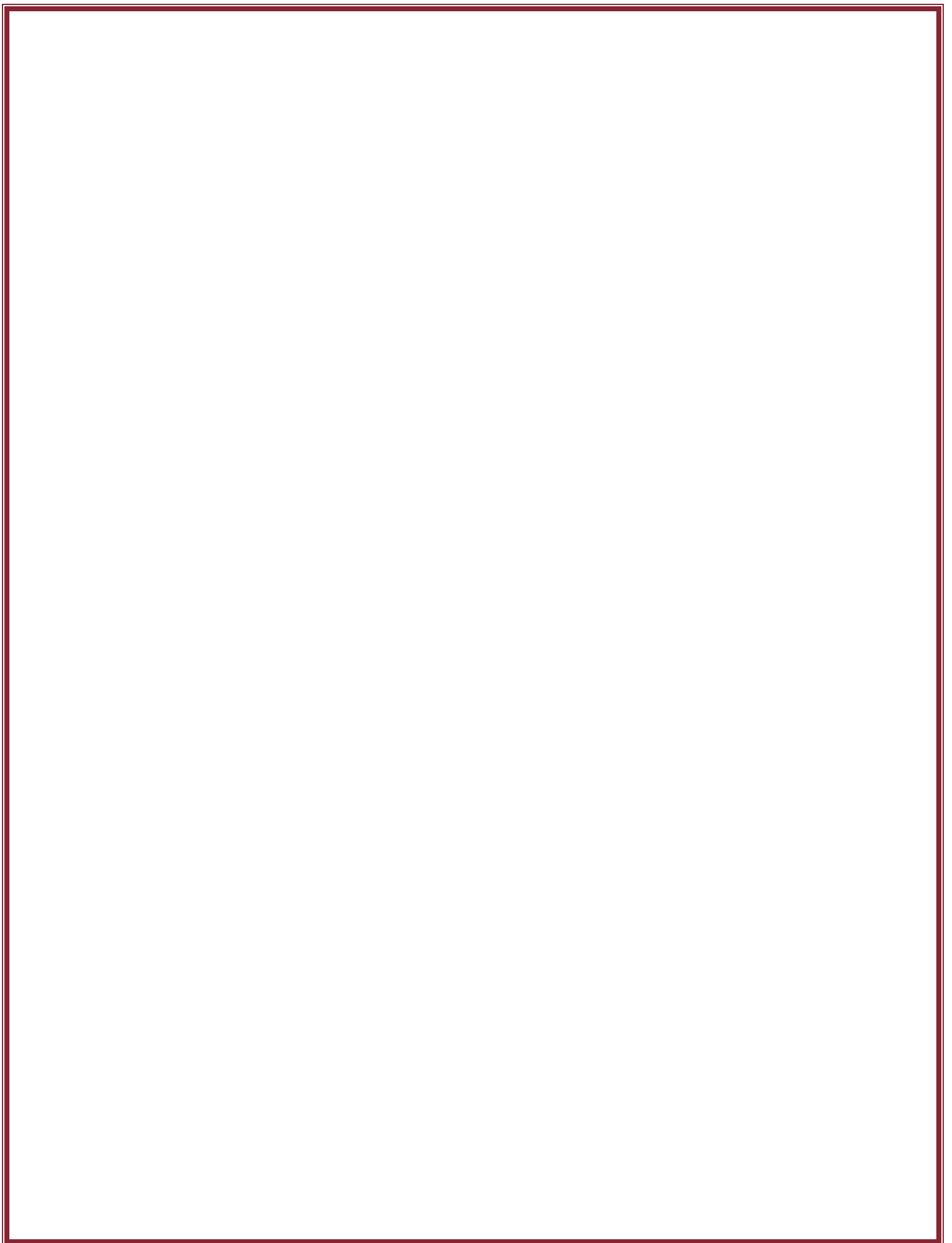




# GUIDE TO ORGANIZING YOUR FINANCIAL LIFE

**LEAVELL**  
== INVESTMENT MANAGEMENT ==  
*Trusted Investment Solutions Since 1979*



*In an attempt to add value to our clients in every way possible, the Leavell Team is offering you this organizational tool to document the information that others in your life might not know. This booklet contains confidential information and should only be viewed by the ones you trust and have your permission to do so. Please put this booklet and your personal documents in safekeeping and make the ones who should be in the know, aware of it's whereabouts.*

