

# Your essential information

## Personal information

Name:

Address:

Home phone:

Cell phone:

Social security number:

Date of birth:

Place of birth:

Maiden name (if applicable):

Name of spouse (surviving or deceased):

Mother's and father's names (include mother's maiden name):

Mother's and father's places of birth:

Next of kin and/or children:

Next of kin's contact information:

Emergency contact person (if different from above):

## Key contacts

### Financial professional

Name:

Firm name:

Address:

Phone:

Email/Website:

### Accountant

Name:

Firm name:

Address:

Phone:

Email/Website:

### Employer

Name:

Key contact:

Address:

Phone:

Email/Website:

### Executor

Name:

Firm name:

Address:

Phone:

Email/Website:

### Insurance agent

Name:

Firm name:

Address:

Phone:

Email/Website:

**Attorney**

Name:	Firm name:
<hr/>	
Address:	
<hr/>	
Phone:	Email/Website:

**Other**

Name:	Firm name:
<hr/>	
Address:	
<hr/>	
Phone:	Email/Website:

**Medical contacts**

**Primary care physician**

Name:	Hospital affiliation:
<hr/>	
Address:	
<hr/>	
Phone:	Email/Website:

**Health insurance carrier**

Carrier:	Group plan number:
<hr/>	
Key contact:	
<hr/>	
Address:	
<hr/>	
Phone:	Email/Website:

**Dentist**

Name:	
<hr/>	
Address:	
<hr/>	
Phone:	Email/Website:

**Eye doctor**

Name:	
<hr/>	
Address:	
<hr/>	
Phone:	Email/Website:

**Accounts and assets**

**Your accounts (investment, bank, retirement, trust)**

Account type:	Account type:
<hr/>	<hr/>
Held at:	Held at:
<hr/>	<hr/>
Account number:	Account number:
<hr/>	<hr/>
Password:	Password:
<hr/>	<hr/>
Website:	Website:
<hr/>	<hr/>
Account type:	Account type:
<hr/>	<hr/>
Held at:	Held at:
<hr/>	<hr/>
Account number:	Account number:
<hr/>	<hr/>
Password:	Password:
<hr/>	<hr/>
Website:	Website:
<hr/>	<hr/>
Account type:	Account type:
<hr/>	<hr/>
Held at:	Held at:
<hr/>	<hr/>
Account number:	Account number:
<hr/>	<hr/>
Password:	Password:
<hr/>	<hr/>
Website:	Website:
<hr/>	<hr/>

**Life insurance policies**

Owned by: \_\_\_\_\_  
 Type of policy: \_\_\_\_\_  
 Issuer: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Death benefit:     \$ \_\_\_\_\_  
 Premium:           \$ \_\_\_\_\_  
 Cash value:        \$ \_\_\_\_\_  
 Loans:             \$ \_\_\_\_\_

Owned by: \_\_\_\_\_  
 Type of policy: \_\_\_\_\_  
 Issuer: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Death benefit:     \$ \_\_\_\_\_  
 Premium:           \$ \_\_\_\_\_  
 Cash value:        \$ \_\_\_\_\_  
 Loans:             \$ \_\_\_\_\_

**Annuities**

Owned by: \_\_\_\_\_  
 Type of contract: \_\_\_\_\_  
 Issuer: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Death benefit:     \$ \_\_\_\_\_  
 Cash value:        \$ \_\_\_\_\_

Owned by: \_\_\_\_\_  
 Type of contract: \_\_\_\_\_  
 Issuer: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Death benefit:     \$ \_\_\_\_\_  
 Cash value:        \$ \_\_\_\_\_

**Real estate/Personal residence/Business assets**

Property location: \_\_\_\_\_  
 Asset location: \_\_\_\_\_  
 Lender: \_\_\_\_\_  
 Lender address: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Loan amount:       \$ \_\_\_\_\_  
 Payment amount:   \$ \_\_\_\_\_  
 Date due: \_\_\_\_\_  
 Interest rate: \_\_\_\_\_  
 Maturity: \_\_\_\_\_

Property location: \_\_\_\_\_  
 Asset location: \_\_\_\_\_  
 Lender: \_\_\_\_\_  
 Lender address: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Loan amount:       \$ \_\_\_\_\_  
 Payment amount:   \$ \_\_\_\_\_  
 Date due: \_\_\_\_\_  
 Interest rate: \_\_\_\_\_  
 Maturity: \_\_\_\_\_

**Other assets (e.g., collectibles, jewelry, artwork)**

Asset: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Purchase cost:     \$ \_\_\_\_\_  
 Appraised value:   \$ \_\_\_\_\_  
 Name of insurer: \_\_\_\_\_  
 Asset: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Purchase cost:     \$ \_\_\_\_\_  
 Appraised value:   \$ \_\_\_\_\_  
 Name of insurer: \_\_\_\_\_

Asset: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Purchase cost:     \$ \_\_\_\_\_  
 Appraised value:   \$ \_\_\_\_\_  
 Name of insurer: \_\_\_\_\_  
 Asset: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Purchase cost:     \$ \_\_\_\_\_  
 Appraised value:   \$ \_\_\_\_\_  
 Name of insurer: \_\_\_\_\_

## Funeral arrangements

### Place of worship

Name:

Address:

Phone:

Website:

### Funeral home

Name:

Address:

Phone:

Website:

Funeral pre-arrangement policy information/Contract number:

### Cemetery/Memorial park

Name:

Address:

Phone:

Website:

Burial plot/Mausoleum crypt/Cremation niche location:

*This material is being provided for educational purposes and does not take into account your particular investment objectives, financial situations or needs and is not intended as a recommendation. BlackRock does not provide tax advice. You should consult with your own legal and/or tax professionals regarding your particular situation.*

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