

NATIONAL FINANCIAL FITNESS™

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www.NationalFinancialFitness.com

So many of us are unprepared, disorganized, and left out in the cold in an emergency without the knowledge and record keeping that is so important to our financial well-being. Do you and your loved ones know what you have and where it is ?

This project will help to prepare for some of the record keeping paper work that is needed to help individuals and families financial security, retirement planning, accident & asset protection and estate planning.

It will also serve a master list in an emergency should you pass away or be in a condition that does not allow you to communicate with loved ones.

Too many of us do not know what we have, where it is, and where we are financially weak.

We keep our paperwork spread out through out the house, in the night table drawer next to our beds, or in a kitchen junk drawer.

Make sure your loved ones know where you have put this list.

NATIONAL FINANCIAL FITNESS DAY

Date I prepared this paperwork _____
Name _____
Social Security Number _____

Important People List:

Lawyers

Name _____
Address _____
Telephone _____
What they take care of for me _____

Primary Physician

Name _____
Address _____
Telephone _____
What they take care of for me _____

Accountant or CPA

Name _____
Address _____
Telephone _____
What they take care of for me _____

Name _____
Address _____
Telephone _____
What they take care of for me _____

Financial Advisors

Ronald Steiger
22 Chestnut Lane Woodbury, NY 11797
Telephone 631 692 6097 or * 917 807 3394
Emails: RSteiger@WoodburyFinancial.net or RSteiger@ResidencyToRetirement.com or WoodburyGA@aol.com
What he take care of for me _____
Accounts _____

Name _____
Address _____
Telephone _____
What they take care of for me _____
Accounts _____

Insurance Agents

Name _____
Address _____
Telephone _____
What they take care of for me _____
Policy Numbers _____

Safety Deposit Box

Name _____
Address _____
Telephone _____
What they take care of for me _____
Bank & Box Number _____

Name _____
Address _____
Telephone _____
What they take care of for me _____
Bank & Box Number _____

Will

I have one _____yes _____no
Where is it located _____
Who has copies _____

Living Will

I have one _____yes _____no
Where is it located _____
Who has copies _____

Health Care Proxy

I have one _____yes _____no
Where is it located _____
Who has copies _____ I

Power of Attorney

I have one _____yes _____no
Where is it located _____
Who has copies _____

Trusts

I have a trust _____yes _____no
Where is it located _____
Who has copies _____

Filed Tax Returns

Are located _____

Marriage, Birth Certificates & Death Certificates & Passports

Are located _____

Notes or Additional Information

Life Insurance Policies

I have _____ policies

Beneficiary designation information has been checked and updated _____

Total Amount of In force Life Insurance \$ _____

Name of Insurance Company _____

Policy Number _____

Where they are located _____

Name of Insurance Company _____

Policy Number _____

Where they are located _____

Name of Insurance Company _____

Policy Number _____

Where they are located _____

Name of Insurance Company _____

Policy Number _____

Where they are located _____

Major Medical Insurance & Medicaid, Medicare & Medigap

I do have a policy _____ I do not have a policy _____

Name of Company _____

Policy number _____

Where it is located _____

Medications & Dosages

Attach a separate list and keep it updated !

Long Term Care Insurance

I do have a policy _____ I do not have a policy _____

Name of Company _____

Policy number _____

Where is it located _____

Disability Insurance

Name of Company _____

Policy Number _____

Where Policy is located _____

Checking Accounts

I do have a checking account _____ I do not have a checking account _____

Name of Bank _____

Account number _____

Name of Bank _____

Account number _____

Notes or Additional Information

Credit Cards

Name of Card _____
Account Number _____
Balance due as of today _____

Name of Card _____
Account Number _____
Balance due as of today _____

Name of Card _____
Account Number _____
Balance due as of today _____

Name of Card _____
Account Number _____
Balance due as of today _____

Student Loan

To Whom _____
Account number _____
For what amount _____
Payment amount monthly _____
Balance due as of today _____
Where paperwork is located _____

Outstanding Loans or Debit (other then car, home, credit cards, student loan)

To Whom _____
Account number _____
For what _____
Payment amount monthly _____
Balance due as of today _____
Where paperwork is located _____

