Planning Beyond the Will

Financial Matters

SFM /

Name of financial institution:

Location of Documents for Below Items:

Basics - Checking / Savings / Money Market / CDs

Contact name: Phone number: Are they aware of the person you've named to handle your financial matters? Yes No 1. Account name/registration: Account number: List any direct deposits, bill payments, or recurring transfers associated with this account. 2. Account name/registration: Account number: List any direct deposits, bill payments, or recurring transfers associated with this account. 3. Account name/registration: Account name/registration: Account name/registration: Account number: List any direct deposits, bill payments, or recurring transfers associated with this account.

List any direct deposits, bill payments, or recurring transfers associated with this account.

4. Account name/registration:

Account number:

List any direct deposits, bill payments, or recurring transfers associated with this account.

Anything else to note:

Investments - Brokerage and Retirement Accounts

Name of financial institution:

Contact name:

Phone number:

Are they aware of the person you've named to handle your financial matters?

Yes

No

1. Account name/registration:

Account number:

List any direct deposits, bill payments or recurring transfers associated with this account.

Additional notes:

2. Account name/registration:

Account number:

List any direct deposits, bill payments or recurring transfers associated with this account.

Additional notes:

3. Account name/registration:

Account number:

List any direct deposits, bill payments or recurring transfers associated with this account.

Additional notes:

4. Account name/registration:

Account number:

List any direct deposits, bill payments or recurring transfers associated with this account.

Additional notes:

5. Account name/registration:

Account number:

List any direct deposits, bill payments or recurring transfers associated with this account.

Additional notes:

Pensions, Social Security, and Annuity Information

Is there pension income?

Yes

No

1. Name of pension:

Contact name:

Phone number:

Email:

Additional payment information:

2.	Name of pension:
	Contact name:

Phone number:

Email:

Additional payment information:

Is there social security income?

Yes

No

- Social Security Number: Monthly net deposit: Annual gross amount: Deposit information:
- Social Security Number: Monthly net deposit: Annual gross amount: Deposit information:

Do you have any annuities?

Yes

No

1. Annuity:

Policy number:

Annuity agent's name:

Contact number:

Annuitized?

Yes No

If yes, please provide payment details (method, frequency, amount, annuitization option chosen, etc.):

2. Annuity:

Policy number:

Annuity agent's name:

Contact number:

Annuitized?

Yes No

If yes, please provide payment details (method, frequency, amount, annuitization option chosen, etc.):

3. Annuity:

Policy n	umber:
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Annuity agent's name:

Contact number:

Annuitized?

Yes No

If yes, please provide payment details (method, frequency, amount, annuitization option chosen, etc.):

4. Annuity:

Policy number:

Annuity agent's name:

Contact number:

Annuitized?

Yes No

If yes, please provide payment details (method, frequency, amount, annuitization option chosen, etc.):

Taxes

Do you have a CPA?

Yes

No

Name of CPA:

Phone:

Email:

Additional notes:

Is your CPA aware of the person you've named to handle your financial matters?

Yes

No

Do you use tax filing software?

Yes

No

Name of tax software:

Login ID and password:

Additional notes:

Credit Cards

1.	Card name:		
	Card holder(s):		
	Account number:	Expiration da	te:
	Payment due date:		
	Payment information:		
	Automatic bill payments linked to card?		
	Yes (if you check this box, please complete the details bel	ow)	No
	Details of automatic payments, including name, payment date	, amount and f	requency:

2. Card name:

Card holder(s):	
Account number:	Expiration date:
Payment due date:	
Payment information:	
Automatic bill payments linked to card?	
Yes (if you check this box, please complete the details belo	ow) No
Details of automatic payments, including name, payment date, amount and frequency:	

3.	Card name:		
	Card holder(s):		
	Account number:	Expiration date):
	Payment due date:		
	Payment information:		
	Automatic bill payments linked to card?		
	Yes (if you check this box, please complete the details below	ow)	No
	Details of automatic payments, including name, payment date	, amount and fre	equency:

4. Card name:

Card holder(s): Account number: Expiration date: Payment due date: Payment information: Automatic bill payments linked to card? Yes (if you check this box, please complete the details below) No Details of automatic payments, including name, payment date, amount and frequency:

5. Card name:

Card holder(s):	
Account number:	Expiration date:
Payment due date:	
Payment information:	
Automatic bill payments linked to card?	
Yes (if you check this box, please complete the details belo	ow) No
Details of automatic payments, including name, payment date	, amount and frequency:

6.	Card name:		
	Card holder(s):		
	Account number:	Expiration date	:
	Payment due date:		
	Payment information:		
	Automatic bill payments linked to card?		
	Yes (if you check this box, please complete the details belo	ow)	No
	Details of automatic payments, including name, payment date	amount and fre	equency:

Loan Information (any loans other than a mortgage, HELOC, or vehicle financing)

1. Type of loan:

Account number: Name of financial institution:

Contact name and number:

Payment details (including frequency, amount and method of payment):

Additional notes:

- 2. Type of loan:
 - Account number:
 - Name of financial institution:
 - Contact name and number:
 - Payment details (including frequency, amount and method of payment):

Additional notes: