

Section 8

Financial

NOTE Date you last reviewed your credit report with the 3 major credit bureaus: _____
Equifax 1-800-685-1111 or www.equifax.com
Experian (formerly TRW) 1-888-397-3742 or www.experian.com
Trans Union 1-888-503-0048 or <http://www.transunion.com>

Monthly Income and Source:

Recipient's name: _____
Source: _____ Account #: _____
Address: _____
Telephone #: () _____ Email Address: _____
Estimated Amount: \$ _____ Dates(s) Normally Received: _____
Direct Deposit To: _____
Name or Title on Account: _____

Recipient's name: _____
Source: _____ Account #: _____
Address: _____
Telephone #: () _____ Email Address: _____
Estimated Amount: \$ _____ Dates(s) Normally Received: _____
Direct Deposit To: _____
Name or Title on Account: _____

Recipient's name: _____
Source: _____ Account #: _____
Address: _____
Telephone #: () _____ Email Address: _____
Estimated Amount: \$ _____ Dates(s) Normally Received: _____
Direct Deposit To: _____
Name or Title on Account: _____

Recipient's name: _____
Source: _____ Account #: _____
Address: _____
Telephone #: () _____ Email Address: _____
Estimated Amount: \$ _____ Dates(s) Normally Received: _____
Direct Deposit To: _____
Name or Title on Account: _____

CPA/Accountant:

Name: _____
Name of Firm: _____

Telephone#: () _____ FAX #: () _____

Address: _____

Current year tax return location: _____

Previous year's tax return location(s): _____

Employment benefit information location: _____

Financial Advisors:

Name: _____

Name of Firm : _____

Address: _____

Email _____

Address: _____

Telephone#: () _____ FAX #: () _____

Account Title: _____ # _____

Account Title: _____ # _____

Account Title: _____ # _____

Is this a fee based or commission-based service? _____

Notes: _____

Name: _____

Name of Firm : _____

Address: _____

Email _____

Address: _____

Telephone#: () _____ FAX #: () _____

Account Title: _____ # _____

Account Title: _____ # _____

Account Title: _____ # _____

Is this a fee based or commission-based service? _____

Notes: _____

Bank, Credit Union, Brokerage Checking/Savings Account Information:

Name of Institution: _____

Address: _____

Telephone#: () _____ FAX #: () _____

Type of account and #: _____

Title on account: _____

Names of persons authorized to sign on account: _____

Website: _____ Username: _____ Password _____

Automatic deposit authorizations:

Name of Company/entity: _____

Date of monthly deposit: _____ Amount: _____

Telephone # of depositor: () _____

Address of depositor: _____

Notes: _____

Automatic deposit authorizations:

Name of Company/entity: _____

Date of monthly deposit: _____ Amount: _____

Telephone # of depositor: () _____

Address of depositor: _____

Notes: _____

Automatic deposit authorizations:

Name of Company/entity: _____

Date of monthly deposit: _____ Amount: _____

Telephone # of depositor: () _____

Address of depositor: _____

Notes: _____

Automatic debit authorizations:

Name of Company/entity: _____

Date of monthly withdrawal: _____ Amount: _____

Telephone #: () _____

Address: _____

Notes: _____

Automatic debit authorizations:

Name of Company/entity: _____

Date of monthly withdrawal: _____ Amount: _____

Telephone #: () _____

Address: _____

Notes: _____

Automatic debit authorizations:

Name of Company/entity: _____

Date of monthly withdrawal: _____ Amount: _____

Telephone #: () _____

Address: _____

Notes: _____

Name of Institution: _____
Address: _____
Telephone#: () _____ FAX #: () _____
Type of account and #: _____
Title on account: _____
Names of persons authorized to sign on account: _____
Website: _____ Username: _____ Password _____

Automatic deposit authorizations:

Name of Company/entity: _____
Date of monthly deposit: _____ Amount: _____
Telephone # of depositor: () _____
Address of depositor: _____
Notes: _____

Automatic deposit authorizations:

Name of Company/entity: _____
Date of monthly deposit: _____ Amount: _____
Telephone # of depositor: () _____
Address of depositor: _____
Notes: _____

Automatic deposit authorizations:

Name of Company/entity: _____
Date of monthly deposit: _____ Amount: _____
Telephone # of depositor: () _____
Address of depositor: _____
Notes: _____

