



CENTER FOR FINANCIAL PLANNING, INC.

Independent Registered Investment Advisor

PERSONAL FINANCIAL RECORD SYSTEM & LETTER OF LAST INSTRUCTION

CLIENT NAME:

SPOUSE / SIGNIFICANT OTHER NAME:

The Center for Financial Planning has prepared these two forms (together) to assist you in your financial record keeping. You may use this system two ways. The first is simply to print off this PDF document and fill in the information by hand. We encourage you to use the second method, which is to save the document in your own computer where you may then fill it in and more easily update it periodically.

This PDF document is an interactive form, which means you can simply open the document in Adobe Acrobat Reader which is a free program and can be downloaded at www.adobe.com. We do recommend having the latest available download when completing this form.

We suggest you update this information at least annually. Many clients find tax time is an opportune time to do this. The Center would be happy to securely store this document along with your other financial records.

Good luck and congratulations for taking this step!



PERSONAL FINANCIAL RECORD SYSTEM

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CENTER FOR FINANCIAL PLANNING, INC.
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PERSONAL FINANCIAL RECORD SYSTEM

This Personal Financial Record System is not a legal document but is intended to be a practical listing of personal and financial information and the whereabouts of documents that would be needed by an executor or other person called upon to administer the client(s)'s affairs in the event of a prolonged absence, illness or death. It is the client's responsibility to update this document as circumstances warrant. If the client desires his/her planner to have a copy of the document, please forward to the Center for Financial Planning.

Note: See Letter of Last Instruction section for information regarding Safe Deposit Box, name of Attorney, Name of CPA, Name of Financial Planner

COPIES OF DOCUMENTS

Client name: _____

Spouse / Significant other name: _____

This revision date(mm/dd/yyyy): _____

Location of original Personal Financial Record System: _____

Copies are held by:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

DURABLE POWERS OF ATTORNEY Regarding Health Care & Life-sustaining Treatment

Location of original(s): _____

Copy(ies) also on file at Health Care Provider(s): _____

I have created no such document.



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PERSONAL FINANCIAL RECORD SYSTEM

PHYSICIANS AND HEALTH CARE PROVIDERS

Client's primary physician

Name: _____

Phone: _____

Spouse/Significant other's primary physician

Name: _____

Phone: _____

INCOME TAX Where Financial Records are Kept

State & Federal Tax Returns (and supporting documentation)

Most recent year: _____

Previous years: _____

Ongoing/pre tax filing information: _____

CREDIT CARDS

Type (Visa, etc)	Name on Card	Account Number	Exp	Phone Number



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PERSONAL FINANCIAL RECORD SYSTEM

CREDIT CARDS Continued

Type (Visa, etc)	Name on Card	Account Number	Exp	Phone Number

MORTGAGE AND OTHER DEBT

Type	Institution / Person	Pay-off Date	Phone Number



PERSONAL FINANCIAL RECORD SYSTEM

AUTO AND PROPERTY TITLES

Car title and registration:

1. Year / Make / Model: _____

Title location: _____

Registration name: _____

2. Year / Make / Model: _____

Title location: _____

Registration name: _____

3. Year / Make / Model: _____

Title location: _____

Registration name: _____

4. Year / Make / Model: _____

Title location: _____

Registration name: _____

Driver's license numbers:

Client: _____

DL#: _____

Spouse (Significant other): _____

DL#: _____

Location of property title(s) and deed(s):

Primary residence: _____

Other: _____

Other: _____



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PERSONAL FINANCIAL RECORD SYSTEM

ESTATE DOCUMENTS

WILLS

Client Dated: _____

Location of original: _____

Location of copy(ies): _____

Spouse / Significant other Dated: _____

Location of original: _____

Location of copy(ies): _____

TRUSTS

Name of trust (include date): _____

Location of original: _____

Location of copy(ies): _____

Name of trust (include date): _____

Location of original: _____

Location of copy(ies): _____

DURABLE POWER OF ATTORNEY

Client Dated: _____

Location: _____

Spouse/Significant other Dated: _____

Location: _____



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PERSONAL FINANCIAL RECORD SYSTEM

LIFE INSURANCE POLICIES

Company name: _____

Insured: _____

Policy #: _____

Face Amount (\$\$): _____

Location of policy: _____

Agent name (if any): _____ Phone: _____

Company name: _____

Insured: _____

Policy #: _____

Face Amount (\$\$): _____

Location of policy: _____

Agent name (if any): _____ Phone: _____

Company name: _____

Insured: _____

Policy #: _____

Face Amount (\$\$): _____

Location of policy: _____

Agent name (if any): _____ Phone: _____



CENTER FOR FINANCIAL PLANNING, INC.
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PERSONAL FINANCIAL RECORD SYSTEM

