



Personal Record System

CLIENT 1:
CLIENT 2:

Center for Financial Planning, Inc.® has prepared this document intending to be a practical listing of personal and financial information and the whereabouts of documents that would be needed by an executor or other person called upon to administer the client(s)'s affairs in the event of a prolonged absence, illness or death. This document pairs well with the Letter of Last Instruction and is not a legal document.

You may use this system two ways.

- The first is simply to print off this PDF document and fill in the information by hand.
 - or -
- We encourage you to use the second method, which is to save the document on your own computer where you may then fill it in and more easily update it periodically.

This PDF document is an interactive form, which means you can simply open the document in Adobe Acrobat Reader which is a free program and can be downloaded at www.adobe.com. We do recommend having the latest available download when completing this form.

We suggest you update this information at least annually. Many clients find tax time is an opportune time to do this. The Center would be happy to securely store this document along with your other financial records.







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COPIES OF DOCUMENTS

PERSONAL RECORD SYSTEM



Note: See Letter of Last Instruction for name of Attorney, Name of CPA, Name of Financial Planner

Client 1 name:	
Client 2 name:	
This revision date(mm/dd/yyyy):	
Location of original Letter of Last Instruction:	
Location of original Personal Record System:	
COPIES ARE HELD BY:	
Name:	_Phone #:
PHYSICIANS AND HEALTH CARE PROVIDERS	
PRIMARY CARE PHYSICIAN: Client 1	
Name:	
Phone:	
Online portal website:	
Online username:	Password:
PRIMARY PHYSICIAN: Client 2	
Name:	
Phone:	
Online portal website:	
Online username:	Password:





Telephone #:AUTHORIZED SIGNERS:
1
2
3
4
LOCATION OF KEYS:
SUMMARY OF SAFETY DEPOSIT CONTENTS:
•
•
•
•
•
•
•
•
•
•
•





CREDIT CARDS

Name on card:	Type (Visa, etc):
Bank/Company:	Phone #:
Account #:	Exp:
Online username:	Password:
Name on card:	Type (Visa. etc):
Bank/Company:	
Account #:	
Online username:	
Name on card:	Type (Visa, etc):
Bank/Company:	
Account #:	
Online username:	
Name on card:	Type (Visa. etc):
Bank/Company:	
Account #:	
Online username:	
Name on card:	Type (Visa etc):
Bank/Company:	
Account #:	
Online username:	





CREDIT CARDS (continued)

Name on card:	Type (Visa, etc):
Bank/Company:	Phone #:
Account #:	_ Exp:
Online username:	Password:
Name on card:	_ Type (Visa, etc):
Bank/Company:	_ Phone #:
Account #:	_ Exp:
Online username:	Password:
Name on card:	_ Type (Visa, etc):
Bank/Company:	Phone #:
Account #:	_ Exp:
Online username:	Password:
Name on card:	_ Type (Visa, etc):
Bank/Company:	Phone #:
Account #:	_ Exp:
Online username:	Password:
Name on card:	_ Type (Visa, etc):
Bank/Company:	Phone #:
Account #:	_ Exp:
Online username:	Password:





MORTGAGE AND OTHER DEBT

Institution / person:	Type:	
	Phone #:	
Online username:	Password:	
Institution / person:	Type:	
Pay-off date:	Phone #:	
Online username:	Password:	
Institution / person:	Type:	
Pay-off date:	Phone #:	
Online username:	Password:	
Institution / person:	Type:	
Pay-off date:	Phone #:	
	Password:	
Institution / person:	Type:	
Pay-off date:	Phone #:	
Online username:	Password:	
Institution / person:	Type:	
	Phone #:	
	Password:	





INCOME TAX Where Financial Records are Kept

STATE & FEDERAL TAX RETURNS (AND SUPPORTING DOCUMENTATION)





PROPERTY TITLE(S)

LOCATION OF PROPERTY 1	TITLE(S) AND DEED(S):
Primary Residence:	
Other Property Address:	
Location of Title and Deed: _	
Other Property Address:	
Location of Title and Deed: _	
Other Property Address:	
Location of Title and Deed: _	
ESTATE DOCUMENTS	
WILLS	
Name on will:	
Name on will:	
Dated:	
Location of original:	





ESTATE DOCUMENTS (continued)

TRUSTS		
Name of trust (include date):		
Location of original:		
Name of trust (include date):		
Location of original:		
Location of copy(ies):		
DURABLE POWERS OF ATTORNEY		
Name on Durable Powers of Attorney:		
Dated:		
Location:		
Name on Durable Powers of Attorney:		
Dated:		
Location:		
LIFE INSURANCE POLICIES		
Company name:		
Insured:		
Policy #:		
Face Amount (\$\$):		
Location of policy:		
Agent name (if anv):	Phone:	