Savings Accounts

Where are Statements or passbooks located _____

Name of Bank _____
Account number _____
Amount in account as of today _____

Name of Bank _____
Account number _____
Amount in account as of today _____

Name of Bank _____
Account number _____
Amount in account as of today _____

Stocks, Bonds, Mutual Funds, Cd's, Annuities

(*not located* within an investment vehicle or account, bank, retirement plan, 401K, IRA, pension or in another account previously listed on this paperwork)

Beneficiary designation information has been checked and updated _____

Type of Investment _____

With what company, bank or insurance carrier _____

Purchased from _____

Certificate or policy number _____

Purchase date _____

Number of units, or shares _____

Value at purchase _____

Value at maturity _____

Today's value _____

Where is certificate, paperwork or statement located _____

Type of Investment _____

With what company, bank or insurance carrier _____

Purchased from _____

Certificate or policy number _____

Purchase date _____

Number of units, or shares _____

Value at purchase _____

Value at maturity _____

Today's value _____

Where is certificate, paperwork or statement located _____

Type of Investment _____

With what company, bank or insurance carrier _____

Purchased from _____

Certificate or policy number _____

Purchase date _____

Number of units, or shares _____

Value at purchase _____

Value at maturity _____

Today's value _____

Where is certificate, paperwork or statement located _____

Investment Accounts

Name of Company _____

Account number _____

Today's account value _____

Statement is located _____

Name of Company _____

Account number _____

Today's account value _____

Statement is located _____

IRA, Roth, 401K, 403B, Pension, Retirement Plans

Name of Plan _____
Type of Plan _____
With who _____
Account number _____
Plan Administrator if applicable _____
Most recent statement is located _____
Most recent value _____
Beneficiary designation information has been checked _____

Name of Plan _____
Type of Plan _____
With who _____
Account number _____
Plan Administrator if applicable _____
Most recent statement is located _____
Most recent value _____
Beneficiary designation information has been checked _____

Name of Plan _____
Type of Plan _____
With who _____
Account number _____
Plan Administrator if applicable _____
Most recent statement is located _____
Most recent value _____
Beneficiary designation information has been checked _____

Business Agreements, Contracts

Entity or Business _____
With whom _____
My interest and value _____
Where is paperwork _____
Contact for help and advice _____

Homeowners Insurance Policy & Umbrella

Insurance Carrier _____
Policy number _____
Agent _____
Telephone number _____
Policy is located _____

Insurance Carrier _____
Policy Number _____
Agent _____
Telephone number _____
Policy is located _____

Automobile / Boat Insurance Policy

Insurance Carrier _____
Policy Number _____
Agent _____
Telephone number _____
Policy is located _____

Residential Title, Deed or Mortgage on Home / Auto / Boat

Paperwork for _____ located _____
Paperwork for _____ located _____

Commercial, Vacation Timeshare or Investment Properties

Property name _____
Paperwork located _____
Contact for help _____

Property name _____
Paperwork located _____
Contact for help _____

Collectables, Coins, Stamps, Jewelry, Valuables

Are located _____

VA & Military Service Information

Location of Local VA _____
Telephone number _____
Contact & Team Code _____

My Most Recent Social Security Statement (should arrive 3 months before your birthday each year)

Is located _____
Expected yearly benefit at age _____ \$ _____

Burial Information

I have made some arrangements for my own burial _____yes _____no
I own a plot located at _____
Paperwork is located _____

Clergy / Spiritual Advisor

Name _____ Telephone Number _____

Other helpful information:

Establish an emergency fund. Check your credit reports with the 3 major credit reporting agencies at annualcreditreport.com, Update beneficiary info on your CD's, 401k's, Pensions, etc. Do a will, health care proxy, power of attorney. Have an emergency meeting location in case of a disaster. Video tape your home and car as if you are a stranger. Walk around your car, and home, video record or take still pictures, inside and out. Video tape inside your house and open up closets. Video tape all your belonging and valuables , spread them out on a table. Take this video tape and give it to a trusted friend or relative that lives 20 miles away from your home. These records will help you if and when you need to make an insurance claim.

Make sure your loved ones know where you have placed this valuable "National Financial Fitness" form and list.

By putting together this list, you now have a better idea as to your Financial Fitness Level. If you need help, please contact me at 917-807-3394 or e-mail me at **RSTEIGER@WoodburyFinancial.net** and request that one of our qualified advisors in your area contacts you.

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