

Personal and Financial Recordkeeper

This tool is designed to help you organize your personal and financial records for current and future estate needs.

Make sure that your heirs and other trusted individuals are aware of its secure location. You should review, add to, and update the contents once a year and whenever your personal circumstances change.

Access a new copy any time at www.icmarc.org/recordkeeper.

Personal data

Your name: _____

Social Security #: _____

Address: _____

Phone: _____

Date of birth: _____

Place of birth: _____

Date of marriage: _____

Place of marriage: _____

Spouse's name: _____

Social Security #: _____

Date of birth: _____

Child's name: _____

Social Security #: _____

Date of birth: _____

Child's name: _____

Social Security #: _____

Date of birth: _____

Child's name: _____

Social Security #: _____

Date of birth: _____

Child's name: _____

Social Security #: _____

Date of birth: _____

Child's name: _____

Social Security #: _____

Date of birth: _____

Employment

Current employer: _____

Position: _____

Date hired: _____

Address: _____

Phone: _____

Notes: _____

Prior employer: _____

Position: _____

Date hired: _____

Date left: _____

Address: _____

Phone: _____

Notes: _____

Employment *(continued)*

Prior employer: _____
Position: _____
Date hired: _____
Date left: _____
Address: _____
Phone: _____
Notes: _____

Prior employer: _____
Position: _____
Date hired: _____
Date left: _____
Address: _____
Phone: _____
Notes: _____

Financial and Legal Professionals

Attorney: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Accountant: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Financial planner: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Medical Professionals

Physician: _____
Company: _____
Address: _____
Phone: _____
Notes: _____

Physician: _____
Company: _____
Address: _____
Phone: _____
Notes: _____

Dentist: _____
Company: _____
Address: _____
Phone: _____
Notes: _____

Specialist: _____
Company: _____
Address: _____
Phone: _____
Notes: _____

Documents

Marriage license

Location: _____

Family birth certificates/adoption papers

Location: _____

Passport

Location: _____

Number: _____

Deeds and titles

Property: _____

Document location: _____

Notes: _____

Deeds and titles

Property: _____

Document location: _____

Notes: _____

Military service

Branch: _____

Rank: _____

Date of enlistment: _____

Discharge papers location: _____

Notes: _____

Will(s)

Date of original: _____

Date of amendment: _____

Executor: _____

Location: _____

Notes: _____

Living will

Date: _____

Location: _____

Notes: _____

Financial power of attorney

Date: _____

Location: _____

Agent: _____

Notes: _____

Medical power of attorney

Date: _____

Location: _____

Agent: _____

Notes: _____

Trust

Name: _____

Date: _____

Location: _____

Trustee: _____

Notes: _____

Trust

Name: _____

Date: _____

Location: _____

Trustee: _____

Notes: _____

Banking

Bank: _____
Account type: Savings Checking Other
Account number: _____
Notes: _____

Bank: _____
Account type: Savings Checking Other
Account number: _____
Notes: _____

Bank: _____
Account type: Savings Checking Other
Account number: _____
Notes: _____

Safe deposit box: _____
Bank name: _____
Location: _____
Notes: _____

Investments (non-retirement)

Investment: _____
Financial company: _____
Account number: _____
Phone: _____
Notes: _____

Investment: _____
Financial company: _____
Account number: _____
Phone: _____
Notes: _____

Investment: _____
Financial company: _____
Account number: _____
Phone: _____
Notes: _____

Investment: _____
Financial company: _____
Account number: _____
Phone: _____
Notes: _____

Investment: _____
Financial company: _____
Account number: _____
Phone: _____
Notes: _____

Retirement Plans

Employer Plans

Employer: _____
Financial company: _____
Account number: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Employer: _____
Financial company: _____
Account number: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Employer: _____
Financial company: _____
Account number: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Individual Retirement Accounts (IRAs)

Financial company: _____
Account number: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Financial company: _____
Account number: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Financial company: _____
Account number: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Credit Cards