LIFE INSURANCE POLICIES (continued)

Company name:		
Insured:		
	Phone:	
Company name:		
	Phone:	
Company name:		
	Phone:	





HOMEOWNERS INSURANCE

PRIMARY RESIDENCE

Company name:		
	Agent Phone:	
	Password:	
Property address:		
	Agent Phone:	
	Password:	
Property address:		
	Agent Phone:	
Online username:	Password:	





AUTO INSURANCE

Company name:		
	Agent Phone:	
	Password:	
Company name:		
	Agent Phone:	
	Password:	
Company name:		
	Agent Phone:	
Online username:	Password:	





LONG TERM CARE INSURANCE

Company name:	
For whom:	
	Agent Phone:
Online username:	Password:
Company name:	
For whom:	
Policy #:	
Location of policy:	
	Agent Phone:
Online username:	Password:
HEALTH INSURANCE	
Company name:	Policy/ID #:
Online username:	Password:
Company name:	Policy/ID #:
Online username:	Password:
Company name:	Policy/ID #:
Online username:	Password:
Company name:	Policy/ID #:
Online username:	Password:





ISA	BIL	.ITY	INS	URAI	NCE

Company name:	Policy/ID #:
Person covered:	
Online username:	Password:
Company name:	Policy/ID #:
Person covered:	
Online username:	Password:
OTHER INSURANCE Property / Umb	rella liability / Boats / RV's, etc.
Company name:	Policy/ID #:
Location of policy:	
Agent name:	Agent Phone:
Online username:	Password:
Company name:	Policy/ID #:
Location of policy:	
Agent name:	Agent Phone:
Online username:	Password:
Company name:	Policy/ID #:
Location of policy:	
	Agent Phone:
Online username:	Password:





PERSONAL DOCUMENTS

SOCIAL SECURITY

Name on card:		
Number:	Location of card:	
Online username:		Password:
Name on card:		
Number:	Location of card:	
Online username:		Password:
DRIVER'S LICENSES		
Name on license:		
DL#:	Location of license:	
Online username:		Password:
Name on license:		
DL#:	Location of license:	
Online username:		Password:
PASSPORTS:		
Name on passport:		
Passport#:	Location of passport:	
Name on passport:		
Passport#:	Location of passport:	





PERSONAL DOCUMENTS (continued)

BIRTH CERTIFICATES:	
Name:	DOB:
Location of certificate:	
Name:	DOB:
Location of certificate:	
OTHER DOCUMENT:	
Type of Document:	
Location:	
OTHER DOCUMENT:	
Type of Document:	
Location:	
OTHER DOCUMENT:	
Type of Document:	
Location:	
OTHER DOCUMENT:	
Type of Document:	
Location:	
OTHER DOCUMENT:	
Type of Document:	
Location:	





BANK ACCOUNTS / CREDIT UNIONS / CDS

CHECKING, SAVINGS, MONEY MARKET, ETC:

Name of bank:	Acct #:
Account owner(s):	Type of Account:
Username:	Password:
	A
Name of bank:	Acct #:
Account owner(s):	Type of Account:
Username:	Password:
Name of bank:	Acct #:
	Type of Account:
	Password:
Name of bank:	Acct #:
Account owner(s):	Type of Account:
Username:	Password:
Name of bank:	Acct #:
Account owner(s):	Type of Account:
Username:	Password:
Name of bank:	Acct #:
	Type of Account:
	Password:





INVESTMENTS BROKERAGE ACCOUNTS

Financial Planner / Broker Name:	
Brokerage Firm Name:	
Phone:	
Account owner(s) and number(s):	
Location of statements / documents:	
Online username:	
Financial Planner / Broker Name:	
Brokerage Firm Name:	
Phone:	
Account owner(s) and number(s):	
Location of statements / documents:	
Online username:	
Financial Planner / Broker Name:	
Brokerage Firm Name:	
Phone:	
Account owner(s) and number(s):	
Location of statements / documents:	
Online username:	Password:





INVESTMENTS BROKERAGE ACCOUNTS (continued)

Financial Planner / Broker Name:		
	Password:	
Financial Planner / Broker Name:		
Brokerage Firm Name:		
	Password:	
Online username:	Password:	





DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES

CLIENT 1

Name of investment:	
Type of investment:	
Phone #:	
Contact person (if any):	
Location of statements / documents:	
Online username:	
Name of investment:	
Type of investment:	
Phone #:	
Contact person (if any):	
Location of statements / documents:	
Online username:	
Name of investment:	
Type of investment:	
Phone #:	
Contact person (if any):	
Location of statements / documents:	
Online username:	





DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES (continued)

CLIENT 2

Name of investment:	
Type of investment:	
Phone #:	
Contact person (if any):	
Location of statements / documents:	
Online username:	
Name of investment:	
Type of investment:	
Phone #:	
Contact person (if any):	
Location of statements / documents:	
Online username:	
Name of investment:	
Type of investment:	
Phone #:	
Contact person (if any):	
Location of statements / documents:	
Online username:	





PENSION AND RETIREMENT BENEFITS

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	- 1
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Retirement ID:	Contact (if any):
Phone #:	Website:
Location of statements / documents:	
Online username:	Password:
Retirement ID:	Contact (if any):
Phone #:	Website:
Location of statements / documents:	
Online username:	Password:
CLIENT 2	
Retirement ID:	Contact (if any):
Phone #:	Website:
Location of statements / documents:	
Online username:	Password:
Retirement ID:	Contact (if any):
Phone #:	Website:
Location of statements / documents:	
Online username:	Password:





401(K) / 403 (B) RETIREMENT ACCOUNTS

CLIENT 1

Plan Administrator (name o	of company):		
		Website:	
		Password:	
Plan Administrator (name o	of company):		
		Website:	
		Password:	
Plan Administrator (name o	of company):		
		Website:	
		Password:	





401(K) / 403 (B) RETIREMENT ACCOUNTS (continued)

CLIENT 2

Plan Administrator (name o	of company):		
		Website:	
		Password:	
Plan Administrator (name o	of company):		
		Website:	
		Password:	
Plan Administrator (name o	of company):		
		Website:	
		Password:	





ONLINE ACCOUNTS: COMMONLY ASKED SECURITY QUESTIONS AND ANSWERS

CLIENT 1			
Question:			
Answer:			
Question:			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Answer:			





ONLINE ACCOUNTS: COMMONLY ASKED SECURITY QUESTIONS AND ANSWERS (continued)

CLIENT 1		
Question:		
Answer:		
Question:		
Answer:		
Question:		
Answer:		
Question:		
Answer:		
Question:		
Answer:		
Question:		
Question:		
Question:		
Question:		





ONLINE ACCOUNTS: COMMONLY ASKED SECURITY QUESTIONS AND ANSWERS (continued)

CLIENT 2			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Question:			
Answer:			
Question:			
Answer:			
Question:			
Answer:			
0 "			
Question:			
Answer:			
Question:			
Answer:			
Question:	 	 	
Answer:			
Question:			
Answer:			





ONLINE ACCOUNTS: COMMONLY ASKED SECURITY QUESTIONS AND ANSWERS (continued)

CLIENT 2 Question: Answer: _____ Question: Question: Answer: __ Question: Answer: _____ Question: _____ Answer: Question: __ Answer: Question: __ Answer: Question: Answer: _____ Question: Answer:





ONLINE ACCOUNTS: E-MAIL

CLIENT 1	
e-Mail address:	Password:
Notes:	
e-Mail address:Notes:	
e-Mail address:	Password:
Notes:	
e-Mail address:	Password:
Notes:	
CLIENT 2	
e-Mail address:	Password:
Notes:	
e-Mail address:Notes:	
	Password:

e-Mail address: Password:





ONLINE ACCOUNTS: SOCIAL MEDIA (FACEBOOK, TWITTER, LINKEDIN, PINTEREST, ETC.)

CLIENT 1

Platform:	Platform:
Handle:	Handle:
Password:	Password:
E-mail:	E-mail:
Notes:	Notes:
Platform:	Platform:
Handle:	Handle:
Password:	Password:
E-mail:	E-mail:
Notes:	Notes:
Platform:	Platform:
Handle:	Handle:
Password:	Password:
E-mail:	E-mail:
Notes:	Notes:
Platform:	Platform:
Handle:	Handle:
Password:	Password:
E-mail:	E-mail:
Notes:	Notes:





ONLINE ACCOUNTS: SOCIAL MEDIA (FACEBOOK, TWITTER, LINKEDIN, PINTEREST, ETC.)

CLIENT 2

Platform:	Platform:
Handle:	Handle:
Password:	Password:
E-mail:	E-mail:
Notes:	Notes:
Platform:	Platform:
Handle:	Handle:
Password:	Password:
E-mail:	E-mail:
Notes:	Notes:
Platform:	Platform:
Platform:	Platform:
Handle:	Handle:
Handle:	Handle:
Handle: Password: E-mail:	Handle:
Handle: Password: E-mail:	Handle:
Handle: Password: E-mail: Notes:	Handle: Password: E-mail: Notes:
Handle: Password: E-mail: Notes:	Handle: Password: E-mail: Notes:
Handle: Password: E-mail: Notes: Platform: Handle:	Handle: Password: E-mail: Notes: Platform: Handle:
Handle: Password: E-mail: Notes: Platform: Handle: Password:	Handle:





ONLINE ACCOUNTS: HOUSEHOLD

ELECTRIC, GAS, WATER, CABLE, INTERNET, PHONE, ETC.

