremated.
Crematory:
Organs for donation:
Priest/Minister/Rabbi to Perform Service:
Pallbearers:
I would like the following person to give the eulogy or prayers at my service:
Obituary Reading:





TAB 10 Page 2

In The Event Of My Death

Tombstone Engraving:
In lieu of flowers, please ask for donations to:
I would like the following songs, music, poetry, etc., at my funeral:
I do not wish for the the following person(s) to attend my service:
In the event of my death, the following is additional information that I think is important for my family and advisors
to know:





TAB 11 Page 1

My Ethical Will

I	have	have not	attached a more comprehensive ethical will.
When	l am gone, l	I hope my family v	vill learn this from my experiences:
I belie	eve that the r	most important th	ings in life are:
The m	nost importa	nt thing I have do	ne in my life is:





TAB 11
Page 2

My Ethical Will

It is my hope that my family will use their inheritance from me to accomplish the following goals in their lives:
The most important values I would like to pass to my family are:
This is how I would like to be remembered: