



Everence

Personal financial
affairs directory



With everything going on in your life, managing your financial affairs can sometimes be a challenge. By completing this booklet, you're taking a step toward organizing your information, preparing for your future, and taking care of the gifts God has given you.

Having all your important personal financial information in one place can be beneficial for you – and for your family, especially if the unexpected happens. This Personal Financial Affairs Directory is designed to help. It will make it simple to organize critical personal information to be used at a time when it will be needed most.

In addition, the Personal Financial Affairs Directory will help to quickly locate the important people in your life, as well as your important personal papers, at a time when things are already complicated enough. Not all of the items listed in the directory will apply to you – simply complete the things that are important for your situation.

The benefit of this type of advance preparation is enormous, so please take time to complete these details accurately and thoroughly. You may also consider leaving your Personal Financial Affairs Directory with a trusted consultant, such as your Everence or Mennonite Foundation representative. In order to keep your information current, we encourage you to annually review the information recorded here.

Personal information

Full legal name _____

Date of birth _____

Birthplace _____

Social Security/taxpayer identification number _____

Citizenship (name of country) _____

Permanent home address _____

_____ ZIP _____

Phone number(s) _____

Part-time home address _____

_____ ZIP _____

Phone number(s) _____

E-mail address _____

Church membership _____

Passport information

Passport number _____

Date issued _____

Valid until _____

Family information

Spouse's name _____

Address _____

_____ ZIP _____

Phone number _____

Father's name _____

Mother's name _____

Maiden name (if applicable) _____

Former spouse's name (if applicable) _____

Address _____

_____ ZIP _____

Phone number _____

Children

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Grandchildren

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Name _____ Age _____

Address _____

_____ ZIP _____

Phone number _____

Other relatives and friends

Name _____

Address _____

_____ ZIP _____

Phone number _____

Name _____

Address _____

_____ ZIP _____

Phone number _____

Name _____

Address _____

_____ ZIP _____

Phone number _____

Name _____

Address _____

_____ ZIP _____

Phone number _____

Key contacts

Attorney _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Financial advisor/representative _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Accountant or tax preparer _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Investment or stockbroker _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Homeowner's insurance agent _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Auto insurance agent _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Life insurance agent _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Pastor/clergy _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Durable power of attorney (medical) _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Durable power of attorney (assets) _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Name _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Name _____

Address _____

_____ ZIP _____

Phone number(s) _____

Relationship to me _____

Employment information

Employer company name _____

Business address _____

_____ ZIP _____

Business phone number(s) _____

Date employed ____/____/____ Position _____

Employment benefits

- Health insurance/coverage
- Accidental death and/or disability insurance
- Cancer or critical illness insurance
- Life insurance
- Stock option
- Pension or deferred compensation plan
- Other retirement plan(s)
- Other _____

Location of proof of benefits

Previous employment

Previous employer _____

Employment dates ____/____/____ to ____/____/____

Business address _____

_____ ZIP _____

Business phone number(s) _____

Position _____

Employment benefits that remain effective

Location of proof of benefits

Previous employer _____

Employment dates ____/____/____ to ____/____/____

Business address _____

_____ ZIP _____

Business phone number(s) _____

Position _____

Employment benefits that remain effective

Location of proof of benefits

Income sources

Income sources include current salary, Social Security benefits, annuities, securities, pensions, retirement accounts, trusts, etc.

Source	Annual income amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current liabilities

Liabilities include current credit cards, loans, etc.

Source	Account number	Balance due
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Tax records

Income tax records

Location _____

Tax advisor _____

Address _____

Phone number(s) _____

Property and other tax records

Location _____

Years covered _____

Address _____

Phone number(s) _____

Safe deposit box

Location _____

Address _____

Box number _____

Assets

Bank accounts

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Certificates of deposit/other investments

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Financial institution _____

Account number _____

Type of account _____ Current balance \$ _____

Special information relating to above

Individual retirement plans

Type of plan	Financial institution/representative	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Investments

Account information _____
Investment company/representative _____
Address _____
Phone _____
Date acquired _____
Cost or basis \$ _____
Current value \$ _____
Location of documents _____

Account information _____
Investment company/representative _____
Address _____
Phone _____
Date acquired _____
Cost or basis \$ _____
Current value \$ _____
Location of documents _____

Account information _____
Investment company/representative _____
Address _____
Phone _____
Date acquired _____
Cost or basis \$ _____
Current value \$ _____
Location of documents _____

Account information _____
Investment company/representative _____
Address _____
Phone _____
Date acquired _____
Cost or basis \$ _____
Current value \$ _____
Location of documents _____

Account information _____
Investment company/representative _____
Address _____
Phone _____
Date acquired _____
Cost or basis \$ _____
Current value \$ _____
Location of documents _____

Real estate holdings

Description _____
City _____ State _____ County _____
Purchase date _____
Cost \$ _____
Nature of title _____
Mortgage balance \$ _____
Joint owner (if applicable) _____
Location of documents _____

Description _____
City _____ State _____ County _____
Purchase date _____
Cost \$ _____
Nature of title _____
Mortgage balance \$ _____
Joint owner (if applicable) _____
Location of documents _____

Valuable personal property

Description _____

Location _____

Fair market value \$ _____ as of _____

Cost (basis) \$ _____

Description _____

Location _____

Fair market value \$ _____ as of _____

Cost (basis) \$ _____

Description _____

Location _____

Fair market value \$ _____ as of _____

Cost (basis) \$ _____

Description _____

Location _____

Fair market value \$ _____ as of _____

Cost (basis) \$ _____

Description _____

Location _____

Fair market value \$ _____ as of _____

Cost (basis) \$ _____

Description _____

Location _____

Fair market value \$ _____ as of _____

Cost (basis) \$ _____

Other assets

Description _____

Location _____

Original cost \$ _____ Current value \$ _____

Description _____

Location _____

Original cost \$ _____ Current value \$ _____

Insurance policies

Company/agent _____

Address _____

Phone _____

Type of policy _____

Policy number _____

Company/agent _____

Address _____

Phone _____

Type of policy _____

Policy number _____

Company/agent _____

Address _____

Phone _____

Type of policy _____

Policy number _____

Company/agent _____

Address _____

Phone _____

Type of policy _____

Policy number _____

Company/agent _____

Address _____

Phone _____

Type of policy _____

Policy number _____

Company/agent _____

Address _____

Phone _____

Type of policy _____

Policy number _____

End of life planning

Will

Location of will _____

Date of will _____

Date of last review _____

Date(s) of codicils or prior wills _____

Personal representative/trustee _____

Address _____

Phone _____

Estate attorney _____

Address _____

Phone _____

Living will

Location of will _____

Date of will _____

Date of last review _____

Revocable living trusts

Trustee _____

Address _____

Successor trustee _____

Trust assets _____

Beneficiary(ies) _____

Location of trust agreement _____

Other trusts

Trustee _____

Address _____

Successor trustee _____

Trust assets _____

Beneficiary(ies) _____

Location of trust agreement _____

Funeral/memorial instructions

Arrangements to be made by _____

Address _____

Phone _____

Burial or cremation instructions _____

Cemetery _____

Address _____

Funeral/memorial service preferences _____

Body may be used for the following medical purposes: _____

Memorial gift suggestions:

Organization _____

Address _____

Organization _____

Address _____



Everence helps individuals, organizations and congregations integrate finances with faith through a national team of advisors and representatives. Everence offers banking, insurance and financial services with community benefits and stewardship education.

Everence is a ministry of Mennonite Church USA and other churches.

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www.everence.com

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