Utility company:	Acct #:
Username:	Password:
Utility company:	Acct #:
Username:	Password:
Utility company:	Acct #:
Username:	Password:
Utility company:	Acct #:
Username:	Password:
Utility company:	Acct #:
Username:	Password:
Utility company:	Acct #:
Username:	Password:
Cable / Internet:	Acct #:
Username:	Password:
Cable / Internet:	Acct #:
Username:	Password:
Cable / Internet:	Acct #:
Username:	Password:





ONLINE ACCOUNTS: HOUSEHOLD (continued)

ELECTRIC, GAS, WATER, CABLE, INTERNET, PHONE, ETC.

Cell phone provider:	
Cell phone account (or phone)#:	
Jsername:	Password:
Cell phone provider:	
Cell phone account (or phone)#:	
Jsername:	Password:
Cell phone provider:Cell phone account (or phone)#:	
Jsername:	
Other:	Acct #:
Website:	
Jsername:	
Other:	Acct #:
Website:	
Jsername:	Password:
Other:	Acct #:
Website:	
Jsername:	





ONLINE ACCOUNTS: INDIVIDUAL

Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Mala alta.	Mahaita
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:





ONLINE ACCOUNTS: INDIVIDUAL

Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:





ONLINE ACCOUNTS: INDIVIDUAL

Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:





ONLINE ACCOUNTS: INDIVIDUAL

Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:
Website:	Website:
Account Owner:	Account Owner:
Username:	Username:
Password:	Password:
Notes:	Notes:





OTHER IMPORTANT INFORMATION

FREQUENT-FLYER PROGRAMS

Passenger name:	
Airline:	
I wish to donate accumulated "frequent flyer" miles to:	
Passenger name:	
Airline:	Account #:
I wish to donate accumulated "frequent flyer" miles to:	
Passenger name:	
Airline:	Account #:
I wish to donate accumulated "frequent flyer" miles to: _	
Passenger name:	
Airline:	Account #:
I wish to donate accumulated "frequent flyer" miles to:	
Passenger name:	
Airline:	
I wish to donate accumulated "frequent flyer" miles to:	
Passenger name:	
Airline:	
I wish to donate accumulated "frequent flyer" miles to:	





OTHER IMPORTANT INFORMATION (continued)

HOTEL REWARDS PROGRAMS

Name(s) on account:	
Hotel:	Account #:
I wish to donate accumulated rewards points to:	
Name(s) on account:	
Hotel:	Account #:
I wish to donate accumulated rewards points to:	
Name(s) on account:	
Hotel:	Account #:
I wish to donate accumulated rewards points to:	
MEMBERSHIPS (COSTCO, AAA, GYM, ETC)	
Type of membership:	
Name(s) on account:	
Account/membership number:	Phone number:
Type of membership:	
Name(s) on account:	
Account/membership number:	Phone number:
Type of membership:	
Name(s) on account:	
	Phone number:





MEMBERSHIPS (COSTCO, AAA	., GYM, ETC) ((continued)
--------------------------	----------------	-------------

Type of membership:	
Name(s) on account:	
Account/membership number:	Phone number:
Type of membership:	
Name(s) on account:	
Account/membership number:	
Type of membership:	
Name(s) on account:	
Account/membership number:	
PROFESSIONAL LICENSES	
Type of license:	
Name(s) on license:	
Professional License/Registration #:	
Type of license:	
Name(s) on license:	
Professional License/Registration #:	
Type of license:	
Name(s) on license:	
Professional License/Registration #:	





EVERYTHING ELSE

MEDICATIONS, PIN NUMBERS, COMPUTER PASSWORDS, ARMED FORCES PAPERWORK, CELL PHONE PASSCODES, COMBINATIONS TO LOCKS AND SAFES, PIN NUMBERS, ETC.





EVERYTHING ELSE

MEDICATIONS, PIN NUMBERS, COMPUTER PASSWORDS, ARMED FORCES PAPERWORK, CELL PHONE PASSCODES, COMBINATIONS TO LOCKS AND SAFES, PIN NUMBERS, ETC.





EVERYTHING ELSE

MEDICATIONS, PIN NUMBERS, COMPUTER PASSWORDS, ARMED FORCES PAPERWORK, CELL PHONE PASSCODES, COMBINATIONS TO LOCKS AND SAFES, PIN NUMBERS, ETC.