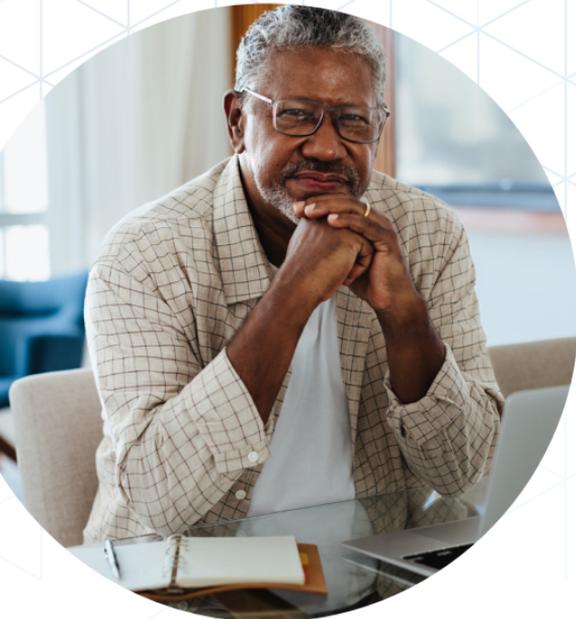


Personal Financial Affairs Booklet



Stacey Braun
ASSOCIATES, INC.

(888) 949-1925

377 Broadway, 8th Floor • New York, NY 10013

www.staceybraun.com

Welcome to your Financial Affairs Booklet

We've designed this booklet to be an invaluable resource for you. By simply completing it, you are taking an important step toward gaining a better understanding of your finances. Should you then decide to work with a financial advisor, the information organized in the booklet can help to make better use of that time. In addition, by continuously updating the information contained herein, you will be able to track your progress towards your financial objectives.

Equally important, referencing the information you complete here can help you and your family make important financial, medical, and travel decisions. In the event of an emergency or your incapacity, the information you supply here will provide vital information to your family members. Lastly, although we hope that it not be used in this capacity for quite some time, keeping it up to date will assist those who are charged with handling the financial affairs of your estate.



Index

Personal History	4
Family History	5
Employment/Income Information	6
Accounts	8
Location of Documents and Persons to Notify	12
Funeral Instructions	14
Passwords and Other Information	14

Personal History

Full legal name

Completed this record on (DD/MM/YYYY): ____ / ____ / ____

Address: _____

Phone: _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Medical Information

Primary Physician: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Special medications and/or conditions: _____

Organ donor information: _____

Family History

Spouse's Name: _____

Address: _____

Father's Name: _____

Address: _____

Maiden Name (if applicable): _____

Former Spouse's Name (if applicable): _____

Address: _____

Children's and/or Grandchildren's Names, Ages, Contact:

Other Relatives and Friends

Employment / Income Information

Most Recent Employer:

Name: _____

Address: _____

Phone: _____

Date(s) employed: _____

Position: _____

Employment Benefits:

Major Medical Insurance

Accident & Health Insurance

Life Insurance Stock Options

Pension or Deferred Compensation Plan

Other Retirement Plan

Other: _____

Contact for Benefits: _____

Location of Proof of Benefits: _____

Prior Employment:

Previous Employer: _____

From/To _____ - _____ Position: _____

Address: _____

Benefits that remain effective: _____

Location of proof of benefits: _____

Previous Employer: _____

From/To _____ - _____ Position: _____

Address: _____

Benefits that remain effective: _____

Location of proof of benefits: _____

Military Service

Branch of Service: _____

From/To _____ - _____

Rank: _____ Service #: _____

Discharge Date: _____ Status: _____

Service-connected disability and income: _____

Pensions Due: _____

Income Sources

Sources of income can include: salary, Social Security, annuities, securities, trusts, pensions, profit-sharing plans, individual retirement accounts (IRAs), Keogh plans, mortgages or any other payments owed you.

SOURCE	AMOUNT OF ANNUAL INCOME
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Liabilities

Credit Cards

CARD TYPE	ACCOUNT #	BALANCE DUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Mortgage / Home Equity Lines

CARD TYPE	ACCOUNT #	BALANCE DUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Loans

CARD TYPE	ACCOUNT #	BALANCE DUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Income Tax Records

Location: _____

Tax Advisor: _____

Address: _____

Phone: _____

Property and Other Tax Records

Location: _____

Tax Advisor: _____

Address: _____

Phone: _____

Safe-Deposit Box

Box Number: _____ Location: _____

Accounts

Bank Accounts / Investments

FINANCIAL INSTITUTION / ACCOUNT NUMBER	ACCOUNT TYPE / CURRENT BALANCE
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____
3. _____ _____	_____ \$ _____