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# I. PERSONAL INFORMATION

## PRIMARY PERSON:

---

NAME

---

NAME AT BIRTH, IF DIFFERENT THAN ABOVE

---

DATE OF BIRTH

---

PLACE OF BIRTH (CITY, STATE AND COUNTRY)

---

PRESENT ADDRESS

---

HOME PHONE

---

MOBILE/CELL

---

E-MAIL ADDRESS

---

SOCIAL SECURITY NUMBER

---

DRIVERS LICENSE NUMBER

---

STATE

## SPOUSE/OTHER:

---

NAME

---

NAME AT BIRTH, IF DIFFERENT THAN ABOVE

---

DATE OF BIRTH

---

PLACE OF BIRTH (CITY, STATE AND COUNTRY)

---

PRESENT ADDRESS

---

HOME PHONE

---

MOBILE/CELL

---

E-MAIL ADDRESS

---

SOCIAL SECURITY NUMBER

---

DRIVERS LICENSE NUMBER

---

STATE



## II. EMPLOYER INFORMATION

### Primary

Current/Past Employer	
Address	
City, State, Zip	
Title	
Office Phone	
Work Email	

### Retirement Plans, Stock Ownership, Stock Options, etc.

Type	Approx. Value	Contact Name & Phone Number

### Health Insurance:

Type: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Disability Insurance:

Type: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Long Term Care Insurance:

Type: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Deferred Compensation:

Type: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Cafeteria Plan:

Type: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Other:

Type: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

## II. EMPLOYER INFORMATION (CONT'D)

### Spouse / Other

Current/Past Employer	
Address	
City, State, Zip	
Title	
Office Phone	
Work Email	

### Retirement Plans, Stock Ownership, Stock Options, etc.

Type	Approx. Value	Contact Name & Phone Number

#### Health Insurance:

Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Disability Insurance:

Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Long Term Care Insurance:

Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Deferred Compensation:

Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Cafeteria Plan:

Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

#### Other:

Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

# III. ADVISORS

*Some of the people you may need to contact are listed below.*

## **Investment/Financial Advisor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Investment/Financial Advisor:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Attorney:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Attorney**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Accountant:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Executor/Personal Representative:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Other:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



## **IV. DOCUMENT LOCATOR**

*I have executed each of the following documents and you can find them where noted.*

<b>Document</b>	<b>Date Signed</b>	<b>Location/Special Notes</b>
Adoption Agreement		
Auto Insurance Policy		
Auto Registration		
Auto/Boat Title		
Birth Certificate		
Burial Agreement		
Certificates of Deposits		
Charitable Trust		
Citizenship Papers		
Custodial Account		
Divorce Decree or Settlement		
Insurance Beneficiary Designation		
Insurance Trust		
IRA Beneficiary Designation		
Living Trust		
Living Will		
Marriage Certificate		
Medical Directive		
Medical Files		
Medical Power of Attorney		
Military Service Records		
Minor's Trust		
Organ Donation		
Passport		
Past Tax Returns		
Post-Nuptial Agreement		
Power of Attorney		
Pre-Nuptial Agreement		
Retirement Plan Beneficiary Designation		
Safe Deposit Box Key (s)		
Savings Passbooks		
Share Certificates		
Social Security Cards		
Will		

## V. WILL AND TRUST(S)

Do you and/or your spouse have a Will?      Primary      Spouse  
    YES    NO       YES    NO

Location of Original and Copies of Wills: \_\_\_\_\_

Location of Original Codicil: \_\_\_\_\_

Executor/Personal Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witnesses (to Will) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian (for Minors) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you and/or your spouse have Trust Documents?       YES    NO

