

*If anything happens to me...*

\_\_\_\_\_  
**Full Name**

\_\_\_\_\_  
**Date of this information**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

**I have health insurance** \_\_\_\_\_

\_\_\_\_\_  
Company

**I have life insurance** – \_\_\_\_\_

Company/Policy Number/Amount

\_\_\_\_\_  
Company/Policy Number/Amount

\_\_\_\_\_  
Company/Policy Number/Amount

\_\_\_\_\_  
Company/Policy Number/Amount

**I have disability income insurance** \_\_\_\_\_

Company/Private? Group?

\_\_\_\_\_  
Company/Private? Group?

**I have investments** – IRAs, 401(k), Annuities, CDs, Stocks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My bank is -** \_\_\_\_\_

**I have a bank deposit box** – where \_\_\_\_\_

Is someone else's name on it? Do they have a key? \_\_\_\_\_

**I have a will?** Dated \_\_\_\_\_

Power of Attorney? \_\_\_\_\_

\_\_\_\_\_  
Attorney's name, address & phone number

**I use an accountant** – who? \_\_\_\_\_

**Other information: long term care insurance? Funeral arrangements?  
Church affiliation? Spouse? Children? Parents? Previous employment?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_