Wealth & Investment Management

Your personal information

An organizer that can be used in planning for life events

Prepared/Updated ______________________

Personal profile

	Name	Social Security number	Birth date	Location of birth certificate
Client 1				
Client 2				
Children				
Other beneficiaries				

Financial Advisor ______________________

Address ______________________

____

Phone ______________________

Attorney ______________________

Address ______________________

____

Phone ______________________

CPA/accountant ______________________

Address ______________________

____

Phone ______________________

Insurance agent ______________________

Address ______________________

____

Phone ______________________

Do you have:

	Current and dated	Location
☐ Will	____ /____ /____	____________________
☐ Durable power of attorney	____ /____ /____	____________________
☐ Health care directive	____ /____ /____	____________________
☐ Living will	____ /____ /____	____________________
☐ Revocable living trust	____ /____ /____	____________________
☐ Other trusts	____ /____ /____	____________________

Personal representative/executor ____________________

Successor trustee ____________________

Location of tax returns ____________________

Location of safe deposit box (institution) ____________________ Address ____________________

Names of those authorized to open safe deposit box ____________________

Location of keys ____________________

Contents (stock certificates, EE bonds, bearer bonds, etc.) ____________________

Location of appraisal and inventory of personal property (including collectibles) ☐ List ☐ Photos ☐ Video

____

Location of real estate deeds ____________________

Location of divorce decree/prenuptial agreement/child's support documentation ____________________

Funeral and burial arrangements ____________________

____

____

Do you have pets? ☐ Yes ☐ No

Name(s)/type(s) ____________________ ____________________

____________________ ____________________

Caretaker to be contacted ____________________

Address ____________________ Phone ____________________

Incapacity/disability

Name of guardian/trustee in the event of your incapacity ____________________

What disability policies do you own? ____________________

What long-term care policies do you own? ____________________

Investment/bank accounts

Bank/institution ______________________

How account is titled ______________________

Account number ______________________

Type of account ______________________

Account number ______________________

Type of account ______________________

Bank/institution ______________________

How account is titled ______________________

Account number ______________________

Type of account ______________________

Account number ______________________

Type of account ______________________

Trust accounts

Institution ______________________

Address ______________________

Type of trust ______________________ Tax ID number ______________________

Current trustee ______________________ Successor trustee ______________________

Beneficiaries ______________________

Institution ______________________

Address ______________________

Type of trust ______________________ Tax ID number ______________________

Current trustee ______________________ Successor trustee ______________________

Beneficiaries ______________________

Have you reviewed your trust(s) recently? ☐ Yes ☐ No

Gift information

Are you a 529 college savings plan account owner? ☐ Yes ☐ No

Child's name ______________________

Child's name ______________________

Have you named a successor owner? Name ______________________

Are you a custodian of uniform gift/transfer to a minor's accounts? ☐ Yes ☐ No

Child's name ______________________

Child's name ______________________

Have you named a successor custodian? Name ______________________

(If so, and you are the donor, these may be included in your estate for tax purposes.)

Have you filed any gift tax returns? Year ______________________ Gift amount $ ______________________

Are you taking full advantage of annual exclusion gifts? ☐ Yes ☐ No

Securities

Brokerage firm ____________________

How account is titled ____________________

Account number ____________________

Type of account ____________________

Account number ____________________

Type of account ____________________

Brokerage firm ____________________

How account is titled ____________________

Account number ____________________

Type of account ____________________

Account number ____________________

Type of account ____________________

IRAs/retirement plans

Type: ☐ Traditional IRA ☐ Roth IRA ☐ Qualified plan ☐ 403(b)

Participant ____________________

Name of company (i.e., brokerage firm, bank, mutual fund) ____________________

Address ____________________

Account number ____________________ Approximate value $ ____________________ Date ____________________

Primary beneficiaries ____________________

Contingent beneficiaries ____________________

Type: ☐ Traditional IRA ☐ Roth IRA ☐ Qualified plan ☐ 403(b)

Participant ____________________

Name of company (i.e., brokerage firm, bank, mutual fund) ____________________

Address ____________________

Account number ____________________ Approximate value $ ____________________ Date ____________________

Primary beneficiaries ____________________

Contingent beneficiaries ____________________

Life insurance policies

Owned by	Type of policy*	Issuer	Insured†	Beneficiary	Death benefit	Premium	Cash value	Loans
____	____	____	____	____	$____	$____	$____	$____
____	____	____	____	____	$____	$____	$____	$____
____	____	____	____	____	$____	$____	$____	$____
____	____	____	____	____	$____	$____	$____	$____
____	____	____	____	____	$____	$____	$____	$____

*WL = Whole life; G = Group term; UL = Universal life; SPWL = Single-premium whole life; T = Term; SL = Survivorship life
†The owner is assumed to be the insured unless you note otherwise.

Have these policies been reviewed recently? ☐ Yes ☐ No

Do these policies meet your current needs? ☐ Yes ☐ No

Location of policies ____

Annuities

Owned by	Type of contract*	Issuer	Beneficiary	Death benefit	Cash value
____	____	____	$____	$____	$____
____	____	____	$____	$____	$____
____	____	____	$____	$____	$____

*F = Fixed rate; V = Variable rate

Real estate/personal residence/business assets/other (collectibles, jewelry, etc.)

Real estate/real-estate interests owned/other ____

Location of property ____

Location of any stored assets ____

Lender ____ Lender's address ____

Account number ____ Loan amount $____

Payment amount $____ Date due ____

Interest rate ____% Maturity ____

Real estate/real-estate interests owned/other ______

Location of property ______

Location of any stored assets ______

Lender ______ Lender's address ______

Account number ______ Loan amount $______

Payment amount $______ Date due ______

Interest rate ______% Maturity ______

Real estate/real-estate interests owned/other ______

Location of property ______

Location of any stored assets ______

Lender ______ Lender's address ______

Account number ______ Loan amount $______

Payment amount $______ Date due ______

Interest rate ______% Maturity ______

Online accounts

It could be very important for your executor, trustee, attorney-in-fact, or a trusted family member to gain access to information from your computer, phone, or online accounts.

If you keep a secured list/record of usernames and passwords, location of list:

Talk to a Wells Fargo Professional

We welcome the opportunity to work with you to help you achieve your wealth planning goals.
Contact us for more information and to learn about how we can assist you.

***Note:* Consider keeping a copy of this organizer with your estate planning documents.**