



Sustainable
Wealth ADVISORS



Essential Family Preparedness Workbook

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

This checklist is designed to help organize important information so that you are better prepared for future life stages and unforeseen circumstances.

Sustainable Wealth Advisors

112 Spring Street, Suite 302

Saratoga Springs, New York 12866

518-450-1755

www.sustainablewealthadvisors.com

swa@sustainableadvisorsalliance.com



Key Information



Essential Documents



Medical Information



Financial Information



Digital & Professional Information

Key Information



Make sure that your loved ones know where to find your key personal information in the event of an emergency. Attach copies of all key documents to this section.



PERSONAL INFORMATION

MY INFORMATION

FULL LEGAL NAME: _____

GIVEN / MAIDEN NAME (if applicable): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (hospital, city, county, state/country):

MOTHER'S FULL LEGAL NAME: _____

MOTHER'S PLACE OF BIRTH (city & state/country): _____

FATHER'S FULL LEGAL NAME: _____

FATHER'S PLACE OF BIRTH (city & state/country): _____

PASSPORT NUMBER: _____ EXPIRATION DATE: _____

FULL NAMES OF ALL CHILDREN (living & deceased):

CURRENT EMPLOYER (name, address, phone, manager):

PETS:

EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
EMERGENCY CONTACTS:		
PRIMARY DOCTOR:		
DOCTOR/ SPECIALIST:		
CLERIC:		
ATTORNEY:		
FINANCIAL ADVISOR:		

EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
PROPERTY & CASUALTY AGENT:		
CPA:		
EXECUTOR:		
TRUSTEE:		
SUCCESSOR TRUSTEE:		
OTHER (Power of Attorney, Healthcare Proxy):		

Essential Documents



Know where to find important paperwork at a moment's notice. We suggest providing a copy of all key documents and attaching to this section.

KEY DOCUMENTS

Information last updated:

These documents are important but only occasionally needed.

DOCUMENT	PHYSICAL LOCATION	WHO HAS A COPY?	ONLINE ACCESS / LOCATION
DRIVER'S LICENSE:			
PASSPORT:			
MILITARY SERVICE DOCUMENTS:			
PROFESSIONAL CERTIFICATIONS:			
DOCUMENT INVENTORY:			
VEHICLE TITLES:			
VEHICLE REPAIRS:			
REAL ESTATE DEEDS:			
PROPERTY TAX ASSESSMENT & STATEMENTS:			
HOUSEHOLD INVENTORY:			
HOME IMPROVEMENT RECEIPTS:			
PHOTOS OF POSSESSIONS:			
SAFE DEPOSIT BOX INVENTORY:			

RENEWALS

Information last updated:
These are documents that expire and require renewals.

DOCUMENT	EXPIRATION DATE	IN DOCUMENT VAULT?
DRIVER'S LICENSE:		
PASSPORT:		
CLUB MEMBERSHIP:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		
OTHER:		

ESSENTIAL DOCUMENTS

Information last updated:

These documents should never be destroyed. Store everything in one secure location.

DOCUMENT	PHYSICAL LOCATION	WHO ELSE HAS A COPY?	ONLINE ACCESS / LOCATION
BIRTH CERTIFICATE:			
SOCIAL SECURITY CARD:			
MARRIAGE CERTIFICATES:			
DIVORCE DECREES:			
DEATH CERTIFICATES:			
CITIZENSHIP OR NATURALIZATION PAPERS:			
MILITARY DISCHARGE:			
VETERAN'S RECORDS:			
CEMETARY DEED:			
FINAL EXPENSE INSURANCE:			
DIPLOMAS:			
LAWSUITS:			
IMMUNIZATIONS:			

ESSENTIAL DOCUMENTS

Information last updated:

These documents are important but only occasionally needed.

