

AT-A-GLANCE WORKSHEET

An important part of getting started is inventorying essential financial information. This worksheet is a supplement to *In Our Reach: How Resourceful Employees Build and Preserve Wealth at Work* and it will help you combine your information in a single document.

Once you have your information, be sure to: write in pencil; add extra pages if needed; update it periodically; store it in a secure location; and tell your spouse, executor, or attorney, where it's kept.

PERSONAL INFORMATION			
Self			
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Personal Phone:	<input type="text"/>	Personal Email:	<input type="text"/>
Work Phone:	<input type="text"/>	Work Email:	<input type="text"/>
SSN:	<input type="text"/>	Junk Email:	<input type="text"/>
Spouse			
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Personal Phone:	<input type="text"/>	Personal Email:	<input type="text"/>
Work Phone:	<input type="text"/>	Work Email:	<input type="text"/>
SSN:	<input type="text"/>	Junk Email:	<input type="text"/>
1st Dependent			
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Personal Phone:	<input type="text"/>	Personal Email:	<input type="text"/>
Work Phone:	<input type="text"/>	Work Email:	<input type="text"/>
SSN:	<input type="text"/>	Junk Email:	<input type="text"/>

PERSONAL INFORMATION (CONT.)**2nd Dependent**

Full Name:

Personal Phone:

Work Phone:

SSN:

Date of Birth:

Personal Email:

Work Email:

Junk Email:

3rd Dependent

Full Name:

Personal Phone:

Work Phone:

SSN:

Date of Birth:

Personal Email:

Work Email:

Junk Email:

4th Dependent

Full Name:

Personal Phone:

Work Phone:

SSN:

Date of Birth:

Personal Email:

Work Email:

Junk Email:

5th Dependent

Full Name:

Personal Phone:

Work Phone:

SSN:

Date of Birth:

Personal Email:

Work Email:

Junk Email:

EMERGENCY CONTACT INFORMATION**1st Contact****2nd Contact**

Relationship: ☐ Parent ☐ Child ☐ Friend ☐ Other

Name:

City, State, ZIP:

Phone:

Email:

☐ Parent ☐ Child ☐ Friend ☐ Other

ADVISOR INFORMATION		
	Banking	Credit & Lending
Name:		
Street Address:		
City, State, ZIP:		
Phone:		
Email:		
	Investment	Retirement
Name:		
Street Address:		
City, State, ZIP:		
Phone:		
Email:		
	Life & Health Insurance	Property & Casualty Insurance
Name:		
Street Address:		
City, State, ZIP:		
Phone:		
Email:		
	Taxes	Legal
Name:		
Street Address:		
City, State, ZIP:		
Phone:		
Email:		
	Other: _____	Other: _____
Name:		
Street Address:		
City, State, ZIP:		
Phone:		
Email:		

BANK ACCOUNTS		
	Account No. 1	Account No. 2
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Other: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Other: _____
Account No.:		
Institution Name:		
Phone:		
Website:		
	Account No. 3	Account No. 4
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Other: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Other: _____
Account No.:		
Institution Name:		
Phone:		
Website:		

DEBT ACCOUNTS		
	Account No. 1	Account No. 2
Account Type:	<input type="checkbox"/> Credit <input type="checkbox"/> Auto <input type="checkbox"/> Mortgage <input type="checkbox"/> Student <input type="checkbox"/> Other: _____	<input type="checkbox"/> Credit <input type="checkbox"/> Auto <input type="checkbox"/> Mortgage <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
Account No.:		
Institution Name:		
Phone:		
Website:		
	Account No. 3	Account No. 4
Account Type:	<input type="checkbox"/> Credit <input type="checkbox"/> Auto <input type="checkbox"/> Mortgage <input type="checkbox"/> Student <input type="checkbox"/> Other: _____	<input type="checkbox"/> Credit <input type="checkbox"/> Auto <input type="checkbox"/> Mortgage <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
Account No.:		
Institution Name:		
Phone:		
Website:		

RETIREMENT ACCOUNTS		
	Account No. 1	Account No. 2
Account Type:	<input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____	<input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____
Plan/Account No.:	_____	_____
Institution Name:	_____	_____
Phone:	_____	_____
Website:	_____	_____
	Account No. 3	Account No. 4
Account Type:	<input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____	<input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____
Plan/Account No.:	_____	_____
Institution Name:	_____	_____
Phone:	_____	_____
Website:	_____	_____

COLLEGE ACCOUNTS		
	Account No. 1	Account No. 2
Account Type:	<input type="checkbox"/> 529 <input type="checkbox"/> ESA <input type="checkbox"/> Other: _____	<input type="checkbox"/> 529 <input type="checkbox"/> ESA <input type="checkbox"/> Other: _____
Dependent:	_____	_____
Account No.:	_____	_____
Institution Name:	_____	_____
Phone:	_____	_____
Website:	_____	_____
	Account No. 3	Account No. 4
Account Type:	<input type="checkbox"/> 529 <input type="checkbox"/> ESA <input type="checkbox"/> Other: _____	<input type="checkbox"/> 529 <input type="checkbox"/> ESA <input type="checkbox"/> Other: _____
Dependent:	_____	_____
Account No.:	_____	_____
Institution Name:	_____	_____
Phone:	_____	_____
Website:	_____	_____

