

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:	Child's name:
Social Security #:	Social Security #:
Address:	Date of birth:
	Child's name:
Phone:	Social Security #:
Date of birth:	Date of birth:
Place of birth:	
Date of marriage:	Employment
Place of marriage:	
Spouse's name:	Current employer:
•	Position:
Social Security #:	Date hired:
Date of birth:	Address:
Child's name:	
Social Security #:	Phone:
Date of birth:	Notes:
Child's name:	Prior employer:
Social Security #:	Position:
Date of birth:	Date hired:
Child's name:	Date left:
Social Security #:	Address:
Date of birth:	Phone:
Dute of birtin.	Notes:

#### **Employment** (continued) **Prior employer: Financial planner:** Position: Company: Date hired: Address: Date left: Address: Phone: Phone: Email: Notes: Notes: **Prior employer: Medical Professionals** Position: Date hired: **Physician:** Date left: Company: Address: Address: Phone: Notes: Phone: Notes: **Financial and Legal Professionals Physician: Attorney:** Company: Address: Company: Address: Phone: Phone: Notes: Email: **Dentist:** Notes: Company: Address: **Accountant:** Company: Address: Phone: Notes: Phone: **Specialist:** Email: Company: Notes:

Address:

Phone: Notes:

### **Documents**

Marriage license	Living will	
Location:	Date:	
Family birth certificates/adoption papers	Location:	
Location:	Notes:	
Passport	Financial power of attorney	
Location:	Date:	
Number:	Location:	
	Agent:	
Deeds and titles	Notes:	
Property:	 Medical power of attorney	
Document location:	Date:	
Notes:	Location:	
Deeds and titles		
Property:	Agent: Notes:	
Document location:		
Notes:	Trust	
	Name:	
Military service	Date:	
Branch:	Location:	
Rank:	Trustee:	
Date of enlistment:	Notes:	
Discharge papers location:	Trust	
Notes:	Name:	
Will(s)	Date:	
Date of original:	Location:	
	Trustee:	
Date of amendment:	Notes:	
Executor:		
Location:		
Notes:		

# **Banking** Bank: Account type: $\square$ Savings $\square$ Checking $\square$ Other Account number: Notes: Bank: Account type: $\square$ Savings $\square$ Checking $\square$ Other Account number: Notes: Bank: Account type: $\square$ Savings $\square$ Checking $\square$ 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:	
140.000.	
Investment:	
Financial company:	
Account number:	
Phone:	
Notes:	

## **Retirement Plans**

<b>Employer Plans</b>	Individual Retirement Accounts (IRAs)
Employer:	Financial company:
Financial company:	Account number:
Account number:	Phone:
Phone:	Beneficiary(ies):
Beneficiary(ies):	
	Notes:
Notes:	Financial company:
Employer:	Account number:
Financial company:	Phone:
Account number:	Beneficiary(ies):
Phone:	
Beneficiary(ies):	
	Notes:
	Financial company:
Notes:	Account number:
Employer:	Phone:
Financial company:	Beneficiary(ies):
Account number:	
Phone:	
Beneficiary(ies):	Notes:
Notes:	

Credit Cards	Loans	
Card:	For:	
Account number:	Lender:	
Phone:	Account number:	
Notes:	Phone:	
Card:	Notes:	
Account number:	For:	
Phone:	Lender:	
Notes:	Account number:	
Card:	Phone:	
Account number:	Notes:	
Phone:	For:	
Notes:	Lender:	
	Account number:	
Card:	 Phone:	
Account number:	Notes:	
Phone:		
Notes:	For:	
	Lender:	
Mortgages	Account number:	
For:	Phone:	
Mortgage company:	Notes:	
Account number:	For:	
Phone:	Lender:	
Notes:	Account number:	
Fam	Phone:	
For:	Notes:	
Mortgage company:		
Account number:  Phone:		
Notes:		

# **Medical Insurance**

Primary health insurance	Vision insurance
Company:	Company:
Agent/contact name:	Agent/contact name:
Policy number:	Policy number:
Group number:	Group number:
Phone:	Phone:
Notes:	Notes:
Secondary health insurance	Disability insurance
Company:	Company:
Agent/contact name:	Agent/contact name:
Policy number:	Policy number:
Group number:	Group number:
Phone:	Phone:
Notes:	Notes:
Prescription drug insurance	Long-term care insurance
Company:	Company:
Agent/contact name:	Agent/contact name:
Policy number:	Policy number:
Group number:	Group number:
Phone:	Phone:
Notes:	Notes:
Dental insurance	
Company:	
Agent/contact name:	
Policy number:	
Group number:	
Phone:	
Notes:	

## **Life Insurance**

Company:	Homeowner's or renter policy
Policy type:	Company:
Policy location:	Policy number:
Policy number:	Policy location:
	Agent:
Agent/contact name:	Phone:
Phone:	Notes:
Beneficiary(ies):	
	Automobile policy
Notes:	Policy number:
Company:	Policy location:
	Agent:
Policy type:	Phone:
Policy location:	Notes:
Policy number:	Other insurance
Agent/contact name:	Company:
Phone:	Policy number:
Beneficiary(ies):	Policy location:
	Agent:
	Phone:
Notes:	Notes:
Company:	Other insurance
Policy type:	Company:
Policy location:	Policy number:
Policy number:	Policy location:
	Agent:
Agent/contact name:	
Phone:	Notes:
Beneficiary(ies):	
Notes:	

**Property Insurance** 

#### **Pets**

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

# **Digital Assets**

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