DOCUMENT	PHYSICAL LOCATION	WHO HAS A COPY?	ONLINE ACCESS / LOCATION
INSURANCE POLICIES:			
RETIREMENT PLAN DOCUMENTS:			
EMPLOYEE BENEFITS:			
EMPLOYMENT CONTRACTS:			
FINANCIAL STATEMENTS:			
CREDIT CARD STATEMENTS:			
CREDIT REPORTS:			
LOAN AGREEMENTS & STATEMENTS:			
COLLEGE FINANCIAL AID:			
INVESTMENT STATEMENTS:			
ANNUITY CONTRACTS:			
STOCK CERTIFICATES:			
BONDS:			

ESSENTIAL INFORMATION

Information last updated:

My family is due the following benefits from my employer:

- | | |
|---|---------------------------------------|
| <input type="radio"/> Life Insurance | <input type="radio"/> Long-Term Care |
| <input type="radio"/> Disability Insurance | <input type="radio"/> Retirement Plan |
| <input type="radio"/> Deferred Compensation | <input type="radio"/> Other _____ |
| <input type="radio"/> Stock | _____ |

SAFE & VALUABLES

I have a safe valuables (jewelry, collections, etc.) located at:

Persons who know the safe combination:

I may receive an inheritance from:

I am the beneficiary of a trust. Trust document is located at:

I am entitled to military benefits, including:

SAFETY DEPOSIT BOXES

Located at (city and state):

Safety deposit box keys are located:

Safety deposit box code?



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Essential Documents



Medical Information



Financial Information



Digital & Professional Information

Medical Information

My personal medical and health information. We suggest providing a copy of all key documents and attaching to this section. This section includes:

- Physician Directories
- Insurance Information
- Conditions & Medications
- Family Medical Information
- Veterinarian Information



Important health information and medical contacts at your fingertips, available at a moment's notice. Attach copies of key medical records here.



MEDICAL INFORMATION

MY PERSONAL MEDICAL INFORMATION

Information last updated:

SELF

HEALTH INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP / SUPPLEMENTAL PLAN:			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID #:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID #:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS / ISSUES:			
PHARMACY FOR PRESCRIPTIONS:			
VA MEDICAL:			
ORGAN DONOR:			

MEDICAL INFORMATION

MY PERSONAL MEDICAL INFORMATION

Information last updated:

PHYSICIAN NAME	ADDRESS	PHONE OR EMAIL

PRESCRIPTION INFORMATION

MY PERSONAL PRESCRIPTION INFORMATION

Information last updated:

NAME OF MEDICINE	DOSAGE	PRESCRIBING DOCTOR

MEDICAL NOTES

MISCELLANEOUS MEDICAL NOTES

Information last updated:

ISSUE / CONTACT	NOTES

PET VETERINARY INFORMATION

VETERINARIAN

Information last updated:

PET'S NAME & TYPE	VETERINARY INFORMATION	PHONE	WHO WILL CARE FOR PET? *NAME & PHONE



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Digital & Professional Information

