

PLANNER FOR ASSEMBLING IMPORTANT RECORDS

This planner is designed to assist you in putting together a useful record of important information that you or your family might need in the event of an emergency. It is prudent to keep an updated record available for ready reference. You may want to Xerox a blank form and review and update your record annually.

Put this record in a safe place. You may want to keep it with your will and other important papers. Tell your family or loved ones where they could find this record if they should need to refer to it.

<i>Date on which you last updated the information in this planner:</i>	
Preliminary Basic Information	
Your Full Name:	
Your IBEW® Card No:	
Your IBEW® Local Union:	
Address:	
Telephone:	LU Contact Person:
Spouse's Employer (or Last Employer):	
Address:	
Telephone:	
Your Employer (or Last Employer):	
Address:	
Telephone:	

Your Attorney:

Address:

Telephone:

Your Accountant:

Address:

Telephone:

Other Business/Professional Contacts:

Name:

Address:

Telephone:

Name:

Address:

Telephone:

Name:

Address:

Telephone:

Financial Information

(1) Social Security Information:

Address of Local Soc. Sec. Office:

Telephone:

Your SSN:

Spouse's SSN:

Your Date of Birth:

Spouse's Date of Birth:

Your Place of Birth:

Spouse's Place of Birth:

Location of
your birth certificate:

Location of
spouse's birth certificate:

Estimated Monthly Soc. Sec. Survivor Benefit:

Social Security Death Benefit:

(2) Pension Information:

Employer:

Address:

Telephone:

Option Chosen:

Employer:

Address:

Telephone:

Option Chosen:

Employer:

Address:

Telephone:

Option Chosen:

(3) Information on Deferred Compensation (such as 401(k) or 457 plans)	
Employer or Plan Administrator:	
Address:	
Telephone:	Where Held:
(4) Veterans' Benefit	
Veterans' Administration Office:	
Address:	Telephone:
Name of Veteran:	G.I. No.:
Branch of Service:	Rank:
Type of Discharge:	Date of Discharge/Retirement:
Name of Veteran:	G.I. No.:
Branch of Service:	Rank
Type of Discharge:	Date of Discharge/Retirement:
(5) Annuity	
Company:	
Address:	
Telephone:	Representative:
(6) Savings Account(s)	
Bank:	Address:
In the name(s) of:	Telephone:
Account No.:	Passbook location:
Bank:	Address:
In the name(s) of:	Telephone:
Account No.:	Passbook location:

(7) Checking Account(s)	
Bank:	Address:
In the name(s) of:	Telephone:
Account No.:	Location of checkbook:
Bank:	Address:
In the name(s) of:	Telephone:
Account No.:	Location of checkbook:
(8) Credit Union(s)	
Name of credit union:	
Address:	Telephone:
Account Number(s):	Account(s) in the name(s) of:
Name of credit union:	
Address:	Telephone:
Account Number(s):	Account(s) in the name(s) of:
(9) Savings Certificates	
Bank:	
Address:	Telephone:
Certificate No.:	Value:
Due Date:	
In name(s) of:	

Bank:	
Address:	Telephone:
Certificate No.:	Value:
Due Date:	
In name(s) of:	
(10) Stock and Bonds	
Brokerage Firm:	
Address:	
Telephone:	Broker:
Name or Type of Bond:	
Serial No.:	Face Value:
Name or Type of Bond:	
Serial No.:	Face Value:
Name of Stock:	
Where held:	
Number of shares:	
Name of Stock:	
Where held:	
Number of shares:	
Mutual Fund:	
Account Number:	
In the name of:	
Mutual Fund:	
Account Number:	
In the Name of:	

Mutual Fund:	
Account Number:	
In Name of:	
(11) Individual Retirement Accounts (IRA's)	
Entity holding IRA (bank, mutual fund, etc.)	
Address:	Telephone:
Account No.:	
In name of:	
Entity holding IRA (bank, mutual fund, etc.):	
Address:	
Account No.:	
In name of:	
(12) Safety Deposit Box	
Bank:	
Address:	Telephone:
Key Number:	Location of Key:
Person(s) authorized to open box:	

