



Financial Services  
**AndrewWBradley.ca**  
Helping families piece together their financial puzzle

Get Organized!



LIFE IS BETTER WHEN YOU'RE PREPARED.™

Experience teaches us that life can change in a moment and when you least expect it. Are all your personal and financial documents and information in order? Are your records easy to find? Is your family prepared?

Take a few minutes to complete the Personal & Financial Organizer today. It's designed to keep your family's key financial and personal information organized and available in one place. It will help you bring together important information on investments, insurance policies, and wills. The organizer also lists vital medical, dental and legal information with addresses and telephone numbers for you and your family.

Store the organizer in a safe and private location so all family members will know where to find it. PIN numbers and passwords should be kept separately. Consider keeping a copy of this document in a secure location outside of your home – for example, in a safety deposit box.

If you need assistance filling out this form or have any questions, please contact your advisor today. Life is better when you're prepared.™

# Personal & Financial Organizer

Date: .....

## SELF

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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

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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

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Name .....	Relationship .....	Home phone .....	Cell phone .....
Name .....	Relationship .....	Home phone .....	Cell phone .....

## CHILDREN

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**Name** ..... Birth date .....  
Cell phone ..... Email .....  
SIN # ..... Passport # .....  
School/employer name .....  
Address .....  
Teacher/supervisor name ..... Health card # .....  
Blood type ..... Allergies .....  
Medications and dosages .....

**Name** ..... Birth date .....  
Cell phone ..... Email .....  
SIN # ..... Passport # .....  
School/employer name .....  
Address .....  
Teacher/supervisor name ..... Health card # .....  
Blood type ..... Allergies .....  
Medications and dosages .....

**Name** ..... Birth date .....  
Cell phone ..... Email .....  
SIN # ..... Passport # .....  
School/employer name .....  
Address .....  
Teacher/supervisor name ..... Health card # .....  
Blood type ..... Allergies .....  
Medications and dosages .....

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

Name ..... Profession .....  
Address ..... Phone .....

Name ..... Profession .....  
Address ..... Phone .....

## PETS

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

## INVESTMENTS

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RRSP account # ..... Company ..... Phone .....

RESP account # ..... Company ..... Phone .....

Non-registered account # ..... Company ..... Phone .....

TFSA account # ..... Company ..... Phone .....

RRIF/LIF account # ..... Company ..... Phone .....

Pension/DPSP account # ..... Company ..... Phone .....

Other .....

## INSURANCE

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### 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

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Advisor's name ..... Phone .....

Firm name and address .....

Account #1 ..... Account #2 .....

### Other Contacts

Lawyer's name ..... Phone .....

Firm name and address .....

Accountant's 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

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Bank name, address ..... Phone .....  
Chequing # ..... Savings # .....  
Safety deposit box # .....

Bank name, address ..... Phone .....  
Chequing # ..... Savings # .....  
Safety deposit box # .....

## LOANS & CREDIT

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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 .....  
Billing address ..... Phone .....  
Account # .....

Credit card type ..... Company name .....  
Billing address ..... Phone .....  
Account # .....

Other .....  
Address ..... Phone .....  
Account # .....

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