



# FINANCIAL KEEPSAKE

*YOUR LIFE. YOUR MONEY. YOUR WAY.®*

Updated: \_\_\_\_\_

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**

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# FINANCIAL KEEPSAKE

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## 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 \_\_\_\_\_







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## 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		
Other Medical Directive		
Birth Certificates		
Adoption Papers		



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## 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		



# FINANCIAL KEEPSAKE

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## My Advisors & Contacts

### FINANCIAL / INVESTMENT ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### FINANCIAL / INVESTMENT ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### FINANCIAL / INVESTMENT ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### ESTATE PLANNING ATTORNEY

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### ESTATE PLANNING ATTORNEY

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_





# FINANCIAL KEEPSAKE

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## My Advisors & Contacts

### 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: \_\_\_\_\_

Special Comments: \_\_\_\_\_



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## My Advisors & Contacts

### EMPLOYER OR FORMER EMPLOYER BENEFITS ADMINISTRATOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### EMPLOYER OR FORMER EMPLOYER BENEFITS ADMINISTRATOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### EMPLOYER OR FORMER EMPLOYER BENEFITS ADMINISTRATOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### LIFE AND DISABILITY INSURANCE ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### LIFE AND DISABILITY INSURANCE ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_



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## My Advisors & Contacts

### PROPERTY AND CASUALTY INSURANCE ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### PROPERTY AND CASUALTY INSURANCE ADVISOR

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### BANKER

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### BANKER

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_

### BANKER

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_



# FINANCIAL KEEPSAKE

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## My Advisors & Contacts

### 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)

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_



# FINANCIAL KEEPSAKE

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## My Advisors & Contacts

### 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Comments: \_\_\_\_\_



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## 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)				











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## TAB 4.3

### RETIREMENT & NON RETIREMENT ASSETS

## Pre-Tax Assets

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





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## TAB 4.4

### RETIREMENT & NON RETIREMENT ASSETS

## Custodial Accounts

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



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### Real Estate Information

#### PROPERTY 1

Type of Property	
Owners	
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 Mortgage	
Address of Property	
Documents Attached	
Notes	

#### PROPERTY 4

Type of Property	
Owners	
Estimated Value	
Estimated Mortgage	
Address of Property	
Documents Attached	
Notes	











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### 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 Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	

#### CONTRACT 4

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	



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## My Insurance Contracts

### CONTRACT 5

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	

### CONTRACT 6

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

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	



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### My Insurance Contracts

#### CONTRACT 9

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	

#### CONTRACT 10

Contract Type	
Owner(s)	
Carrier/Agent	
Telephone Number	
Policy Number	
Beneficiary Designation	
Notes	

#### CONTRACT 11

Contract Type	
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	







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TAB 9

## 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:*

### Power of Attorney over my assets:

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

### Power of Attorney of medical decisions:

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

### Guardian over my property:

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

### Guardian over my person:

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

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:



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## 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: \_\_\_\_\_

\_\_\_\_\_



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## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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## My Ethical Will

I \_\_\_ have \_\_\_ have not attached a more comprehensive ethical will.

When I am gone, I hope my family will learn this from my experiences:

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I believe that the most important things in life are:

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The most important thing I have done in my life is: \_\_\_\_\_

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