

RMG / RICH, MCMANUS & GOETT GROUP

of COGHLAN & Associates

Your personal information

An organizer that can be used for planning or emergencies

Prepared/Updated _____

Personal profile

	Name	Social Security number	Birth date	Location of birth certificate
Client 1	_____	_____	_____	_____
Client 2	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other beneficiaries	_____	_____	_____	_____
	_____	_____	_____	_____

Financial Advisor _____	Attorney _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
CPA/accountant _____	Insurance agent _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

Investment and Insurance Products are:

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

Do you have:

	Current and dated	Location
<input type="checkbox"/> Will	___ / ___ / ___	_____
<input type="checkbox"/> Durable power of attorney	___ / ___ / ___	_____
<input type="checkbox"/> Health care directive	___ / ___ / ___	_____
<input type="checkbox"/> Living will	___ / ___ / ___	_____
<input type="checkbox"/> Revocable living trust	___ / ___ / ___	_____
<input type="checkbox"/> Other trusts	___ / ___ / ___	_____

Personal representative/executor _____

Successor trustee _____

Location of tax returns _____

Location of safe deposit box (institution) _____ Address _____

Names of those authorized to open safe deposit box _____

Location of keys _____

Contents (stock certificates, EE bonds, bearer bonds, etc.) _____

Location of appraisal and inventory of personal property (including collectibles) List Photos Video

Location of real estate deeds _____

Location of divorce decree/prenuptial agreement/child's support documentation _____

Funeral and burial arrangements _____

Do you have pets? Yes No

Name(s)/type(s) _____

Caretaker to be contacted _____

Address _____ Phone _____

Incapacity/disability

Name of guardian/trustee in the event of your incapacity _____

What disability policies do you own? _____

What long-term care policies do you own? _____

Investment/bank accounts

Bank/institution _____

Bank/institution _____

How account is titled _____

How account is titled _____

Account number _____

Account number _____

Type of account _____

Type of account _____

Account number _____

Account number _____

Type of account _____

Type of account _____

Trust accounts

Institution _____

Address _____

Type of trust _____

Tax ID number _____

Current trustee _____

Successor trustee _____

Beneficiaries _____

Institution _____

Address _____

Type of trust _____

Tax ID number _____

Current trustee _____

Successor trustee _____

Beneficiaries _____

Have you reviewed your trust(s) recently?

Yes No

Gift information

Are you a 529 college savings plan account owner?

Yes No

Child's name _____

Child's name _____

Have you named a successor owner?

Name _____

Are you a custodian of uniform gift/transfer to a minor's accounts? Yes No

Child's name _____

Child's name _____

Have you named a successor custodian?

Name _____

(If so, and you are the donor, these may be included in your estate for tax purposes.)

Have you filed any gift tax returns? Year _____ Gift amount \$ _____

Are you taking full advantage of annual exclusion gifts? Yes No

Securities

Brokerage firm _____ Brokerage firm _____
How account is titled _____ How account is titled _____
Account number _____ Account number _____
Type of account _____ Type of account _____
Account number _____ Account number _____
Type of account _____ Type of account _____

IRAs/retirement plans

Type: Traditional IRA Roth IRA Qualified plan 403(b)
Participant _____
Name of company (i.e., brokerage firm, bank, mutual fund) _____
Address _____
Account number _____ Approximate value \$ _____ Date _____
Primary beneficiaries _____
Contingent beneficiaries _____

Type: Traditional IRA Roth IRA Qualified plan 403(b)
Participant _____
Name of company (i.e., brokerage firm, bank, mutual fund) _____
Address _____
Account number _____ Approximate value \$ _____ Date _____
Primary beneficiaries _____
Contingent beneficiaries _____

Life insurance policies

Owned by	Type of policy*	Issuer	Insured†	Beneficiary	Death benefit	Premium	Cash value	Loans
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

*WL = Whole life; G = Group term; UL = Universal life; SPWL = Single-premium whole life; T = Term; SL = Survivorship life

†The owner is assumed to be the insured unless you note otherwise.

Have these policies been reviewed recently? Yes No

Do these policies meet your current needs? Yes No

Location of policies _____

Annuities

Owned by	Type of contract*	Issuer	Beneficiary	Death benefit	Cash value
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

*F = Fixed rate; V = Variable rate

Real estate/personal residence/business assets/other (collectibles, jewelry, etc.)

Real estate/real-estate interests owned/other _____

Location of property _____

Location of any stored assets _____

Lender _____ Lender's address _____

Account number _____ Loan amount \$ _____

Payment amount \$ _____ Date due _____

Interest rate _____% Maturity _____

Real estate/real-estate interests owned/other _____

Location of property _____

Location of any stored assets _____

Lender _____ Lender's address _____

Account number _____ Loan amount \$ _____

Payment amount \$ _____ Date due _____

Interest rate _____% Maturity _____

Real estate/real-estate interests owned/other _____

Location of property _____

Location of any stored assets _____

Lender _____ Lender's address _____

Account number _____ Loan amount \$ _____

Payment amount \$ _____ Date due _____

Interest rate _____% Maturity _____

Online accounts

It could be very important for your executor, trustee, attorney-in-fact, or a trusted family member to gain access to information from your computer, phone, or online accounts.

If you keep a secured list/record of usernames and passwords, location of list:

Talk to a Us

We welcome the opportunity to work with you to help you achieve your investment planning goals. Contact us for more information and to learn about how we can assist you.

Note: Consider keeping a copy of this organizer with your estate planning documents.

Wells Fargo and Company and its Affiliates do not provide tax or legal advice. This communication cannot be relied upon to avoid tax penalties. Please consult your tax and legal advisors to determine how this information may apply to your own situation. Whether any planned tax result is realized by you depends on the specific facts of your own situation at the time your tax return is filed.

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