Card: _____
Account number: _____
Phone: _____
Notes: _____

Card: _____
Account number: _____
Phone: _____
Notes: _____

Card: _____
Account number: _____
Phone: _____
Notes: _____

Card: _____
Account number: _____
Phone: _____
Notes: _____

Mortgages

For: _____
Mortgage company: _____
Account number: _____
Phone: _____
Notes: _____

For: _____
Mortgage company: _____
Account number: _____
Phone: _____
Notes: _____

Loans

For: _____
Lender: _____
Account number: _____
Phone: _____
Notes: _____

For: _____
Lender: _____
Account number: _____
Phone: _____
Notes: _____

For: _____
Lender: _____
Account number: _____
Phone: _____
Notes: _____

For: _____
Lender: _____
Account number: _____
Phone: _____
Notes: _____

For: _____
Lender: _____
Account number: _____
Phone: _____
Notes: _____

Medical Insurance

Primary health insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Secondary health insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Prescription drug insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Dental insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Vision insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Disability insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Long-term care insurance

Company: _____
Agent/contact name: _____
Policy number: _____
Group number: _____
Phone: _____
Notes: _____

Life Insurance

Company: _____
Policy type: _____
Policy location: _____
Policy number: _____

Agent/contact name: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Company: _____
Policy type: _____
Policy location: _____
Policy number: _____

Agent/contact name: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Company: _____
Policy type: _____
Policy location: _____
Policy number: _____

Agent/contact name: _____
Phone: _____
Beneficiary(ies): _____

Notes: _____

Property Insurance

Homeowner's or renter policy
Company: _____
Policy number: _____
Policy location: _____
Agent: _____
Phone: _____
Notes: _____

Automobile policy
Company: _____
Policy number: _____
Policy location: _____
Agent: _____
Phone: _____
Notes: _____

Other insurance
Company: _____
Policy number: _____
Policy location: _____
Agent: _____
Phone: _____
Notes: _____

Other insurance
Company: _____
Policy number: _____
Policy location: _____
Agent: _____
Phone: _____
Notes: _____

Pets

Name: _____
Type: _____
Vet name: _____
Vet phone: _____
Pet insurance company: _____
Pet insurance policy #: _____
Pet insurance phone: _____
Caregiver in your absence: _____
Medical conditions/dietary needs: _____
Notes: _____

Name: _____
Type: _____
Vet name: _____
Vet phone: _____
Pet insurance company: _____
Pet insurance policy #: _____
Pet insurance phone: _____
Caregiver in your absence: _____
Medical conditions/dietary needs: _____
Notes: _____

Name: _____
Type: _____
Vet name: _____
Vet phone: _____
Pet insurance company: _____
Pet insurance policy #: _____
Pet insurance phone: _____
Caregiver in your absence: _____
Medical conditions/dietary needs: _____
Notes: _____

Name: _____
Type: _____
Vet name: _____
Vet phone: _____
Pet insurance company: _____
Pet insurance policy #: _____
Pet insurance phone: _____
Caregiver in your absence: _____
Medical conditions/dietary needs: _____
Notes: _____

Digital Assets

Type: _____
Name of site: _____
Website address: _____
Location of access instructions: _____
Your wishes for account upon your death: _____
Notes: _____

Type: _____
Name of site: _____
Website address: _____
Location of access instructions: _____
Your wishes for account upon your death: _____
Notes: _____

Type: _____
Name of site: _____
Website address: _____
Location of access instructions: _____
Your wishes for account upon your death: _____
Notes: _____

Funeral Planning

Burial/cremation wishes: _____
Funding for funeral/cremation/burial plot: _____
Preferred funeral home/crematorium: _____
Notes: _____

MissionSquare Resources

- MissionSquare helps public sector employees throughout their working *and* retirement years.
- Contact your MissionSquare Retirement Plans Specialist or CERTIFIED FINANCIAL PLANNER™ professional for personalized assistance.
- Manage your overall finances with step-by-step guidance from an MissionSquare financial plan. Visit www.icmarc.org/guidedpathways to learn more.
- Get tips and tools to help you save, invest, and retire at www.icmarc.org/learn.



Download MissionSquare's mobile app from the App Store® or Google Play™ to keep track of your MissionSquare account whenever and wherever it's convenient for you.

