WELLS FARGO **Wealth & Investment Management**

Your personal information

An organizer that can be used for planning or emergencies

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 ______________________

Investment and Insurance Products are:

- **Not Insured by the FDIC or Any Federal Government Agency**
- **Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate**
- **Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested**

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 ______	Bank/institution ______
How account is titled ______	How account is titled ______
Account number ______	Account number ______
Type of account ______	Type of account ______
Account number ______	Account number ______
Type of account ______	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 ______________________________ Brokerage firm ______________________________

How account is titled ______________________________ How account is titled ______________________________

Account number ______________________________ Account number ______________________________

Type of account ______________________________ Type of account ______________________________

Account number ______________________________ Account number ______________________________

Type of account ______________________________ 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 investment 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.**

Wells Fargo and Company and its Affiliates do not provide tax or legal advice. This communication cannot be relied upon to avoid tax penalties. Please consult your tax and legal advisors to determine how this information may apply to your own situation. Whether any planned tax result is realized by you depends on the specific facts of your own situation at the time your tax return is filed.

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