Location of Trust Documents: \_\_\_\_\_

Do you and/or your spouse have a Power of Attorney?       YES    NO

Location of Power of Attorney(s) Documents: \_\_\_\_\_

I have appointed the following persons to act on my behalf if I become disabled:

Power of Attorney–Assets: \_\_\_\_\_

Power of Attorney–Medical: \_\_\_\_\_

# VI. INSURANCE

## Life Insurance Policies:

Policy #/Type	Insured	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

The above policies can be found at: \_\_\_\_\_

## Annuities:

Company	Annuitant	Policy #	Face Amount	Contact Name/Phone
			\$	
			\$	
			\$	
			\$	
			\$	

## Insurance Policies: (i.e. Property/Casualty, others, etc.)

Type	Company	Policy #	Contact Name/Phone

# VII. RETIREMENT ACCOUNTS

Pension Plans, 401(k), 403(b), IRA, ROTH IRA, KEOGH, Profit Sharing Plans, Annuities, Other

	<b>Primary-Account</b>	<b>Spouse - Account</b>
Name(s) on account		
How Owned		
Type of Account		
Account Number		
Vested		
Current Value		
Beneficiary		

	<b>Primary-Account</b>	<b>Spouse - Account</b>
Name(s) on account		
How Owned		
Type of Account		
Account Number		
Vested		
Current Value		
Beneficiary		

	<b>Primary-Account</b>	<b>Spouse - Account</b>
Name(s) on account		
How Owned		
Type of Account		
Account Number		
Vested		
Current Value		
Beneficiary		

# VII. RETIREMENT ACCOUNTS (CONT'D)

Pension Plans, 401(k), 403(b), IRA, ROTH IRA, KEOGH, Profit Sharing Plans, Annuities, Other

	<b>Primary-Account</b>	<b>Spouse - Account</b>
Name(s) on account		
How Owned		
Type of Account		
Account Number		
Vested		
Current Value		
Beneficiary		

	<b>Primary-Account</b>	<b>Spouse - Account</b>
Name(s) on account		
How Owned		
Type of Account		
Account Number		
Vested		
Current Value		
Beneficiary		

	<b>Primary-Account</b>	<b>Spouse - Account</b>
Name(s) on account		
How Owned		
Type of Account		
Account Number		
Vested		
Current Value		
Beneficiary		









# **XI. FINAL WISHES**

## **In the event of my death:**

Funeral Home: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Location: \_\_\_\_\_

Plot/Drawer #: \_\_\_\_\_

Clergy to be contacted: \_\_\_\_\_

Funeral Arrangements Prepaid?     YES     NO

Information can be found at: \_\_\_\_\_

I have a deceased spouse, parent, child, who is buried at \_\_\_\_\_. I wish to be buried next to such person if I check here .

I want to be cremated     YES     NO

If yes, Name of Crematory: \_\_\_\_\_

Location: \_\_\_\_\_

## **In the event of my Spouse's death:**

Funeral Home: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Location: \_\_\_\_\_

Plot/Drawer #: \_\_\_\_\_

Clergy to be contacted: \_\_\_\_\_

Funeral Arrangements Prepaid?     YES     NO

Information can be found at: \_\_\_\_\_

I have a deceased spouse, parent, child, who is buried at \_\_\_\_\_. I wish to be buried next to such person if I check here .

I want to be cremated     YES     NO

If yes, Name of Crematory: \_\_\_\_\_

Location: \_\_\_\_\_



*Leavell Investment Management, Inc. is not a legal or tax advisor. This guide is provided for informational purposes and planning and is not legally binding. Please consult an attorney and/or tax advisor for information pertaining to your specific situation. The information contained in this form has been completed by the individual and is under the direct control of the individual who has completed this form. All information is deemed highly personal and confidential. Any copies made and provided to any person including a trusted advisor or trusted family member should be done so with caution and discretion.*

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