Financial Information

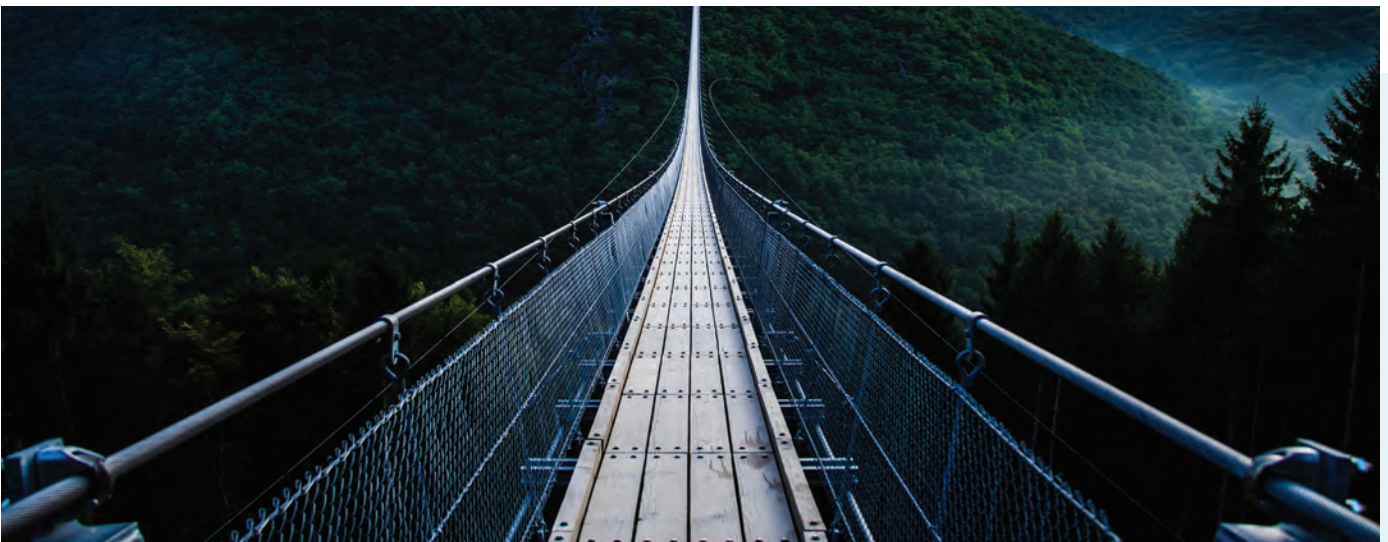
My financial life. We suggest providing a copy of all key documents and attaching to this section.

This section includes:

- Assets & Liabilities Inventories
- Bank Accounts
- Retirement Plans
- Insurance Inventory
- Automatic Bill Pay Inventory
- Credit Card Information



Be able to access important information just when you need it by keeping a record of financial accounts, statements, and activity.



BANKING INFORMATION

BANK ACCOUNTS

Information last updated:

ACCOUNT

BANK NAME:

PHONE #:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

BANK NAME:

PHONE #:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

BANK NAME:

PHONE #:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

BANK NAME:

PHONE #:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

ATM/DEBIT CARD #:

OTHER:

CREDIT CARD INVENTORY

CREDIT CARD INVENTORY

Information last updated:

CREDIT CARDS

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

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ACCOUNT #:

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ACCOUNT #:

EXPIRES:

CREDIT CARD INVENTORY

CREDIT CARD INVENTORY

Information last updated:

CREDIT CARDS

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

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CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

CREDIT CARD ISSUED TO:

ISSUER:

ACCOUNT #:

EXPIRES:

FINANCIAL INFORMATION

INVESTMENT ACCOUNTS

Information last updated:

ACCOUNT

INVESTMENT FIRM NAME: ACCOUNT #:	FINANCIAL PROFESSIONAL: ACCOUNT TYPE:	PHONE #: ACCT TITLE:
INVESTMENT FIRM NAME: ACCOUNT #:	FINANCIAL PROFESSIONAL: ACCOUNT TYPE:	PHONE #: ACCT TITLE:
INVESTMENT FIRM NAME: ACCOUNT #:	FINANCIAL PROFESSIONAL: ACCOUNT TYPE:	PHONE #: ACCT TITLE:
INVESTMENT FIRM NAME: ACCOUNT #:	FINANCIAL PROFESSIONAL: ACCOUNT TYPE:	PHONE #: ACCT TITLE:
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INVESTMENT FIRM NAME: ACCOUNT #:	FINANCIAL PROFESSIONAL: ACCOUNT TYPE:	PHONE #: ACCT TITLE:
INVESTMENT FIRM NAME: ACCOUNT #:	FINANCIAL PROFESSIONAL: ACCOUNT TYPE:	PHONE #: ACCT TITLE:

RETIREMENT PLANS

MY RETIREMENT PLANS / EXECUTIVE COMPENSATION

Information last updated:

PLAN	COMPANY NAME	PHONE #
401(K) ACCOUNT:		
PENSION:		
EQUITY PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		

LIABILITY INFORMATION

LOAN INVENTORY

Information last updated:

LOAN	ACCOUNT #
MORTGAGE BROKER NAME (Primary):	
MORTGAGE BROKER NAME (Secondary):	
ADDITIONAL MORTGAGE BROKER NAME:	
HOME EQUITY LOAN HOLDER:	
VEHICLE HOLDER:	
VEHICLE HOLDER:	
VEHICLE HOLDER:	

