

# YOUR FINANCIAL MANAGEMENT INVENTORY



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Make sure to place this document in a safe place. Tell your executor, spouse or trusted representative where to find it. Please note this document is for your personal use.

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# Important Information

Company/Provider	Website	Contact Person	Your Username
<b>Financial Institutions</b>			
<b>Mortgage(s)/Housing</b>			
<b>Utilities (i.e. gas, electric, water, cell phone, cable, internet, etc.)</b>			
<b>Insurance (i.e. Auto, life, disability, umbrella, home, long term, etc.)</b>			
<b>Medical (Health Savings, Medical Insurance, etc.)</b>			
<b>Credit Card (s)</b>			
<b>Loan(s)</b>			

<b>Retirement/Investment Accounts</b>			
<b>Travel (Rental Car Agencies, Airlines, etc.)</b>			
<b>Other (Phone Apps, Tax Prep Service, Annual Credit Report)</b>			

## Bank/Credit Union Account Information

Bank/Credit Union:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

Bank/Credit Union:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

Bank/Credit Union:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

Bank/Credit Union:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

## Investment Account Information

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Additional Details:

## Retirement Account Information

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Primary Beneficiary:
Secondary Beneficiary:
Additional Details:

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Primary Beneficiary:
Secondary Beneficiary:
Additional Details:

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Primary Beneficiary:
Secondary Beneficiary:
Additional Details:

Company Name:
Account Owner:
Account Number:
Contact Person:
Phone #:
Website:
Primary Beneficiary:
Secondary Beneficiary:
Additional Details:

## Liabilities

(Include Mortgages, Credit Cards, Auto Loans & Educational Loans)

Mortgage Holder:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Mortgage Holder:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:



Company Name:
Account Owner:
Account Number:
Phone #:
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Additional Details:

Company Name:
Account Owner:
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Company Name:
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Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

Company Name:
Account Owner:
Account Number:
Phone #:
Website:
Additional Details:

## Life Insurance Account Information

Company Name:
Policy #:
Owner:
Primary Beneficiary:
Secondary Beneficiary:
Website:
Phone #:
Insured:
Policy Details are kept here:

Company Name:
Policy #:
Owner:
Primary Beneficiary:
Secondary Beneficiary:
Website:
Phone #:
Insured:
Policy Details are kept here:

Company Name:
Policy #:
Owner:
Primary Beneficiary:
Secondary Beneficiary:
Website:
Phone #:
Insured:
Policy Details are kept here:

Company Name:
Policy #:
Owner:
Primary Beneficiary:
Secondary Beneficiary:
Website:
Phone #:
Insured:
Policy Details are kept here:

## IV. Health/Dental/Vision/Long Term Care Insurance

Health:
Policy #:
Website:
Phone #:
Insured:
Policy Details are kept here:

Secondary Health:
Policy #:
Website:
Phone #:
Insured:
Policy Details are kept here:

Dental Insurance Provider:
Policy #:
Website:
Phone #:
Insured:
Policy Details are kept here:

Dental Insurance Provider:
Policy #:
Website:
Phone #:
Insured:
Policy Details are kept here:

Vision Insurance Provider:
Policy #:
Website:
Phone #:
Insured:
Policy Details are kept here:

Prescription Insurance Provider:
Policy #:
Website:
Phone #:
Insured:
Policy Details are kept here:

## Homeowners Insurance Account Information

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Property:
Policy Details are kept here:

## Auto Owners Insurance Account Information

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Vehicle:
Policy Details are kept here:

Company Name:
Policy #:
Contact Person:

Website:
Phone #:
Insured Vehicle:
Policy Details are kept here:

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Vehicle:
Policy Details are kept here:

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Vehicle:
Policy Details are kept here:

## Additional Insurance Account Information

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Property:
Policy Details are kept here:

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Property:
Policy Details are kept here:

Company Name:
Policy #:
Contact Person:
Website:

Phone #:
Insured Property:
Policy Details are kept here:

Company Name:
Policy #:
Contact Person:
Website:
Phone #:
Insured Property:
Policy Details are kept here: