

MY LIFE – MY WISHES – MY IMPORTANT INFO

BENEFICIARY PLANNER

MY Name: _____

Date: _____

Important People in My Life (Name and Phone #'s)	
1. Spouse	_____
2. Mother	_____
3. Father	_____
4. Sibling #1	_____
5. Sibling #2	_____
6. Sibling #3	_____
7. Child #1	_____
8. Child #2	_____
9. Child #3	_____
10. Proxy	_____
11. Pets	_____

IMPORTANT INFORMATION

HOUSE INFO	CAR INFO	EMPLOYMENT	MILITARY SERVICE	Professional Contacts
Address	Lic	Employer	Branch of Service	Doctor Name/#
	Reg#	Phone		
WIFI code	Make/Model	Address		Attorney Name/#
Alarm	Spare Key Location		Military Service #	
Computer PC	Ins Carrier	Email:		Account Name #
Safe Code	Mechanic	Supervisor Name	Rank at Discharge	
Electricity Company	Loan Vendor			Insurance Agent
Will Location		Dates of Employment	Date of Discharge	
Family Birth Certificates	Loan #			Financial Planner
Location		Pension Yes or NO	Place of discharge	
Passport Loc:		IRA Yes or No		

MY INSURANCE POLICIES				
POLICY TYPE	INSURANCECOMPANY NAME ADDRESS AND PHONE #	Policy Face Amount	Monthly Payment	Includes Accidental
HOME MORTGAGE OR LEASING INFORMATION				
Bank Name or Landlord name	Account #	Mortgage Amount	Monthly Payment	Contact Information
MY BANK / CREDIT UNION ACCOUNTS				
Bank Name	Account #	Account Type	Bank Phone #	
MY BILLS				
UTILITIES		CREDIT CARDS		MOBILE
Acc Name & #		Credit Card #1		My Cel #1
		Account Name & #		
				My Work Cel
		Credit Card #2		My Fax #
CABLE/INTERNET		Account Name & #		
Account Name & #				My Email
		Credit Card #3		My Web Page
		Account Name & #		
SUBSCRIPTIONS				Dream # _____
Acc Name & #				1
		Credit Card #4		2
Acc Name & #		Account Name & #		3
				4
Acc Name & #				5

YOUR SPECIAL REQUEST OR WISHES			
HOUSE		VEHICLES	
PERSONAL ASSET DISTRIBUTION			
MATERIAL POSSESSIONS		Name of person to receive item	
NAME OF ITEMS	Location		Location
1 Clothing		1	
2 Jewellery		2	
3 Furniture		3	
4 Computers		4	
5 Electronics		5	
6 Books		6	
7 Toys		7	
8		8	
9		9	
10		10	

PROFESSIONAL CONTACTS		
NAME	CONTACT INFO ADDRESS, PHONE #	ACCOUNT NAME OR #
ATTORNEY		
INSURANCE AGENT		
ACCOUNTANT		
REAL ESTATE AGENT		
POWER OF ATTORNEY		
PROXY		
Car Insurance		
MISC		

MY IMPORTANT DOCUMENTS	
NAME OF DOCUMENT	LOCATION OF DOCUMENTS
WILL AND TESTAMENT	Attorney
INSURANCE POLICIES	Insurance Company: Policy # Benefit Amount: Beneficiary
Social Security Benefits	Location details
Military Records / Veterans Benefits	Location details
401K /Retirement Benefits	Company: Contact Info Acc #
Safe Deposit Box	Location Contents Keys
Stocks, Bonds, Mutual Funds	Location Details
Miscellaneous Assets	Item and location details
Deeds / Morgages	Location and Details
Automobile Titles / Records	Location and Details
Tax Returns and Records	Location and Details