

Personal & Financial Organizer

Life is better when you are prepared.

Date _____

Self

Full legal name _____ Cell phone _____

Email _____

Address _____

Birth date _____ SIN # _____

Driver's licence # _____ Passport # _____

Health card # _____

Blood type _____ Allergies _____

Medications and dosages _____

Primary care physician name _____ Phone _____

Dentist name _____ Phone _____

Specialist name, address _____ Phone _____

Employer name, address _____ Phone _____

Supervisor name _____ Phone _____

Car ownership and registration # _____

Spouse

Full legal name _____ Cell phone _____

Email _____

Address _____

Birth date _____ SIN # _____

Driver's licence # _____ Passport # _____

Health card # _____

Blood type _____ Allergies _____

Medications and dosages _____

Primary care physician name _____ Phone _____

Dentist name _____ Phone _____

Specialist name, address _____ Phone _____

Employer name, address _____ Phone _____

Supervisor name _____ Phone _____

Car ownership and registration # _____

Emergency contact list

Name _____ Relationship _____ Home phone _____ Cell phone _____
Name _____ Relationship _____ Home phone _____ Cell phone _____

Children

Name _____ Birth date _____
Cell phone _____ Email _____
SIN # _____ Passport # _____
School/employer name _____
Address _____
Teacher/supervisor name _____ Health card # _____
Blood type _____ Allergies _____
Medication and dosage _____

Name _____ Birth date _____
Cell phone _____ Email _____
SIN # _____ Passport # _____
School/employer name _____
Address _____
Teacher/supervisor name _____ Health card # _____
Blood type _____ Allergies _____
Medication and dosage _____

Name _____ Birth date _____
Cell phone _____ Email _____
SIN # _____ Passport # _____
School/employer name _____
Address _____
Teacher/supervisor name _____ Health card # _____
Blood type _____ Allergies _____
Medication and dosage _____

Other Important Contacts (i.e., daycare provider, specialist, dentist)

Name _____ Profession _____
Address _____ Phone _____
Name _____ Profession _____
Address _____ Phone _____

Pets

Veterinarian name, address _____ Phone _____
Pet names _____
Special considerations _____

Investments

RRSP account # _____ Company _____ Phone _____
RRSP account # _____ Company _____ Phone _____
Non-registered account # _____ Company _____ Phone _____
TFSA account # _____ Company _____ Phone _____
RRIF/LIF account # _____ Company _____ Phone _____
Pension/DPSP account #account # _____ Company _____ Phone _____
Other _____

Insurance

Personal

Life insurance policy # _____ Company _____ Phone _____
Term insurance policy # _____ Company _____ Phone _____
Health care benefits policy # _____ Company _____ Phone _____
Disability policy # _____ Company _____ Phone _____
Long-term care policy # _____ Company _____ Phone _____
Critical illness policy # _____ Company _____ Phone _____

Household and Auto

Home insurance company/agent name _____
Homeowner policy # _____ Phone _____
Auto insurance company/agent name _____
Auto policy # _____ Phone _____

Professional contacts

Advisor's name _____ Phone _____
Firm name and address _____
Account #1 _____ Account #2 _____

Other Contact

Lawyer's name _____ Phone _____
Firm name and address _____
Accountant name _____ Phone _____
Firm name and address _____
Other professional _____ Phone _____
Firm name and address _____
Executor's name _____ Phone _____
Power of Attorney (personal care) name _____ Phone _____
Power of Attorney (property) name _____ Phone _____

Bank

Bank name, address _____ Phone _____

Chequing # _____ Savings # _____

Safety deposit box # _____

Bank name, address _____ Phone _____

Chequing # _____ Savings # _____

Safety deposit box # _____

Loans & credit

Mortgage holder name _____

Address _____ Phone _____

Account # _____

Second mortgage holder name _____

Address _____ Phone _____

Account # _____

Home equity loan / line of credit holder name _____

Address _____ Phone _____

Account # _____

Car loan firm name _____

Address _____ Phone _____

Account # _____

Credit card type _____ Company name _____

Address _____ Phone _____

Account # _____

Credit card type _____ Company name _____

Address _____ Phone _____

Account # _____

Other _____

Address _____ Phone _____

Account # _____

Digital assets

Cloud storage/backup subscription

Location/site _____

Account# _____

Music/Movie streaming plan

Location/site _____

Account# _____

Tech home upgrades (smart thermostats, security system, music system, etc.)

Company name _____ Phone _____

Account# _____

Social Media and/or email accounts

Site/domain _____

Account# _____

Website

Site url _____

Account# _____

Data/digital files

Location/site _____

Account# _____

Business-related digital assets

Location/site _____

Account# _____

Other

Location/site _____

Account# _____



**This document should always be kept in a safe and private location.
Please do not write any PINs or passwords on this form.**