

THE Always Prepared
BINDER

IMPORTANT INFORMATION

Checklist of what you need on hand

IMPORTANT DOCUMENTS

- ☐ Birth Certificate
- ☐ Computer and e-mail passwords
- ☐ Social Security Number
- ☐ Basic financial information

INCOME TAX DOCUMENTS

- ☐ Prior 3 years income tax returns
- ☐ Current Partnership/Corporate tax returns
- ☐ Gift tax returns, if any were filed

LEGAL AGREEMENTS

- ☐ Marriage Certificate/License
- ☐ Divorce records/decrees
- ☐ Prenuptial/postnuptial agreements
- ☐ Partnership/Buy-sell agreements

RETIREMENT PLAN/INVESTMENTS

- ☐ Plan summaries (IRA, 401(k), stock options) and beneficiaries
 - ☐ Investment accounts

TESTAMENTARY DOCUMENTATION

- ☐ Will
- ☐ Trusts and any amendments
- ☐ Name, address, and age of each person named in the will or trust, including people excluded or disinherited

OTHER

- | | |
|--|--|
| | |
| | |
| | |

INVEST

401 K PROVIDER: _____
ACCOUNT NUMBER: _____
MAILING ADDRESS: _____
AGENT: _____
PHONE NUMBER: _____

IRA PROVIDER: _____
POLICY NUMBER: _____
MAILING ADDRESS: _____
AGENT: _____
PHONE NUMBER: _____

HOMEOWNERS
POLICY NUMBER
MAILING ADDRESS
AGENT: _____
PHONE NUMBER _____

OTHER PROVIDER: _____
POLICY NUMBER: _____
MAILING ADDRESS: _____
AGENT: _____
PHONE NUMBER: _____

IBER ME
l services

IGEMENTS

Charity: _____

Special requests: _____

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OTHER

- ☐ _____
- ☐ _____
- ☐ _____

INVESTMENTS

401 K PROVIDER: _____

ACCOUNT NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

IRA PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

OTHER PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

OTHER PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

INSURANCE

AUTO PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

LIFE PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

HOMEOWNERS PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

OTHER PROVIDER: _____

POLICY NUMBER: _____

MAILING ADDRESS: _____

AGENT: _____

PHONE NUMBER: _____

PASSWORDS

EMAIL ADDRESS: _____

PASSWORD: _____

EMAIL ADDRESS: _____

PASSWORD: _____

BANK ACCOUNT: _____

ACCOUNT # _____

ONLINE PASSWORD: _____

DEBIT/CREDIT CARD #: _____

PIN #: _____

BANK ACCOUNT: _____

ACCOUNT # _____

ONLINE PASSWORD: _____

DEBIT/CREDIT CARD #: _____

PIN #: _____

BANK ACCOUNT: _____

ACCOUNT # _____

ONLINE PASSWORD: _____

DEBIT/CREDIT CARD #: _____

PIN #: _____

ONLINE ACCOUNT: _____

ACCOUNT # _____

ONLINE PASSWORD: _____

ONLINE ACCOUNT: _____

ACCOUNT # _____

ONLINE PASSWORD: _____

ONLINE ACCOUNT: _____

ACCOUNT # _____

ONLINE PASSWORD: _____

OTHER: _____

ONLINE PASSWORD: _____

OTHER: _____

ONLINE PASSWORD: _____

TO REMEMBER ME

funeral services

Conducting: _____

Songs: _____

Speakers: _____

Pallbearers: _____

What I'd really like: _____

What I'd rather not: _____

Special requests: _____

BURIAL ARRANGEMENTS

Mortuary: _____

Cemetery: _____

Type of burial: _____

Type of container: _____

Special ceremonies: _____

Floral arrangements: _____

Charity: _____

Special requests: _____