



BENJAMIN F. EDWARDS® & CO.
INVESTMENTS *for* GENERATIONS®

**Estate and Financial
Organizer**

Client _____

PERSONAL INFORMATION

Client 1

Client 2

Name _____ Name _____

Social Security Number _____ Social Security Number _____

Birth date _____ Birth date _____

Home Phone _____

Cell Phone _____ Cell Phone _____

Beneficiaries

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

If Minors – Name guardians and special considerations

Pets

Veterinarian Name & Phone _____

Pet Names/Species _____

Successor Caregiver request: _____

Other information/details: _____

CONTACT INFORMATION

Emergency Contacts/ Close Neighbors

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Professional Contacts

Financial Consultant _____

Address _____ Phone _____

Attorney _____

Address _____ Phone _____

Accountant _____

Address _____ Phone _____

Executor/Personal Representative _____

Address _____ Phone _____

Guardian _____

Address _____ Phone _____

Trustee/Successor Trustee _____

Address _____ Phone _____

Insurance Agent _____

Address _____ Phone _____

Household Contacts

Plumber _____ Phone _____

Electrician _____ Phone _____

Heating/ Cooling _____ Phone _____

Telephone Service _____ Phone _____

Electric _____ Phone _____

Cable _____ Phone _____

Other _____ Phone _____

MEDICAL INFORMATION

Client 1

Primary Care Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance plan name _____ ID# _____

Medicare # _____ Medigap # _____

Allergies _____ Blood type _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Client 2

Primary Care Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance plan name _____ ID# _____

Medicare # _____ Medigap # _____

Allergies _____ Blood type _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Minor children/dependents

Pediatrician _____ Phone _____
Health Insurance plan name _____ ID# _____
Any chronic Medical/ Health Concern _____ Child _____
Allergies _____ Child _____
Medication _____ Dosage _____ Child _____
Medication _____ Dosage _____ Child _____

ASSET/LIABILITY OWNERSHIP

Benjamin F. Edwards & Co. Account Information

<i>Account Number</i>	<i>Type of Account</i>	<i>Beneficiaries (Trust, IRAs, etc)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Investment/Bank Accounts

<i>Bank/Institution</i>	<i>Account</i>	<i>Type of Account</i> <i>(Individual, joint, trust, etc.)</i>	<i>Beneficiaries</i> <i>(Transfer on death, trust, etc.)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Qualified Retirement Plans

Participant _____

Employer's Name _____ Phone number _____

Plan Record Keeper/Administrator's Name _____ Phone Number _____

Value \$ _____ Date _____

Primary Beneficiaries _____ Secondary Beneficiaries _____

Participant _____

Employer's Name _____ Phone number _____

Plan record Keeper/Administrator's Name _____ Phone Number _____

Value \$ _____ Date _____

Primary Beneficiaries _____ Secondary Beneficiaries _____

List Annuity Contracts

Owned By _____ Issuer _____

Qualified (Q)/Non-Qualified (NQ) _____ Type of Contract* _____

Beneficiary _____ Death Benefit \$ _____

Cash Value \$ _____ Living Benefit Base \$ _____

Policy Number _____

Owned By _____ Issuer _____

Qualified (Q)/Non-Qualified (NQ) _____ Type of Contract* _____

Beneficiary _____ Death Benefit \$ _____

Cash Value \$ _____ Living Benefit Base \$ _____

Policy Number _____

Owned By _____ Issuer _____

Qualified (Q)/Non-Qualified (NQ) _____ Type of Contract* _____

Beneficiary _____ Death Benefit \$ _____

Cash Value \$ _____ Living Benefit Base \$ _____

Policy Number _____

** FA-Fixed Annuity, IA-Indexed Annuity, VA-Variable Annuity, VAGMWB-Variable Annuity with Guaranteed Minimum Withdrawal Benefit*

Other Assets/Personal Property

	<i>Value</i>	<i>Ownership/Title</i>	<i>Debt</i>
Home	_____	_____	_____
Real Estate	_____	_____	_____
Other	_____	_____	_____
Personal Loans	_____	_____	_____

Loan made to _____ Phone _____
Address _____ Collateral _____
Amount \$ _____ Written Loan Agreement.....Yes No

Loan made to _____ Phone _____
Address _____ Collateral _____
Amount \$ _____ Written Loan Agreement.....Yes No

Personal Property Loans

Object	Loaned to	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____

Stored Assets _____
Object _____ Storage Location _____

Liabilities

Home Mortgage Company	_____	Phone	_____
Account #	_____	Balance	_____
Interest Rate	_____		_____
2 nd Mortgage Company	_____	Phone	_____
Account #	_____	Balance	_____
Interest Rate	_____		_____
Car Loan	_____	Phone	_____
Account #	_____	Balance	_____
Interest Rate	_____		_____
Credit Card	_____	Phone	_____
Account #	_____	Balance	_____
Interest Rate	_____		_____
Credit Card	_____	Phone	_____
Account #	_____	Balance	_____
Interest Rate	_____		_____

