This form will help you pull your information together in one place. It will make it easy for you and your advocate to keep track of important information. Some information may not apply to you, so just complete as much as you know for each page.

ThinkingAheadRoadmap.org

## Financial Accounts

## Date last <br> Updated:

Instructions: Download and save this form to your computer before you fill in the information. Do not fill it in on your internet browser because your entries will not be saved. On the form you have saved to your computer or network, enter today's date at the top. Make sure this form is stored securely.
"Account type" refers to any financial account that you own that has an associated account number, such as checking, savings, CD, annuity, retirement, mutual fund, brokerage, credit card, trust fund, and others. Note the financial account provider, which may be a bank, mutual fund company, insurance company, or brokerage company, and include their address and other contact information, such as the name of the broker (if applicable) and a personal or customer service phone number. Check the box if you view and manage your account online. Under "Notes", you can enter login information for your online account, indicate whether the account is held in a trust, whether there is an associated debit card, whether there is a joint accountholder, and other pertinent information.

| Account type | Account provider | Account \# | Contact information | Online account? | Notes |
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| Account type | Account provider | Account \# | Contact information | Online account? | Notes |
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## Living Expenses/Regular Bills

Date last
updated:

Instructions: After saving this form to your computer or network, enter today's date at the top of the saved document. Make sure this form is stored securely.
"Item" refers to the type of routine expense, such as a subscription service (newspaper, magazine, cloud storage, Netflix/HBO, etc.), a utility (gas, electric, water, trash), alimony payments, property tax, rent, cable TV, internet, phone, HOA fees, and also personal and household services (childcare, housecleaning, gardening/landscaping, elder caregivers). Include the account or policy number associated with the bill if relevant, and/or username if it is an online account. Indicate the billing frequency, e.g., weekly, monthly, biannually, quarterly, annually, or irregular. Check the box if the charges are automatically deducted from one of your financial accounts. Under "Notes", you can specify which financial account is used to pay for the expense, usernames, passwords, and any other security features, and how you pay (personal check, credit card, online).

| Item | Provider <br> name | Billing <br> frequency | Account No./ <br> Policy No.l <br> Username | Auto <br> pay? | Contact info/Web address |  |
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| Item | Provider name | Billing frequency | Account No.l Policy No./ Username | Auto pay? | Contact info/Web address | Notes |
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## Loan Inventory

## Date last updated:

Instructions: After saving this form to your computer or network, enter today's date at the top of the saved document. Make sure this form is stored securely.
"Loan type" refers to the type of loan, such as auto, home equity, mortgage, personal, reverse mortgage, student, loan against life insurance cash value, business, and others. Include the loan provider name and the account or policy number associated with the loan. "Loan term date" is the date the loan will be fully paid off if you make regular payments. Indicate your loan payment frequency, e.g., weekly, monthly, biannually, quarterly, annually, or irregular. Check the box if the charges are automatically deducted from one of your financial accounts. The "interest rate" is typically noted on an annual basis-the annual percentage rate (APR)—and is expressed as a percentage. Under "Notes", you can specify which financial account is used to pay off the loan, usernames and passwords for online accounts, and what the loan is for (e.g., make/model of the car, address of home, name of university).

| Loan type | Provider name | Payment frequency | Account/ Policy No. | Auto pay? | Contact info | Loan term date | Interest ratel APR | Notes |
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| Loan type | Provider name | Payment frequency | Account/ Policy No. | Auto pay? | Contact info | Loan term date | Interest <br> rate/ <br> APR | Notes |
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## Insurance Payments

Date last updated:

Instructions: After saving this form to your computer or network, enter today's date at the top of the saved document. Make sure this form is stored securely.
"Insurance type" refers to the type of insurance policy you hold, such as auto, homeowners/renters, life insurance, disability, longterm care, personal or employer-sponsored medical insurance, Medicare, Medicare Advantage, Medicare Supplement, Medicare Part D (prescription drugs), umbrella liability, appliance warranties, and others. Include the insurance provider name and the account or policy number. Indicate your payment frequency, e.g., weekly, monthly, biannually, quarterly, annually, or irregular. Check the box if payments are automatically deducted from one of your financial accounts. Include the contact information of the insurance provider and your insurance agent, if applicable. Under "Notes" you can specify which financial account is used to pay insurance bills, usernames and passwords for online accounts, other coverage information, and where to find insurance paperwork.

| Insurance type | Provider name | Payment frequency | Account/ Policy No. | Auto pay? | Contact info | Term date | Notes |
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| Insurance <br> type | Provider <br> name | Payment <br> frequency | Account/ <br> Policy No. | Auto <br> pay? | Contact info | Term <br> date | Notes |
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## Sources of Income

## Date last <br> updated:

Instructions: After saving this form to your computer or network, enter today's date at the top of the saved document. Make sure this form is stored securely.
"Income source" refers to regular or irregular income and other payments that you receive, such as Social Security, annuities, employment income, pension payments, rental property, retirement benefits, settlement payments, Supplemental Security Income, military benefits, child support, business income, investment interest and dividends, insurance payments, periodic withdrawals from investments, and other sources. Include the amount (estimate if needed) and the frequency in which you receive that income, e.g., daily, weekly, biweekly, monthly, quarterly, biannually, annually, or irregular. Check the box if the income is deposited directly into one of your financial accounts, and indicate which account. Under "Notes" you can specify the anticipated annual income from that income source and if there is a date that the payments from that income source will end (e.g., you retire).

| Income source | Amount | Frequency | Direct <br> deposit? | Account funds <br> deposited into |  |
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| Income source | Amount | Frequency | Direct deposit? | Account funds deposited into | Notes |
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Instructions: After saving this form to your computer or network, enter today's date at the top of the saved document. Make sure this form is stored securely.
"Asset" refers to the type of physical (non-financial) asset that you own, such as primary and secondary residences, vehicles, timeshares, art, jewelry, coins, collectibles, boats, rental properties, heirlooms, and other property and valuables. Include a physical description of the asset (e.g., make/model of car), address information on where the asset is stored (e.g., home, storage unit, safe deposit box), where the title or other documentation about the asset are kept, and the estimated monetary value. Check the box if the asset is fully paid off. Under "Notes" you can specify other details.
$\left.\begin{array}{|c|c|c|c|c|c|}\hline \text { Asset } & \text { Description } & \text { Location of asset } & \begin{array}{c}\text { Location of title/ } \\ \text { documents }\end{array} & \begin{array}{c}\text { Estimated } \\ \text { value }\end{array} & \begin{array}{c}\text { Paid } \\ \text { off? }\end{array} \\ \hline & & & & & \text { Notes }\end{array}\right]$

| Asset | Description | Location of asset | Location of title/ <br> documents | Estimated <br> value | Paid <br> off? |
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## Contact List for Service Providers

## Date last <br> updated:

Instructions: After saving this form to your computer or network, enter today's date at the top of the saved document. Make sure this form is stored securely.

Use this form to document contact information for the professionals and service providers you work with, such as accountant, attorney, insurance agent(s), financial advisor, stock broker, doctors, dentists, and other health care providers, and landlord. Also document home services providers like housecleaner, repair person, general contractor, plumber, gardener/landscaping service, snow removal, home health aide, personal care aide, dog walker, and others. Under notes you may indicate their fees, how you pay them and from which account.

| Name | Professional <br> role | Address | Phone | Email | Notes |
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| Name | Professional <br> role | Address | Phone | Email | Notes |
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