

## *Fix Your Finances Forms*

### **Financial Accounts/Assets**

#### **BANK ACCOUNT 1**

---

Financial Institution Name

---

Account Number/Name

Type of Account

---

Phone Number

Date opened/purchased

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

#### **BANK ACCOUNT 2**

---

Financial Institution Name

---

Account Number/Name

Type of Account

---

Phone Number

Date opened/purchased

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

## Financial Accounts/Assets

### BANK ACCOUNT 3

---

Financial Institution Name

---

Account Number/Name

Type of Account

---

Phone Number

Date opened/purchased

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

### BANK ACCOUNT 4

---

Financial Institution Name

---

Account Number/Name

Type of Account

---

Phone Number

Date opened/purchased

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

## Insurance

### LIFE INSURANCE

---

Company Name

Type of Policy

---

Agent Name / Phone Number

Amount of Policy

---

Policy Number

Monthly Payment

---

Beneficiaries / those covered by policy

### HEALTH INSURANCE

---

Company Name

---

Agent Name / Phone Number

---

Policy Number

Monthly Payment

---

Beneficiaries / those covered by policy

## Insurance

### DENTAL INSURANCE

---

Company Name

---

Agent Name / Phone Number

---

Policy Number

Monthly Payment

---

Beneficiaries / those covered by policy

### EYE INSURANCE

---

Company Name

---

Agent Name / Phone Number

---

Policy Number

Monthly Payment

---

Beneficiaries / those covered by policy

## Insurance

### AUTO INSURANCE

---

Company Name

---

Agent Name / Phone Number

---

Policy Number

Monthly Payment

---

Vehicles covered by policy

### HOME INSURANCE

---

Company Name

---

Agent Name / Phone Number

---

Policy Number

Monthly Payment

**Debts / Liabilities**

	<b>Bank / Debtor Name</b>	<b>Balance Owed</b>	<b>Monthly Payment</b>	<b># Months Remaining</b>	<b>Due Date</b>
<b>Mortgage</b>					
<b>Auto 1</b>					
<b>Auto 2</b>					
<b>Auto 3</b>					
<b>Credit Card 1</b>					
<b>Credit Card 2</b>					
<b>Credit Card 3</b>					
<b>Credit Card 4</b>					
<b>Medical Bills</b>					
<b>Medical Bills</b>					
<b>Other</b>					
<b>Other</b>					

## Names of Financial Professionals

### CPA

---

Company Name

---

Name

Phone Number

---

Email Address

### PERSONAL BANKER

---

Company Name

---

Name

Phone Number

---

Email Address

APPENDIX: IMPORTANT FORMS AND INFORMATION

**ATTORNEY**

---

Company Name

---

Name

Phone Number

---

Email Address

**FINANCIAL ADVISOR**

---

Company Name

---

Name

Phone Number

---

Email Address

**STOCKBROKER**

---

Company Name

---

Name

Phone Number

---

Email Address

## Physicians, Caregivers

### OPHTHALMOLOGIST

---

Name

---

Phone Number

Email Address

---

Street Address

### OPTICIAN

---

Name

---

Phone Number

Email Address

---

Street Address

APPENDIX: IMPORTANT FORMS AND INFORMATION

**DENTIST**

---

Name

---

Phone Number

Email Address

---

Street Address

**M.D.**

---

Name

---

Phone Number

Email Address

---

Street Address

**SPECIALIST**

---

Name

---

Phone Number

Email Address

---

Street Address

## Documents to Gather

Location	Document
	Passports
	Birth Certificates
	Copies of Drivers' Licenses
	Estate Plan/Trust/Will <i>(See next page)</i>
	Social Security Cards
	Death Certificates
	Marriage Certificate
	Property Deed; Mortgage Papers
	Auto Titles
	Post Office Box information and keys
	Safe Deposit Box <i>*(See Below)</i>
	Subscription records
	Residential Inventory
	Armed Service Discharge Papers
	Funeral Plans
	Computer Passwords

## **Estate Plan/Trust/Will**

---

Type Date Executed

---

Name of Testator

---

Location of Original Location of Copy

---

Personal Representative Phone Number

---

Trustee

---

Trustee

---

Trustee

---

Trustee

---

Guardian

---

Gaurdian

---

Guardian

---

Guardian

---

Power of Attorney

---

Date of Last Codicil

---

Prepared by

## Safety Deposit Box

---

Bank Name

---

Address

---

Phone Number

---

Box Number

Date Opened

---

Authorized signers

---

Persons with Keys

### Inventory

---

Item

Date Deposited

---

Item

Date Deposited

---

Item

Date Deposited

---

Item

Date Deposited

---

Item

Date Deposited

## Investments

### MONEY MARKET

---

Institution Name

---

Account Number / Name

Date opened

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

---

Co-signers

### IRA

---

Institution Name

---

Account Number / Name

Date opened

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

---

Co-signers

**RETIREMENT ACCOUNT**

---

Institution Name

Type of Investment

---

Account Number / Name

Date opened

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

---

Beneficiaries

**OTHER INVESTMENTS**

---

Institution Name

---

Account Number / Name

Date opened

Initial Investment

---

Balance / Rate of Return

Date of Maturity

---

Co-signers

---

Beneficiaries

**STOCKS 1**

---

Broker Name

---

Stock Name

---

Location of Certificate

Initial Investment

---

Number of Shares

Price per Share

---

Commission

Total Investment

**STOCKS 2**

---

Broker Name

---

Stock Name

---

Location of Certificate

Initial Investment

---

Number of Shares

Price per Share

---

Commission

Total Investment

## Occupation Information

---

Employer Name

---

Phone Number

---

Email

---

Address

---

Employer Name

---

Phone Number

---

Email

---

Address

APPENDIX: IMPORTANT FORMS AND INFORMATION

---

Business Owned

---

Financial Accounts held at

---

Account Numbers

---

Shareholders, co-owners, etc. (Name/Phone/Email)

---

Shareholders, co-owners, etc. (Name/Phone/Email)

---

Shareholders, co-owners, etc. (Name/Phone/Email)

---

Shareholders, co-owners, etc. (Name/Phone/Email)

---

Product Storage Location

---

Other Business Contacts

---

Other Business Contacts

---

Other Business Contacts

---

Other Business Contacts

## Monthly Bills

ITEM	Due Date	Owed To Company / Name	Amount	Balance if applicable
Tithing				
Savings				
Mortgage				
Home Insurance				
Auto Payment				
Auto Insurance				
Utilities / Gas				
Water				
Phone				
Cell Phone				
Internet				
Cable/Satellite				
Health Insurance				
Credit Card				
Credit Card				
Other				
Other				