LIFE INSURANCE POLICIES Continued

Company name: _____

Insured: _____

Policy #: _____

Face Amount (\$\$): _____

Location of policy: _____

Agent name (if any): _____ Phone: _____

Company name: _____

Insured: _____

Policy #: _____

Face Amount (\$\$): _____

Location of policy: _____

Agent name (if any): _____ Phone: _____

Company name: _____

Insured: _____

Policy #: _____

Face Amount (\$\$): _____

Location of policy: _____

Agent name (if any): _____ Phone: _____



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PERSONAL FINANCIAL RECORD SYSTEM

HOMEOWNERS INSURANCE Primary residence

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

HOMEOWNERS INSURANCE Second home

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

HOMEOWNERS INSURANCE Third home

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

AUTO INSURANCE

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____



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PERSONAL FINANCIAL RECORD SYSTEM

AUTO INSURANCE Continued

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

LONG TERM CARE INSURANCE

Company name: _____

For whom: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

Company name: _____

For whom: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

HEALTH INSURANCE

Company name: _____ Policy/ID #: _____

Company name: _____ Policy/ID #: _____

Company name: _____ Policy/ID #: _____



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PERSONAL FINANCIAL RECORD SYSTEM

DISABILITY INSURANCE

Company name: _____ Policy/ID #: _____

Person covered: _____

Company name: _____ Policy/ID #: _____

Person covered: _____

OTHER INSURANCE Property / Umbrella liability / Boats / RV's, etc:

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____

Company name: _____

Policy #: _____

Location of policy: _____

Agent name: _____ Agent Phone: _____



PERSONAL FINANCIAL RECORD SYSTEM

SOCIAL SECURITY NUMBERS & CARDS

Client

Number: _____ Location of card: _____

Spouse/Significant other

Number: _____ Location of card: _____

BANK ACCOUNTS / CREDIT UNIONS / CDS

Name of bank: _____

Acct #: _____

Name of bank: _____

Acct #: _____

Name of bank: _____

Acct #: _____

Name of bank: _____

Acct #: _____

Name of bank: _____

Acct #: _____

Name of bank: _____

Acct #: _____



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PERSONAL FINANCIAL RECORD SYSTEM

INVESTMENTS Brokerage Accounts

Financial Planner / Broker Name: _____

Brokerage Firm Name: _____

Phone: _____

Account owner(s) and number(s): _____

Location of statements / documents: _____

Financial Planner / Broker Name: _____

Brokerage Firm Name: _____

Phone: _____

Account owner(s) and number(s): _____

Location of statements / documents: _____

Financial Planner / Broker Name: _____

Brokerage Firm Name: _____

Phone: _____

Account owner(s) and number(s): _____

Location of statements / documents: _____

Financial Planner / Broker Name: _____

Brokerage Firm Name: _____

Phone: _____

Account owner(s) and number(s): _____

Location of statements / documents: _____

40 Oak Hollow Street, Suite 125 Southfield, MI 48033 Fax (248) 948-1008 Phone (248) 948-7900
www.CenterFinPlan.com

SECURITIES OFFERED THROUGH **RAYMOND JAMES FINANCIAL SERVICES, INC.** MEMBER FINRA/SIPC



CENTER FOR FINANCIAL PLANNING, INC.
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PERSONAL FINANCIAL RECORD SYSTEM

INVESTMENTS Brokerage Accounts Continued

Financial Planner / Broker Name: _____

Brokerage Firm Name: _____

Phone: _____

Account owner(s) and number(s): _____

Location of statements / documents: _____

Financial Planner / Broker Name: _____

Brokerage Firm Name: _____

Phone: _____

Account owner(s) and number(s): _____

Location of statements / documents: _____

PENSION AND RETIREMENT BENEFITS

Client Retirement ID: _____

Phone #: _____ Website: _____

Contact person (if any): _____

Location of statements / documents: _____

Client Retirement ID: _____

Phone #: _____ Website: _____

Contact person (if any): _____

Location of statements / documents: _____



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PERSONAL FINANCIAL RECORD SYSTEM