Automatic debit authorizations:

Name of Company/entity: _____
Date of monthly withdrawal: _____ Amount: _____
Telephone #:() _____
Address: _____
Notes: _____

Automatic debit authorizations:

Name of Company/entity: _____
Date of monthly withdrawal: _____ Amount: _____
Telephone #:() _____
Address: _____
Notes: _____

On-line (Electronic) Banking:

Name of bank website: _____
I.D. Sign-on code: _____
Password: _____ Account #: _____
Notes: _____

Safe Deposit Box:

Safety Deposit Box #: _____ Name of Bank: _____
Address of Bank: _____
Telephone #: () _____ Access hours: _____
Renewal date and yearly fee: _____
Location of key(s): _____
Persons on signature card for access to the box: _____

Location of inventory of contents: _____

Personal Safe:

Location: _____ Combination (optional) _____
Persons having keys/combination: _____
Location of inventory of contents: _____

Pension:

Name of pensioner: _____
Amount and date received each month: _____
Electronic deposit arrangements: _____
Company Name : _____
Address : _____
Contact Person : _____ Telephone #: () _____
Email Address: _____
I.D. #s : _____
Beneficiary (if applicable): _____
Email Address: _____ Telephone #: () _____
Surviving spouse provisions: _____
Location of Employee Benefits Statement or Information: _____

Name of pensioner: _____
Amount and date received each month: _____
Electronic deposit arrangements: _____
Company Name : _____
Address : _____
Contact Person : _____ Telephone #: () _____

Email Address: _____

I.D. #s : _____

Beneficiary (if applicable): _____

Email Address: _____ Telephone #: () _____

Surviving spouse provisions: _____

Location of Employee Benefits Statement or Information: _____

IRA: Traditional, ROTH, SEP, Rollover, Simple, Spousal, Beneficiary; 401(k), 403(b), ESOP, KEOGH, Profit Share, Other:

Type of Account: _____ **Account #:** _____

Owner: _____

Location : _____

Rep. Name : _____ Telephone#: () _____

Website: _____ User name: _____ Password: _____

Location of Papers _____

Beneficiary : _____

Address: _____

Telephone #s: _____

Distribution of \$ _____ is paid Annually Other _____

Type of Account: _____ **Account #:** _____

Owner: _____

Location : _____

Rep. Name : _____ Telephone#: () _____

Website: _____ User name: _____ Password: _____

Location of Papers _____

Beneficiary : _____

Address: _____

Telephone #s: _____

Distribution of \$ _____ is paid Annually Other _____

Type of Account: _____ **Account #:** _____

Owner: _____

Location : _____

Rep. Name : _____ Telephone#: () _____

Website: _____ User name: _____ Password: _____

Location of Papers _____

Beneficiary : _____

Address: _____

Telephone #s: _____

Distribution of \$ _____ is paid Annually Other _____

Brokerage Accounts:

Firm name: _____
Representative name: _____
Address: _____
Telephone #: () _____ FAX #: () _____
E-mail address: _____
Online access: _____ User name & password: _____
Notes: _____
Title of account: _____
Type: _____ Account #: _____
Title of account: _____
Type: _____ Account #: _____
Title of account: _____
Type: _____ Account #: _____

Firm name: _____
Representative name: _____
Address: _____
Telephone #: () _____ FAX #: () _____
E-mail address: _____
Online access: _____ User name & password: _____
Notes: _____
Title of account: _____
Type: _____ Account #: _____
Title of account: _____
Type: _____ Account #: _____
Title of account: _____
Type: _____ Account #: _____

Firm name: _____
Representative name: _____
Address: _____
Telephone #: () _____ FAX #: () _____
E-mail address: _____
Online access: _____ User name & password: _____
Notes: _____
Title of account: _____
Type: _____ Account #: _____
Title of account: _____
Type: _____ Account #: _____
Title of account: _____
Type: _____ Account #: _____

Investments NOT Held in Brokerage Accounts:

Stock Options/Purchase Plans:

Name: _____
Company Name: _____ Type: Qualified non-Qualified
Of Options: _____ Price: _____ Grant Date: _____ Expiration Date: _____
Exercise Date: _____ Location of Instructions: _____
Servicing Firm: _____ Account #: _____
Address: _____
Telephone #: () _____ E-mail Address: _____