401(K) / 403(B) / 457 (B) Plans

FINANCIAL INSTITUTION / ACCOUNT NUMBER	ACCOUNT TYPE / CURRENT BALANCE
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____
3. _____ _____	_____ \$ _____

Pension Plans

FINANCIAL INSTITUTION / ACCOUNT NUMBER	ACCOUNT TYPE / CURRENT BALANCE
1. _____ _____	_____ \$ _____
2. _____ _____	_____ \$ _____

Individual Retirement Plans

TYPE OF PLAN	FINANCIAL INSTITUTION/ ADDRESS/ REPRESENTATIVE	VALUE
_____	_____ _____	\$ _____
_____	_____ _____	\$ _____
_____	_____ _____	\$ _____

For company-sponsored plan(s), see Page 6.

Brokerage Accounts & Investments

Asset: _____ Date Acquired: ___ / ___ / ___

Investment Company/Representative: _____

Address: _____

Phone: _____

Cost (Basis): \$ _____ Current Value: \$ _____

Location of Documents: _____

Asset: _____ Date Acquired: ___ / ___ / ___

Investment Company/Representative: _____

Address: _____

Phone: _____

Cost (Basis): \$ _____ Current Value: \$ _____

Location of Documents: _____

Other Securities: _____

Real Estate Holdings

Description: _____

City: _____

State: _____ County: _____

Purchase Date: _____ Cost \$: _____

Nature of Title: _____

Mortgage Balance: \$ _____

If joint ownership, with whom: _____

Location of relevant documents: _____

Description: _____

City: _____

State: _____ County: _____

Purchase Date: _____ Cost \$: _____

Nature of Title: _____

Mortgage Balance: \$ _____

If joint ownership, with whom: _____

Location of relevant documents: _____

Insurance Policies

Life Insurance

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Health / Accident Insurance

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Disability

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Automobile

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Homeowners

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Other

Company: _____

Agent: _____

Phone: _____

Policy#: _____

Value: \$ _____

Insurance Policies

(Automobiles, furniture, jewelry, collections, artwork, etc)

Item: _____

Location: _____

Fair Market Value: \$ _____ Cost (basis) \$ _____

Item: _____

Location: _____

Fair Market Value: \$ _____ Cost (basis) \$ _____

Item: _____

Location: _____

Fair Market Value: \$ _____ Cost (basis) \$ _____

Business Interests

Business Information (proprietorship, partnership, corporation):

DESCRIPTION	SHARE OF OWNERSHIP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Persons to contact regarding business interests
(attorneys, accountants, other advisors):

Name: _____

Business: _____

Profession: _____

Address: _____

Phone: _____

Name: _____

Business: _____

Profession: _____

Address: _____

Phone: _____

Name: _____

Business: _____

Profession: _____

Address: _____

Phone: _____

Property Distribution Plans

My Will

Location of Will: _____

Date of Will: _____ Last Review: _____

Date(s) of any codicils or prior wills:

Personal Representative (Executor/trix):

Address: _____

Phone: _____

Alternate Personal Representative:

Address: _____
Phone: _____

Estate Attorney:

Address: _____
Phone: _____

Revocable Living Trusts

Trustee: _____
Successor Trustee: _____
Address: _____
Trust Assets: _____
Beneficiary or Beneficiaries: _____

Location of Trust Agreement: _____

Other Trusts:

Trustee: _____
Successor Trustee: _____
Address: _____
Trust Assets: _____
Beneficiary or Beneficiaries: _____

Location of Trust Agreement: _____

Persons to notify in the event of my death:

Special Instructions Concerning Pets:

Funeral Instructions

Arrangements to be made by: _____

Address: _____

Phone: _____

Manner of Burial or Cremation Instructions:

Cemetery: _____

Address: _____

Type of service I prefer: _____

Other instructions are located: _____

I direct that my body be used for these medical purposes:

Please suggest memorial gifts to these organizations:

Organization: _____

Address: _____

Organization: _____

Address: _____

Passwords and Digital Instructions

Primary passwords or location of passwords:

My authorization for _____

(Named person or personal representative)

to access my digital information and accounts wherever situated in event I am incapacitated or deceased, signed by my this _____ day of _____.

Signature

This booklet is intended to provide general financial planning information. It is not intended as legal or financial advice. We recommend obtaining the services of appropriate professionals for any estate/legal, accounting or financial advice.

Stacey Braun

ASSOCIATES, INC.

(888) 949-1925

377 Broadway, 8th Floor • New York, NY 10013

www.staceybraun.com