PENSION AND RETIREMENT BENEFITS Continued

Spouse/Significant other Retirement ID: _____

Phone #: _____ Website: _____

Contact person (if any): _____

Location of statements / documents: _____

Spouse/Significant other Retirement ID: _____

Phone #: _____ Website: _____

Contact person (if any): _____

Location of statements / documents: _____

DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____



CENTER FOR FINANCIAL PLANNING, INC.
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PERSONAL FINANCIAL RECORD SYSTEM

DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES Continued

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

40 Oak Hollow Street, Suite 125 Southfield, MI 48033 Fax (248) 948-1008 Phone (248) 948-7900
www.CenterFinPlan.com

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PERSONAL FINANCIAL RECORD SYSTEM

DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES Continued

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

Name of investment: _____

Type of investment: _____

Phone #: _____

Contact person (if any): _____

Location of statements / documents: _____

401(K) / 403 (B) RETIREMENT ACCOUNTS

Client

Plan Administrator (name of company): _____

Phone #: _____ PIN #: _____ Website: _____

Contact person (if any): _____

Account number(s) if applicable: _____

Location of statements / documents: _____



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PERSONAL FINANCIAL RECORD SYSTEM

401(K) / 403 (B) RETIREMENT ACCOUNTS Continued

Plan Administrator (name of company): _____

Phone #: _____ PIN #: _____ Website: _____

Contact person (if any): _____

Account number(s) if applicable: _____

Location of statements / documents: _____

Spouse/ Significant Other

Plan Administrator (name of company): _____

Phone #: _____ PIN #: _____ Website: _____

Contact person (if any): _____

Account number(s) if applicable: _____

Location of statements / documents: _____

Plan Administrator (name of company): _____

Phone #: _____ PIN #: _____ Website: _____

Contact person (if any): _____

Account number(s) if applicable: _____

Location of statements / documents: _____



PERSONAL FINANCIAL RECORD SYSTEM

OTHER IMPORTANT INFORMATION/DOCUMENTS

Information about automatic payments/cash transfers: _____

Cell phone provider: _____

Cell phone account (or phone)#: _____

ISP/e-mail account info: _____

Important usernames and passwords

e-Mail address: _____ Password: _____

e-Mail address: _____ Password: _____

e-Mail address: _____ Password: _____

e-Mail address: _____ Password: _____

Bank account username: _____ Password: _____

Bank account username: _____ Password: _____

Bank account username: _____ Password: _____

Bank account username: _____ Password: _____

Credit card account username: _____ Password: _____

Credit card account username: _____ Password: _____

Credit card account username: _____ Password: _____

Credit card account username: _____ Password: _____

Other username: _____ Password: _____

Other username: _____ Password: _____

Other username: _____ Password: _____



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PERSONAL FINANCIAL RECORD SYSTEM

Passport

Client

Issue date: _____ Expiration date: _____

Passport #: _____ Country issued: _____

Spouse or significant other

Issue date: _____ Expiration date: _____

Passport #: _____ Country issued: _____

Professional License/Registration #: _____ Expiration date: _____

Professional License/Registration #: _____ Expiration date: _____

If you wish to donate accumulated "frequent flyer" miles, Account #: _____

Contact info: _____

Miscellaneous memberships/ information (COSTCO, AAA, etc)

Name of membership: _____

Account/membership number: _____ Phone number: _____

Name of membership: _____

Account/membership number: _____ Phone number: _____

Name of membership: _____

Account/membership number: _____ Phone number: _____



CENTER FOR FINANCIAL PLANNING, INC.
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LETTER OF LAST INSTRUCTION

This Letter of Last Instruction is not a legal document but is intended to be a practical listing of personal and financial wishes for the use of family members in the event of a prolonged absence, illness or death.

COPIES OF DOCUMENTS

Client name: _____

Spouse / Significant other name: _____

This revision date(mm/dd/yyyy): _____

Location of original Letter of Last Instruction: _____

Copies are held by:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

FIRST ACTION IN CASE OF DEATH ORGAN DONATION(S)

No Yes; see donor card and/or driver's license

Location of donor card: _____



LETTER OF LAST INSTRUCTION

SAFETY DEPOSIT BOX

Box #: _____ Located at: _____

Telephone #: _____

Authorized Signers

1. _____
2. _____
3. _____
4. _____

Location of keys: _____

Summary of Safety Deposit Contents: (enter in Addendum A)

PERSONS TO CONTACT IN CASE OF DEATH

Call family members**

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

*** If necessary, delegate this task to a primary family member.*



LETTER OF LAST INSTRUCTION

PERSONS TO CONTACT IN CASE OF DEATH Continued

Call church pastor to begin plans for funeral service

Name: _____

Phone: _____

Contact funeral home

Name of home: _____

Contact person: _____

Phone: _____

Arrangements have have not been prepaid.

Attorney

Name: _____

Phone: _____

CPA

Name: _____

Phone: _____

Financial Planner

Name: _____

Phone: _____



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LETTER OF LAST INSTRUCTION

FUNERAL PLANS - CLIENT

Upon my death, my desires are as follows:

- Embalming followed with burial
- Embalming followed with cremation
- Immediate cremation
- Immediate burial
- No preference

Complete this section if there will be a funeral or memorial service:

Favorite flowers: _____

Preferred charities: _____

Favorite songs or hymns: _____

Organist / Pianist / Other: _____

Vocalist(s) / Other Musicians: _____

Preference regarding open / closed casket: _____

Pallbearers (if any)

Active Pallbearers:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____



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LETTER OF LAST INSTRUCTION

FUNERAL PLANS - CLIENT Continued

Honorary Pallbearers:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Disposition of Cremated Remains (if applicable): _____

Cemetery of choice (if applicable)

Name: _____

City: _____

Phone: _____

If plot / mausoleum purchased, location of paperwork: _____

Grave marker selected / paid for: Yes No

If no, preference: _____



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LETTER OF LAST INSTRUCTION

DEATH CERTIFICATE INFORMATION - CLIENT

Full name: _____

Maiden name: _____

Date of birth (mm/dd/yyyy): _____ Social Security #: _____

Birthplace: _____

Marital status: _____

Name of spouse: _____

Full name of father: _____

Birthplace: _____

Full name of mother: _____

Birthplace: _____

Occupation: _____

Type of business: _____

Employer: _____

Number of years in occupation: _____

Education (last completed): _____

Number of years in county: _____

Military service: None; From: _____ To: _____ Branch: _____

Served where: _____



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LETTER OF LAST INSTRUCTION

OBITUARY INFORMATION - CLIENT

Special achievements, titles, honors, awards:

Church affiliation and involvement:

Public or community service involvement:

Hobbies or special interests:

Survivors' names:

If you would like your picture to appear with the obituary, designate which picture you would prefer:

Are there other newspapers, other than the local papers, in which you would like the obituary to appear?

Other special requests:



LETTER OF LAST INSTRUCTION

FUNERAL PLANS - SPOUSE OR SIGNIFICANT OTHER

Upon my death, my desires are as follows:

- Embalming followed with burial
- Embalming followed with cremation
- Immediate cremation
- Immediate burial
- No preference

Complete this section if there will be a funeral or memorial service:

Favorite flowers: _____

Preferred charities: _____

Favorite songs or hymns: _____

Organist / Pianist / Other: _____

Vocalist(s) / Other Musicians: _____

Preference regarding open / closed casket: _____

Pallbearers (if any)

Active Pallbearers:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____



LETTER OF LAST INSTRUCTION

FUNERAL PLANS - SPOUSE OR SIGNIFICANT OTHER Continued

Honorary Pallbearers:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Disposition of Cremated Remains (if applicable): _____

Cemetery of choice (if applicable)

Name: _____

City: _____

Phone: _____

If plot / mausoleum purchased, location of paperwork: _____

Grave marker selected / paid for: Yes No

If no, preference: _____



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LETTER OF LAST INSTRUCTION

DEATH CERTIFICATE INFORMATION - SPOUSE OR SIGNIFICANT OTHER

Full name: _____

Maiden name: _____

Date of birth (mm/dd/yyyy): _____ Social Security #: _____

Birthplace: _____

Marital status: _____

Name of spouse: _____

Full name of father: _____

Birthplace: _____

Full name of mother: _____

Birthplace: _____

Occupation: _____

Type of business: _____

Employer: _____

Number of years in occupation: _____

Education (last completed): _____

Number of years in county: _____

Military service: None; From: _____ To: _____ Branch: _____

Served where: _____



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LETTER OF LAST INSTRUCTION

OBITUARY INFORMATION - SPOUSE OR SIGNIFICANT OTHER

Special achievements, titles, honors, awards:

Church affiliation and involvement:

Public or community service involvement:

Hobbies or special interests:

Survivors' names:

If you would like your picture to appear with the obituary, designate which picture you would prefer:

Are there other newspapers, other than the local papers, in which you would like the obituary to appear?

Other special requests:



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LETTER OF LAST INSTRUCTION

SPECIAL BEQUESTS AND WISHES