Business Ownership

Name of Business 1 _____

Description _____

Total Value \$ _____

Ownership and % Owned _____

Other Owners and % Owned _____

Type: C-Corp S Corporation Partnership Sole Proprietor LLC/LLP

INSURANCE POLICIES

List Life Policies

Company _____ Type* _____ Issue Date _____ Policy Number _____

Owner(s) _____ Insured(s) _____

Beneficiary(ies) _____ Death Benefit \$ _____

Annual Premium \$ _____ Cash Value \$ _____

Company _____ Type* _____ Issue Date _____ Policy Number _____

Owner(s) _____ Insured(s) _____

Beneficiary(ies) _____ Death Benefit \$ _____

Annual Premium \$ _____ Cash Value \$ _____

Company _____ Type* _____ Issue Date _____ Policy Number _____

Owner(s) _____ Insured(s) _____

Beneficiary(ies) _____ Death Benefit \$ _____

Annual Premium \$ _____ Cash Value \$ _____

** G-Group Term, SL-Survivorship Life, SPWL-Single Premium Whole Life, T-Term, UL-Universal Life, WL-Whole Life*

Disability Insurance

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Long-Term Care Insurance

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Other Insurance

Company _____

Policy Number _____ Policy Type _____

Phone _____ Annual Premium \$ _____ Paid By _____

Company _____

Policy Number _____ Policy Type _____

Phone _____ Annual Premium \$ _____ Paid By _____

Other Death Benefits

		<i>Owner</i>	<i>Beneficiary</i>
Pension	\$	_____	_____
Military	\$	_____	_____
Fraternal Organizations	\$	_____	_____
Other	\$	_____	_____

ESTATE DOCUMENTS

Client 1

Will:..... Yes No

Date signed: _____ Date last reviewed: _____

Personal Representative/Executor (including successors): _____

Location of original: _____

Drafting Attorney: _____

Trust:..... Yes No

Date signed: _____ Date last reviewed: _____

Date of Amendments, if any: _____

Date last reviewed: _____

Successors trustees: _____

Location of original: _____

Drafting Attorney: _____

Durable/Springing Power of Attorney: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

Health care directive/living will:..... Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

ESTATE DOCUMENTS

Client 2

Will: Yes No

Date signed: _____ Date last reviewed: _____

Personal Representative/Executor (including successors): _____

Location of original: _____

Drafting Attorney: _____

Trust: Yes No

Date signed: _____ Date last reviewed: _____

Date of Amendments, if any: _____

Date last reviewed: _____

Successors trustees: _____

Location of original: _____

Drafting Attorney: _____

Durable/Springing Power of Attorney: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

Health care directive/living will: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

	<i>Location</i>	<i>Other Information/Contact</i>
Personal Papers		
Birth Certificate	_____	_____
Passports	_____	_____
Social Security cards	_____	_____
Marriage certificate	_____	_____
Divorce/separation papers	_____	_____
Adoption papers	_____	_____
Military/Employment Records	_____	_____
Family death certificates	_____	_____
Financials (tax returns, bank accounts)	_____	_____
Insurance Policies (home, health, life)	_____	_____
Personal Loans	_____	_____
Other (_____)	_____	_____
	_____	_____

PERSONAL INFORMATION

Location of safe deposit box (institution) _____ Address _____

Names of those authorized to open safe deposit box _____

Location of keys _____

Computer web sites, usernames and passwords

Do you have provisions for your digital data in your will or trust?

FUNERAL AND BURIAL ARRANGEMENTS FOR CLIENT 1

Religious Affiliation, if any _____

Place of Worship, if any _____

Clergy to contact _____

Address _____ Phone _____

I prefer: Burial Cremation Bequeathal

I prefer: Funeral Service Memorial Service No Ceremony

Funeral Home _____ Phone _____

Address _____

Memorial Society _____

Address _____ Phone _____

Bequeathal Arrangement with _____

Address _____ Phone _____

Other Arrangements _____

If Funeral

Cemetery Preferred _____

Address _____ Phone _____

Prepaid funeral service provider _____

Prepaid burial lot location _____

I would like to request the following pallbearers _____

I prefer: A Viewing No Viewing
 Open Casket Closed Casket No Casket
 Embalming No Embalming
 Flowers No Flowers
 Donations to _____

If service is preferred:

Music _____

Readings _____

Participants _____

If cremation is preferred:

Ashes should be handled as follows _____

FUNERAL AND BURIAL ARRANGEMENTS FOR CLIENT 2

Religious Affiliation, if any _____

Place of Worship, if any _____

Clergy to contact _____

Address _____ Phone _____

I prefer: Burial Cremation Bequeathal

I prefer: Funeral Service Memorial Service No Ceremony

Funeral Home _____ Phone _____

Address _____

Memorial Society _____

Address _____ Phone _____

Bequeathal Arrangement with _____

Address _____ Phone _____

Other Arrangements _____

If Funeral

Cemetery Preferred _____

Address _____ Phone _____

Prepaid funeral service provider _____

Prepaid burial lot location _____

I would like to request the following pallbearers _____

I prefer: A Viewing No Viewing
 Open Casket Closed Casket No Casket
 Embalming No Embalming
 Flowers No Flowers
 Donations to _____

If service is preferred:

Music _____

Readings _____

Participants _____

If cremation is preferred:

Ashes should be handled as follows _____

Information for obituaries and death notices for Client 1

Education _____

Civic Affiliations _____

Political Affiliations _____

Religious Affiliations _____

Military Service _____

Honors/Awards/Achievements _____

Employment Highlights _____

Survivors (Immediate Family) _____

Information that should not be shared: _____

Date _____

Information for obituaries and death notices for Client 2

Education _____

Civic Affiliations _____

Political Affiliations _____

Religious Affiliations _____

Military Service _____

Honors/Awards/Achievements _____

Employment Highlights _____

Survivors (Immediate Family) _____

Information that should not be shared: _____

Date _____

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