LIFE INSURANCE

MY LIFE INSURANCE

Information last updated:

BENEFITS:

INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
DEATH BENEFIT:	BENEFICIARY (Primary):	BENEFICIARY (Secondary or contingent):	BENEFICIARY (Third or final):
INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
DEATH BENEFIT:	BENEFICIARY (Primary):	BENEFICIARY (Secondary or contingent):	BENEFICIARY (Third or final):
INSURER:	POLICY #:	INSURANCE AGENT:	PHONE #:
DEATH BENEFIT:	BENEFICIARY (Primary):	BENEFICIARY (Secondary or contingent):	BENEFICIARY (Third or final):

INSURANCE INVENTORY

MY INSURANCE INVENTORY

Information last updated:

MY LONG-TERM CARE INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

MY DISABILITY INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

BENEFIT AMOUNT:

USER NAME:

OTHER INFO:

PROPERTY INSURANCE

PROPERTY INSURANCE

Information last updated:

PROPERTY	INSURER
PROPERTY: PROPERTY ADDRESS: POLICY #: COVERAGE AMOUNT:	AGENT: PHONE #: INSURER: COVERAGE TYPE:
PROPERTY: PROPERTY ADDRESS: POLICY #: COVERAGE AMOUNT:	AGENT: PHONE #: INSURER: COVERAGE TYPE:
PROPERTY: PROPERTY ADDRESS: POLICY #: COVERAGE AMOUNT:	AGENT: PHONE #: INSURER: COVERAGE TYPE:

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Key Information



Essential Documents



Medical Information



Financial Information



Digital Information

Digital Information

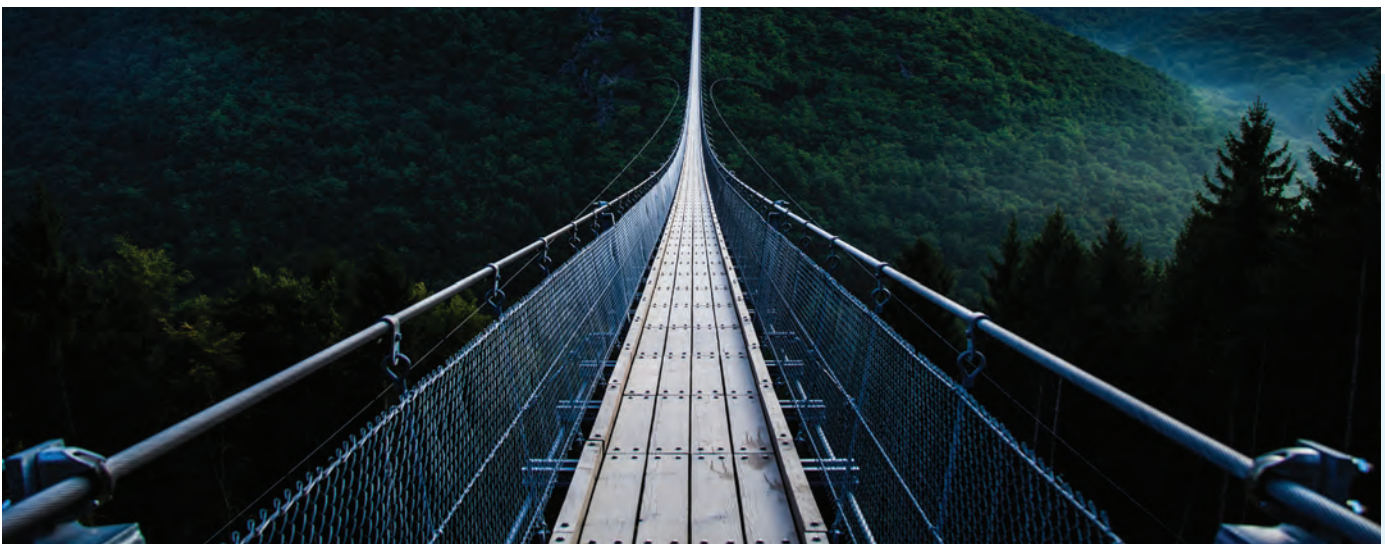
My digital life. We suggest providing a copy of any key documents and attaching to this section.