Contents of Safety Deposit Box

Additional Notes on Financial Information:

Insurance Information	
(1) Your Life Insurance	
Employer Plan:	
Amount:	Beneficiary:
Additional Life Insurance:	
Company:	
Address:	Telephone:
Policy Number:	Location of policy:
Amount:	Premium Date:
Beneficiary:	
Agent:	Agent's Telephone:
(2) Spouse's life insurance	
Employer Plan:	
Amount:	Beneficiary:
Additional Life Insurance:	
Company:	
Address:	Telephone:
Policy Number:	Location of policy:
Amount:	Premium Date:
Beneficiary:	
Agent:	Agent's Telephone:
(3) Health/Disability Insurance	
Company:	
Address:	Telephone:
Policy Number:	Location of policy:

In name of:	
Company:	
Address:	Telephone:
Policy Number:	Location of policy:
In name of:	
(4) Homeowners Policy	
Company:	
Address:	Telephone:
Policy Number:	Amount:
Location of Policy:	Premium Date:
(5) Auto Insurance	
Car No. 1: Make and model:	Policy Number:
Vehicle Identification Number:	
Address:	
Agent:	Agent's Telephone:
Location of policy:	
Car No. 2: Make and model:	Policy Number:
Vehicle Identification Number:	
Address:	
Agent:	Agent's Telephone:
Location of policy:	

Deeds and Titles

Home

Mortgage Company:

Address:

Telephone:

Account No.:

Monthly Payment:

Due Date:

Location of title:

(2) Other Property

Site:

Lot Number:

Lender's Name

Address:

Telephone:

Monthly Payment:

Due Date:

Location of title:

Site:

Lot Number:

Lender's Name:

Address:

Telephone:

Monthly Payment:

Due Date:

Location of title:

(3) Gravesite	
Site:	Lot No.
Site:	Lot No.
Location of title paper:	
(4) Automobile Titles	
Make and model of car #1:	
Vehicle identification number:	
Lender:	
Address:	Telephone:
Monthly Payment:	Due Date:
Location of title:	
Location of registration:	
Make and model of car #2:	
Vehicle identification number:	
Lender:	
Address:	Telephone:
Monthly Payment:	Due Date:
Location of title:	
Location of registration:	
(5) Credit Cards	
Company:	Telephone:
Card Number:	Expiration date:
Name on card:	

Arrangements for Funeral/Memorial	
(1) For Yourself	
Funeral Home:	
Address:	Telephone:
Body cremated by:	Telephone:
Body donated to:	Telephone:
Organ donations to:	Telephone:
Location of signed organ donor card(s):	
Cemetery:	Lot No.
Information about Funeral/Memorial Services:	
Funeral to be held at:	
Religious services to be held at:	
Memorial to be held at:	
Other wishes:	

Arrangements for Funeral/Memorial	
(2) Your Spouse	
Funeral Home:	
Address:	Telephone:
Body cremated by:	Telephone:
Body donated to:	Telephone:
Organ donations to:	Telephone:
Location of signed organ donor card(s):	
Cemetery:	Lot No.
Information about Funeral/Memorial Services	
Funeral to be held at:	
Religious services to be held at:	
Memorial to be held at:	
Other Wishes:	

Information About Wills and Personal Effects
(1) Your Will
Date of Will:
Executor:
Will drawn up by: <i>(give name of the attorney, if applicable)</i>
Attorney's Address
Attorney's Telephone:
Location of original will:
Location of copies of will:
(2) Your Spouse's Will
Date of will:
Executor:
Will drawn up by: <i>(give name of the attorney, if applicable)</i>
Attorney's Address:
Attorney's Telephone:
Location of original will:
Location of copies of will:
(3) Locations of Other Important Papers
Your Birth Certificate:
Your Spouse's Birth Certificates:
Marriage/Divorce Certificates:
Military Papers
Tax Records:

Bank Books:
Citizenship Papers:
Adoption Records:
(4) Locations of Other Records:
(5) Location of Valuables and Personal Property