Stock Options/Purchase Plans:

Name: _____
Company Name: _____ Type: Qualified non-Qualified
Of Options: _____ Price: _____ Grant Date: _____ Expiration Date: _____
Exercise Date: _____ Location of Instructions: _____
Servicing Firm: _____ Account #: _____
Address: _____
Telephone #: () _____ E-mail Address: _____

Stock Options/Purchase Plans:

Name: _____
Company Name: _____ Type: Qualified non-Qualified
Of Options: _____ Price: _____ Grant Date: _____ Expiration Date: _____
Exercise Date: _____ Location of Instructions: _____
Servicing Firm: _____ Account #: _____
Address: _____
Telephone #: () _____ E-mail Address: _____

Security Certificates issued:

Stock, Bond or CD name: _____ **#shares:** _____
Date of purchase: _____ **Cost per share/bond/CD_ Name of owner:** _____

Location of certificates: _____
CUSIP#: _____ **Maturity Date:** _____ **Est. Value:** _____
Notes: _____

Stock, Bond or CD name: _____ **#shares:** _____
Date of purchase: _____ **Cost per share/bond/CD_ Name of owner:** _____

Location of certificates: _____
CUSIP#: _____ **Maturity Date:** _____ **Est. Value:** _____
Notes: _____

Stock, Bond or CD name: _____ #shares: _____
Date of purchase: _____ Cost per share/bond/CD_ Name of owner: _____

Location of certificates: _____
CUSIP#: _____ Maturity Date: _____ Est. Value: _____
Notes: _____

Stock, Bond or CD name: _____ #shares: _____
Date of purchase: _____ Cost per share/bond/CD _____

Name of owner: _____
Location of certificates: _____
CUSIP#: _____ Maturity Date: _____ Est. Value: _____
Notes: _____

Stock, Bond or CD name: _____ #shares: _____
Date of purchase: _____ Cost per share/bond/CD_ Name of owner: _____

Location of certificates: _____
CUSIP#: _____ Maturity Date: _____ Est. Value: _____
Notes: _____

Annuities:

Name of owner: _____ **Account/Contract # :** _____

Name of Company: _____

Agent Name & Address: _____

Telephone#: () _____

Email Address: _____

Website: _____ Username: _____ Password: _____

Name of Beneficiary: _____ Telephone #: () _____

Name of Contingent Beneficiary: _____ Telephone #: () _____

Location of certificates: _____

Estimated Amount: \$ _____ Notes: _____

Name of owner: _____ **Account/Contract # :** _____

Name of Company: _____

Agent Name & Address: _____

Telephone#: () _____

Email Address: _____

Website: _____ Username: _____ Password: _____

Name of Beneficiary: _____ Telephone #: () _____

Name of Contingent Beneficiary: _____ Telephone #: () _____

Location of certificates: _____

Estimated Amount: \$ _____ Notes: _____

Deferred Compensation:

Instructions and documents are located: _____

Name and telephone # of contact person: _____

Partnerships:

Name of Company/Investment: _____

Name of Partner(s): _____

Email Address: _____ Telephone #: () _____

Address: _____

Name of Partner(s): _____

Email Address: _____ Telephone #: () _____

Address: _____

Location of documents: _____

Custodial Accounts:

Account Type: 529 Plan UGMA/UTMA Custodial Other

Name of minor: _____ Account #: _____

Custodian Name: _____ Telephone #: () _____

Email Address: _____

Financial Institution and Address: _____

_____ Telephone #: () _____

Representative: _____ Email Address: _____

Location of Documents: _____

Notes: _____

Account Type: 529 Plan UGMA/UTMA Custodial Other

Name of minor: _____ Account #: _____

Custodian Name: _____ Telephone #: () _____

Email Address: _____

Financial Institution and Address: _____

_____ Telephone #: () _____

Representative: _____ Email Address: _____

Location of Documents: _____

Notes: _____

Account Type: 529 Plan UGMA/UTMA Custodial Other

Name of minor: _____ Account #: _____

Custodian Name: _____ Telephone #: () _____

Email Address: _____

Financial Institution and Address: _____

Telephone #: () _____
Representative: _____ Email Address: _____
Location of Documents: _____
Notes: _____