This section includes:

- Online Account Inventory
- Online Log-in Inventory
- Device Inventory (computers, cell phones)



Know where I live online and what devices I own.
Know where to look for online subscriptions
and rewards accounts.



ONLINE ACCOUNTS

ONLINE & SOCIAL MEDIA ACCOUNTS

Information last updated:

ACCOUNT	ASSOCIATED EMAIL ADDRESS
AMAZON:	
GOOGLE:	
ITUNES / APPLE:	
LINKEDIN:	
FACEBOOK:	
TWITTER:	
OTHER:	

ONLINE ACCOUNTS & SUBSCRIPTIONS

ONLINE ACCOUNTS & SUBSCRIPTIONS (Frequent flier miles, hotel points, etc.)

Information last updated:

ASSOCIATED EMAIL	ADDITIONAL NOTES

LOG-IN INFORMATION

PERSONS ENTRUSTED WITH LOG-INS / PINS & ACCESS TO ACCOUNTS

Information last updated:

LOG-IN ITEM	DESIGNATED CONFIDANT	PHONE #	IN DOCUMENT VAULT?
WEBSITES:			
COMPUTERS:			
CELL PHONES:			
CREDIT CARDS:			
BANKING:			
MEDICAL:			
OTHER:			

DIGITAL DEVICE INVENTORY

PERSONAL & BUSINESS CELL PHONES, COMPUTERS, TABLETS, ETC.

Information last updated:

DEVICE	TYPE / MODEL	LOCATION	BUSINESS OR PERSONAL?



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Family Information Section

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Key Information



Essential Documents



Medical Information



Financial Information



Digital & Professional Information

Family Information

This section relates to my spouse or partner and children. We suggest providing a copy of all key documents and attaching to this section. This resource includes:

- Personal Information
- Retirement Information
- Medical Information
- Insurance Information



All of the essential family information and contacts all in one place.



SIGNIFICANT OTHER INFORMATION

MY SPOUSE/PARTNER'S PERSONAL INFORMATION

FULL LEGAL NAME: _____

GIVEN / MAIDEN NAME (if applicable): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (hospital, city, county, state/country):

MARRIAGE DATE: _____

MARRIAGE LOCATION (city & state/country): _____

SPOUSE'S FORMER SPOUSE: _____

MARRIAGE DATES: _____

REASON: DEATH DIVORCE DATE & LOCATION: _____

MY FORMER SPOUSE: _____

DATE OF BIRTH: _____

MARRIAGE DATES: _____

REASON: DEATH DIVORCE DATE & LOCATION: _____

MY FORMER SPOUSE: _____

DATE OF BIRTH: _____

MARRIAGE DATES: _____

REASON: DEATH DIVORCE DATE & LOCATION: _____

OTHER:

SIGNIFICANT OTHER MEDICAL INFORMATION

SPOUSE/PARTNER MEDICAL INFORMATION

Information last updated:

SPOUSE / PARTNER

INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
MEDIGAP / SUPPLEMENTAL PLAN:			
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID #:
PRESCRIPTION COVERAGE (MEDICARE D):	ISSUER:	GROUP #:	ID #:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS / ISSUES:			
MEDICATIONS:			
VA MEDICAL:			
ORGAN DONOR:			

CHILD MEDICAL INFORMATION

CHILD MEDICAL INFORMATION - Duplicate page and complete for each child / dependent

Information last updated:

CHILD

INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID #:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS / SPECIAL NEEDS:			
MEDICATIONS:			
VA MEDICAL:			
ORGAN DONOR:			

CHILD MEDICAL INFORMATION

CHILD MEDICAL INFORMATION - *Duplicate page and complete for each child / dependent*

Information last updated:

CHILD

INSURER:	PLAN ID:	GROUP #:	MEDICARE #:
PRESCRIPTION COVERAGE:	ISSUER:	GROUP #:	ID #:
BLOOD TYPE:			
ALLERGIES:			
MEDICAL CONDITIONS / SPECIAL NEEDS:			
MEDICATIONS:			
VA MEDICAL:			
ORGAN DONOR:			

FAMILY MEDICAL DIRECTORY

FAMILY PHYSICIANS CONTACT INFORMATION

Information last updated:

FAMILY MEMBER	PHYSICIAN NAME & SPECIALTY	PHONE OR EMAIL

SPOUSE RETIREMENT PLANS

SPOUSE / PARTNER RETIREMENT PLANS / EXECUTIVE COMPENSATION

Information last updated:

PLAN	COMPANY NAME	CONTACT NAME & PHONE #
401(K) ACCOUNT:		
PENSION:		
EQUITY PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		
OTHER COMPENSATION PLAN:		

SPOUSE INSURANCE

MY SPOUSE/PARNER'S INSURANCE INVENTORY

Information last updated:

LONG-TERM CARE INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

DISABILITY INSURANCE:

INSURER:

POLICY #:

CONTACT NAME:

PHONE #:

BENEFIT AMOUNT:

USER NAME:

OTHER INFO:





Comprehensive Family Preparedness Guide

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

This workbook is designed to help organize important information so that you are better prepared for future life stages and unforeseen circumstances.

Completing this workbook and keeping it updated now means helping your family and loved ones in the future.

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Essential Information & Documents



Medical Information



Financial Information



Digital & Professional Information



Legacy & Final Arrangements



Comprehensive Family Preparedness Guide

Centralize important information and family history for your loved ones.

This workbook is designed to help record important family information to preserve your family legacy.

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Family Legacy



Final Arrangements

Family Legacy

We suggest providing a copy of any key documents or family keepsakes and attaching to this section. This section includes:

- Family History
- Family Memories
- My Childhood
- My Life Story
- My Legacy
- Family Heirlooms



Preserve your family legacy and record your life story for future generations.



FAMILY HISTORY

MY LIFE & FAMILY

MY FAMILY: Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events and milestones.

MY CHILDHOOD: Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts, or activities I participated in. Camp, friends, trips, recognitions, heroes, dreams and aspirations.

FAMILY HISTORY

MY LIFE

MY LIFE: What world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

MY LIFE: Words of wisdom and/or funny stories:

FAMILY HISTORY

MY LIFE

MY LEGACY: How I would like to be remembered.

FAMILY HEIRLOOMS: Items not noted in my formal will.

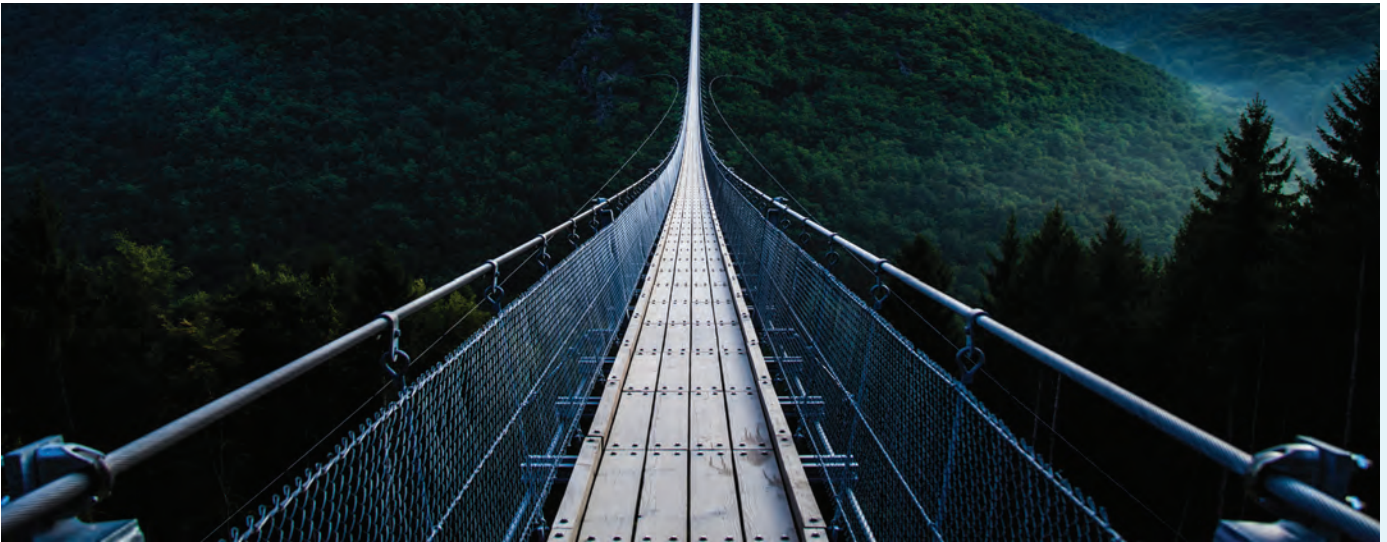
Final Arrangements

We suggest attaching copies of important documents to help your loved ones. This section includes:

- Action Plan
- Final Wishes
- Funeral Arrangements



The following information reflects my wishes for how I would like my life and my legacy to be celebrated by my friends and family.



ACTION PLAN

Checklist to be implemented when appropriate. Develop a plan for coordinating with your other advisors.

Information last updated:

TASK	PERSON ASSIGNED TO TASK	DATE COMPLETED
NOTIFY FUNERAL HOME		
NOTIFY FAMILY & FRIENDS		
NOTIFY EMPLOYER		
NOTIFY BANKS / INQUIRE ABOUT: <i>Direct deposits & withdrawals, safety deposit box(es), credit life on loans.</i>		
NOTIFY CREDIT CARD COMPANIES		
NOTIFY INSURANCE COMPANIES		
ARRANGE HOUSESITTER		
NOTIFY UTILITY COMPANIES		
NOTIFY BENEFITS <i>Social Security, Veterans and Employment benefits.</i>		
OTHER		
OTHER		
OTHER		
OTHER		

Final Arrangements

The incapacity or death of a family member can cause great confusion for even the most organized persons. I have provided the following information to guide you as you handle my affairs.

FINAL ARRANGEMENTS

Please refer to these instructions and preferences when arranging my interment and memorial service.

Information last updated:

1. I wish to be an organ donor. If yes, note whether it is indicated on your driver's license:

Yes

No

2. I wish to be:

Buried at

Details / Location:

I have already paid these costs: Burial Plot Casket Funeral Services Other

Entombed at

Details / location:

I have already paid these costs: Drawer Casket Funeral Services Other

Cremated at

Details for my ashes:

I have already paid these costs: Cremation Urn Funeral Services Other

Donated to science: Entire body Select body parts

Details:

FINAL ARRANGEMENTS

3. I wish to have: Funeral Service Other:

Information last updated:

GENERAL INSTRUCTIONS

Friend or relative I wish to oversee these arrangements

Funeral Home (*Name & Phone #*)

Person to perform service

Pallbearers

Persons for eulogy/readings

Notes for obituary

Headstone engraving

Flowers & Music

Donations in lieu of flowers to:

Burial clothing

FINAL ARRANGEMENTS

I wish to have a wake:

Yes No Details:

I prefer:

- Open Casket
 Closed Casket
-

Service at:

- Funeral Home
 House of worship location (with body present)
 House of worship location (without body present)
 Other arrangements:
-

I wish to be interred in a military cemetery.

Burial benefits include cost of burial for Veteran, along with spouse / partner, and dependents, at no cost to the family. Arrangements can be made through funeral home.

Special Requests & Notes:

Prayer card, readings, music, etc.



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Concord, CA 94520-2445
800-664-5345

IMPORTANT INFORMATION

This is for informational purposes only, is not a solicitation, and should not be considered investment or tax advice. This information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

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