HEALTH INSURANCE		
	Policy No. 1	Policy No. 2
Insured Names:		
Policy Type:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Policy No.:		
Insurer Name:		
Phone:		
Website:		
	Policy No. 3	Policy No. 4
Insured Names:		
Policy Type:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Policy No.:		
Insurer Name:		
Phone:		
Website:		

DISABILITY & LONG TERM CARE INSURANCE		
	Policy No. 1	Policy No. 2
Insured Names:		
Policy Type:	<input type="checkbox"/> Disability <input type="checkbox"/> Long Term Care	<input type="checkbox"/> Disability <input type="checkbox"/> Long Term Care
Policy No.:		
Insurer Name:		
Phone:		
Website:		
	Policy No. 3	Policy No. 4
Insured Names:		
Policy Type:	<input type="checkbox"/> Disability <input type="checkbox"/> Long Term Care	<input type="checkbox"/> Disability <input type="checkbox"/> Long Term Care
Policy No.:		
Insurer Name:		
Phone:		
Website:		

PROPERTY & CASUALTY INSURANCE		
	Policy No. 1	Policy No. 2
Policy Type:	<input type="checkbox"/> Dwelling <input type="checkbox"/> Auto <input type="checkbox"/> Recreation <input type="checkbox"/> Umbrella	<input type="checkbox"/> Dwelling <input type="checkbox"/> Auto <input type="checkbox"/> Recreation <input type="checkbox"/> Umbrella
Policy No.:		
Insurer Name:		
Phone:		
Website:		
	Policy No. 3	Policy No. 4
Policy Type:	<input type="checkbox"/> Dwelling <input type="checkbox"/> Auto <input type="checkbox"/> Recreation <input type="checkbox"/> Umbrella	<input type="checkbox"/> Dwelling <input type="checkbox"/> Auto <input type="checkbox"/> Recreation <input type="checkbox"/> Umbrella
Policy No.:		
Insurer Name:		
Phone:		
Website:		

PROFESSIONAL, BUSINESS, & IDENTITY THEFT INSURANCE		
	Policy No. 1	Policy No. 2
Policy Type:	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Identity	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Identity
Policy No.:		
Insurer Name:		
Phone:		
Website:		
	Policy No. 3	Policy No. 4
Policy Type:	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Identity	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Identity
Policy No.:		
Insurer Name:		
Phone:		
Website:		

LIFE INSURANCE		
	Policy No. 1	Policy No. 2
Policy Type:	<input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Universal	<input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Universal
Policy No.:		
Insurer Name:		
Phone:		
Website:		
	Policy No. 3	Policy No. 4
Policy Type:	<input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Universal	<input type="checkbox"/> Term <input type="checkbox"/> Whole <input type="checkbox"/> Universal
Policy No.:		
Insurer Name:		
Phone:		
Website:		

ESTATE PLAN		
	Document No. 1	Document No. 2
Document Type:	<input type="checkbox"/> POA <input type="checkbox"/> Directive <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	<input type="checkbox"/> POA <input type="checkbox"/> Directive <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
Owner Name:		
Executor Name:		
Executor Phone:		
Attorney Name:		
Attorney Phone:		
	Document No. 3	Document No. 4
Document Type:	<input type="checkbox"/> POA <input type="checkbox"/> Directive <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	<input type="checkbox"/> POA <input type="checkbox"/> Directive <input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
Owner Name:		
Executor Name:		
Executor Phone:		
Attorney Name:		
Attorney Phone:		

REAL ESTATE		
	Property No. 1	Property No. 2
Physical Address:		
Property Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Land	<input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Land
Title Registered to:		
Title insured by:		
Mortgage Holder:		
	Property No. 3	Property No. 4
Physical Address:		
Property Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Land	<input type="checkbox"/> Residential <input type="checkbox"/> Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Land
Title Registered to:		
Title insured by:		
Mortgage Holder:		

VEHICLES		
	Vehicle No. 1	Vehicle No. 2
Make & Model:		
Vehicle ID No.:		
Title Holder:	<input type="checkbox"/> You <input type="checkbox"/> Lender <input type="checkbox"/> Other: _____	<input type="checkbox"/> You <input type="checkbox"/> Lender <input type="checkbox"/> Other: _____
Lender Name:		
Vehicle Location:		
	Vehicle No. 3	Vehicle No. 4
Make & Model:		
Vehicle ID No.:		
Title Holder:	<input type="checkbox"/> You <input type="checkbox"/> Lender <input type="checkbox"/> Other: _____	<input type="checkbox"/> You <input type="checkbox"/> Lender <input type="checkbox"/> Other: _____
Lender Name:		
Vehicle Location:		

SAFE DEPOSIT BOX		
	Box No. 1	Box No. 2
Institution Name:		
Box No.:		
Street Address:		
City, State, ZIP:		
Phone:		
Key Location:		