Estate Plan Gifts to Charity:

Name of Charity: _____
Tax ID #: _____ Type of Gift: _____
Type of Gift: _____
Address of Charity: _____
Contact Person: _____ Telephone#: () _____
Email Address: _____

Name of Charity: _____
Tax ID #: _____ Type of Gift: _____
Type of Gift: _____
Address of Charity: _____
Contact Person: _____ Telephone#: () _____
Email Address: _____

Name of Charity: _____
Tax ID #: _____ Type of Gift: _____
Type of Gift: _____
Address of Charity: _____
Contact Person: _____ Telephone#: () _____
Email Address: _____

Mutual Funds:

Name of owner: _____ **Amount:** _____
Name of Company: _____
Agent Name & Address: _____

Email Address: _____
Telephone#: () _____ Location of certificates: _____
Notes: _____

Name of owner: _____ **Amount:** _____
Name of Company: _____
Agent Name & Address: _____

Email Address: _____
Telephone#: () _____ Location of certificates: _____
Notes: _____

Name of owner: _____ **Amount:** _____

Name of Company: _____

Agent Name & Address: _____

Email Address: _____

Telephone#: () _____ Location of certificates: _____

Notes: _____

Name of owner: _____ **Amount:** _____

Name of Company: _____

Agent Name & Address: _____

Email Address: _____

Telephone#: () _____ Location of certificates: _____

Notes: _____

Name of owner: _____ **Amount:** _____

Name of Company: _____

Agent Name & Address: _____

Email Address: _____

Telephone#: () _____ Location of certificates: _____

Notes: _____

Savings Bonds:

Bond Type and Number: # _____

Approx. Value: _____ Maturity Date: _____ Location: _____

Bond Type and Number: # _____

Approx. Value: _____ Maturity Date: _____ Location: _____

Bond Type and Number: # _____

Approx. Value: _____ Maturity Date: _____ Location: _____

Bond Type and Number: # _____

Approx. Value: _____ Maturity Date: _____ Location: _____

Bond Type and Number: # _____

Approx. Value: _____ Maturity Date: _____ Location: _____

Other Miscellaneous Investment/Income Sources:

Trust Fund Income:

Name of recipient: _____
Date(s) and amount of distribution: _____
Name of trust: _____
Trustee name: _____
Email Address: _____
Telephone #: () _____ FAX #: () _____
Address: _____
Terms of the trust: _____

Expected Inheritances:

Membership(s) in Organizations which Offer Survivor Benefits:

Real Estate:

Realtor:
Name: _____
Name of Firm: _____
Telephone #: () _____ Cell Phone #: () _____
E-Mail Address: _____ FAX #: () _____
Address: _____

Notes: _____

Name(s) on Title: _____
Property address: _____
Parcel #: _____
Date of purchase: _____ Price: _____ Rental Yes No

Mortgagor name: _____
Address: _____
Telephone #: () _____ FAX #: () _____
Account # : _____ Balance on loan as of this date: _____
Balloon payment date and amount due: _____
Title on deed: _____
Location of deed: _____
Yearly Real Estate Taxes: _____ Date(s) Due: _____
Are property taxes included in monthly payments? _____
Name of mortgage insurance company: _____
Date and Amount of payments: _____ Included in mortgage? _____
Telephone #: () _____ FAX #: () _____
Address of mortgage insurance company: _____
Property leased to: _____ Telephone#: () _____
Terms of Lease and expiration date: _____
Monthly rent payments and date due: _____

Name(s) on Title: _____
Property address: _____
Parcel #: _____
Date of purchase: _____ Price: _____ Rental Yes No

Mortgagor name: _____
Address: _____
Telephone #: () _____ FAX #: () _____
Account # : _____ Balance on loan as of this date: _____
Balloon payment date and amount due: _____
Title on deed: _____
Location of deed: _____
Yearly Real Estate Taxes: _____ Date(s) Due: _____
Are property taxes included in monthly payments? _____
Name of mortgage insurance company: _____
Date and Amount of payments: _____ Included in mortgage? _____
Telephone #: () _____ FAX #: () _____
Address of mortgage insurance company: _____
Property leased to: _____ Telephone#: () _____
Terms of Lease and expiration date: _____
Monthly rent payments and date due: _____

Property Management Company (if used):

Name of Organization: _____
Manager: _____
Address: _____
Telephone #: () _____ FAX #: () _____
Email address: _____

Membership in R. V. Park and/or Time Share:

Name of Organization: _____
Manager: _____
Address: _____
E-mail: _____
Telephone #: () _____ FAX #: () _____
Membership #: _____ Date of Membership: _____
Initial investment: _____ Annual dues: _____ Date due: _____
Mortgagor name: _____
Address: _____
Telephone #: () _____ FAX #: () _____
Account # : _____ Balance on loan as of this date: _____
Balloon payment date and amount due: _____
Title on deed: _____
Location of deed: _____
Yearly Real Estate Taxes: _____ Date(s) Due: _____
Are property taxes included in monthly payments? _____
Name of mortgage insurance company: _____
Date and Amount of payments: _____ Included in mortgage? _____
Telephone #: () _____ FAX #: () _____

Address of mortgage insurance company: _____

Instructions/Arrangement information for use of property: _____

Is membership an inheritable/saleable asset? _____

Estimated value as of this date: _____

Personal possessions loaned to others that you would like returned to your estate administrator:

Loan Information: (Don't forget personal loans or installment purchases)

Type of Loan: _____ **Original balance of Loan:** _____
Current Balance of Loan: _____ **Loan #:** _____
Lender Name: _____
Address: _____
Telephone #: () _____ **FAX #:** () _____
Email Address: _____
Location of paperwork: _____
Payment Amount: _____ **Interest rate:** _____
Date due: _____ **Late fee:** _____
Are payments automatic? Yes No

Type of Loan: _____ **Original balance of Loan:** _____
Current Balance of Loan: _____ **Loan #:** _____
Lender Name: _____
Address: _____
Telephone #: () _____ **FAX #:** () _____
Email Address: _____
Location of paperwork: _____
Payment Amount: _____ **Interest rate:** _____
Date due: _____ **Late fee:** _____
Are payments automatic? Yes No

Type of Loan: _____ **Original balance of Loan:** _____
Current Balance of Loan: _____ **Loan #:** _____
Lender Name: _____
Address: _____

Telephone #: () _____ FAX #: () _____
Email Address: _____
Location of paperwork: _____
Payment Amount: _____ Interest rate: _____
Date due: _____ Late fee: _____
Are payments automatic? Yes No

Personal Loans to Others:

Person who borrowed money: _____
Address: _____
Telephone #: () _____ FAX #: () _____
Email Address: _____
Lender: _____
Amount borrowed: _____ Date of loan: _____
Terms and payment agreement: _____
Signed agreement location: _____
Current balance due: _____ Date: _____

Person who borrowed money: _____
Address: _____
Telephone #: () _____ FAX #: () _____
Email Address: _____
Lender: _____
Amount borrowed: _____ Date of loan: _____
Terms and payment agreement: _____
Signed agreement location: _____
Current balance due: _____ Date: _____

Guarantor or Co-signer of Loan:

Name of person who requested loan: _____
Telephone #: () _____ FAX #: () _____
Address: _____

Email Address: _____
Name of person acting as co-signer: _____
Email Address: _____ Telephone #: () _____
Amount and date of loan: _____
Location of paperwork: _____
Terms and payment agreement: _____
Current balance due: _____

List of Credit Cards:

Card issued by: _____ Telephone#: () _____

Customer service address: _____

Card #: _____ Credit Limit: _____

Payment cycle and due date: _____ Date of automatic bank withdrawal: _____

Cards issued & location(s): _____

People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____

Customer service address: _____

Card #: _____ Credit Limit: _____

Payment cycle and due date: _____ Date of automatic bank withdrawal: _____

Cards issued & location(s): _____

People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____

Customer service address: _____

Card #: _____ Credit Limit: _____

Payment cycle and due date: _____ Date of automatic bank withdrawal: _____

Cards issued & location(s): _____

People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____ #
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____ #
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____

Card issued by: _____ Telephone#: () _____
Customer service address: _____

Card #: _____ Credit Limit: _____
Payment cycle and due date: _____ Date of automatic bank withdrawal: _____ #
Cards issued & location(s): _____
People authorized to sign on card: _____

Person or persons financially responsible on card _____

Do you have insurance to pay balance at time of death or disability? _____