



# PERSONAL RECORDS



Pension Fund  
of the Christian Church

Welcome to this tool to help you document important personal information for you and your loved ones. Pension Fund encourages you to review this booklet yearly. Pick a day that is easy to remember, like New Year's Day or the first day of spring. Every time you buy or sell something, adjust your insurance, etc., you should note it in this booklet. Document the date of your changes on the line provided at the end of each page or section. At least one other family member should know that your records are listed in this booklet and where you keep it.

## **EMERGENCY CONTACTS**

Primary Care Physician(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Hospital \_\_\_\_\_

Phone \_\_\_\_\_

Ambulance \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions

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**PERSONAL INFORMATION**

**You**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date \_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date \_\_\_\_\_

**SPOUSE**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date \_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date \_\_\_\_\_

**CHILD**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date \_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date \_\_\_\_\_

**CHILD**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date \_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date \_\_\_\_\_

## CHILDREN

### CHILD \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date  
\_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date  
\_\_\_\_\_

### CHILD \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date  
\_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date  
\_\_\_\_\_

### CHILD \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date  
\_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date  
\_\_\_\_\_

### CHILD \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number/Expiration Date  
\_\_\_\_\_

Phone \_\_\_\_\_

Passport Number/Expiration Date  
\_\_\_\_\_

**PROFESSIONAL ADVISORS**

Primary Care Provider \_\_\_\_\_

Phone/Email \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Physician \_\_\_\_\_

Field of Practice \_\_\_\_\_

Phone/Email \_\_\_\_\_

Physician \_\_\_\_\_

Field of Practice \_\_\_\_\_

Phone/Email \_\_\_\_\_

Attorney \_\_\_\_\_

Field of Practice \_\_\_\_\_

Phone/Email \_\_\_\_\_

Accountant and Firm \_\_\_\_\_

Phone/Email \_\_\_\_\_

Financial Planner and Firm \_\_\_\_\_

Phone/Email \_\_\_\_\_

Financial Planner and Firm \_\_\_\_\_

Phone/Email \_\_\_\_\_

Stockbroker and Firm \_\_\_\_\_

Phone/Email \_\_\_\_\_

Insurance Agent (s) and Firm (s) \_\_\_\_\_

Phone/Email \_\_\_\_\_

**Last Updated** \_\_\_\_\_

# PERSONAL FINANCES

## BANK ACCOUNTS – SAVINGS, CHECKING AND MONEY MARKET

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_





## CREDIT CARDS

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Phone \_\_\_\_\_

Loan Balance \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

**MUTUAL FUNDS**

Purchase Date	Name	Net Asset Value (NAV) of shares	#of Shares/Broker	Date Sold/ NAV Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## MUTUAL FUNDS

Purchase Date	Name	Net Asset Value (NAV) of shares	#of Shares/Broker	Date Sold/ NAV Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**STOCKS**

Purchase Date	Name	Price Per Share	# of Shares/Broker	Date/Price Sold
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# BONDS

Where Bonds are Located \_\_\_\_\_

Issue Date (month/year)	Face Value	Certificate Number	Interest Rate	Date of Maturity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Pension Fund**  
of the Christian Church

**PENSION PLAN**

Member/Account Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Notes \_\_\_\_\_

**TAX-DEFERRED RETIREMENT ACCOUNT(S)**

Account Number \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Account Number \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Account Number \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Notes \_\_\_\_\_

**BENEFIT ACCUMULATION ACCOUNT(S)**

Account Number \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Account Number \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Account Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_ Beneficiary(aries) \_\_\_\_\_

Notes \_\_\_\_\_

**ROTH INDIVIDUAL RETIREMENT ACCOUNT (ROTH IRA)**

Account Number \_\_\_\_\_

Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

**ANNUITIES**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Location \_\_\_\_\_  
Agent-Broker \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Location \_\_\_\_\_  
Agent-Broker \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Location \_\_\_\_\_  
Agent-Broker \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

**COLLEGE SAVINGS PLANS**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Location \_\_\_\_\_  
Agent-Broker \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Location \_\_\_\_\_  
Agent-Broker \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

**OTHER TYPES OF ACCOUNT(S)**

Name of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
\*Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_  
Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Account Representative \_\_\_\_\_ Phone \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

Name of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
\*Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_  
Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Account Representative \_\_\_\_\_ Phone \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

Name of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
\*Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_  
Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Account Representative \_\_\_\_\_ Phone \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

Name of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
\*Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_  
Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_  
Account Representative \_\_\_\_\_ Phone \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_



**SAFE DEPOSIT BOX**

Bank \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Key Holders \_\_\_\_\_

Location of Keys \_\_\_\_\_

Box Contents:

**Last Updated** \_\_\_\_\_

**PERSONAL DEBTS**

**Vehicle** \_\_\_\_\_

Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_

Annual Percentage Rate \_\_\_\_\_

Where Payment Sent \_\_\_\_\_

Phone \_\_\_\_\_

Loan Term \_\_\_\_\_

Last Payment Due \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Vehicle** \_\_\_\_\_

Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_

Annual Percentage Rate \_\_\_\_\_

Where Payment Sent \_\_\_\_\_

Phone \_\_\_\_\_

Loan Term \_\_\_\_\_

Last Payment Due \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Other** \_\_\_\_\_

Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_

Annual Percentage Rate \_\_\_\_\_

Where Payment Sent \_\_\_\_\_

Phone \_\_\_\_\_

Loan Term \_\_\_\_\_

Last Payment Due \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Other** \_\_\_\_\_

Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_

Annual Percentage Rate \_\_\_\_\_

Where Payment Sent \_\_\_\_\_

Phone \_\_\_\_\_

Loan Term \_\_\_\_\_

Last Payment Due \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

## REAL ESTATE

### Primary Residence

Property Location \_\_\_\_\_

Purchase Date \_\_\_\_\_ Price Paid \_\_\_\_\_

Titleholder(s) \_\_\_\_\_

### Mortgage

Original Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Account Number \_\_\_\_\_

Lender \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

### Breakdown of Monthly Payment:

Principal and Interest \_\_\_\_\_ Taxes \_\_\_\_\_

Private Mortgage Insurance (PMI) \_\_\_\_\_ Insurance \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

## INSURANCE

### Homeowner's or Renter's Insurance Policy

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Dollar Amount Coverage \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Last Updated \_\_\_\_\_

**INSURANCE**

**Vehicle Insurance Policies**

Year & Make \_\_\_\_\_ VIN# \_\_\_\_\_ Key # \_\_\_\_\_

Title Holder(s) \_\_\_\_\_ Lienholder \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage

Collision \_\_\_\_\_  Property Damage \_\_\_\_\_

Bodily Injury \_\_\_\_\_  Medical Payments \_\_\_\_\_

Comprehensive \_\_\_\_\_  Road Service \_\_\_\_\_

Uninsured Motor Vehicle \_\_\_\_\_  Car Rental Expenses \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Year & Make \_\_\_\_\_ VIN# \_\_\_\_\_ Key # \_\_\_\_\_

Title Holder(s) \_\_\_\_\_ Lienholder \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage

Collision \_\_\_\_\_  Property Damage \_\_\_\_\_

Bodily Injury \_\_\_\_\_  Medical Payments \_\_\_\_\_

Comprehensive \_\_\_\_\_  Road Service \_\_\_\_\_

Uninsured Motor Vehicle \_\_\_\_\_  Car Rental Expenses \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

**Last Updated** \_\_\_\_\_

# INSURANCE

## Life Insurance Policies

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

**INSURANCE**

**Health Insurance Policies**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Type of Plan:

Standard \_\_\_\_\_  PPO \_\_\_\_\_  HMO \_\_\_\_\_

Coverage included:

Prescription Card \_\_\_\_\_  Maternity \_\_\_\_\_  Dental \_\_\_\_\_

Emergency Room Service \_\_\_\_\_  Psychiatric Care \_\_\_\_\_

Family Members Covered \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

**Disability Insurance Policies**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

**Medigap (Supplemental)**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

**INSURANCE**

**Long-Term Care Insurance Policies**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

**Long-Term Care Insurance Policies**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Website \_\_\_\_\_ Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_

# INSURANCE

## Personal Valuables Policies

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Notes \_\_\_\_\_

**Last Updated** \_\_\_\_\_



**Family Wills**

Date of Your Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Spouse's Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Mother's Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Father's Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Mother-in-law's Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Father-in-law's Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of \_\_\_\_\_'s Will \_\_\_\_\_ Executor \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

**Last Updated** \_\_\_\_\_

**BURIAL WISHES**

Name(s) \_\_\_\_\_

Cemetery/Cremation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Plot Numbers \_\_\_\_\_

Columbarium \_\_\_\_\_

Funeral Home \_\_\_\_\_

Executor for Immediate Family \_\_\_\_\_

Family Attorney \_\_\_\_\_

Basic Wishes \_\_\_\_\_

\_\_\_\_\_

Separate Attached Letter(s)  yes  no

Refer to Will(s)?  yes  no

People to Call/Phone Numbers \_\_\_\_\_

\_\_\_\_\_

Surviving spouses of veterans who are receiving disability benefits may be entitled to monthly payments. You may also be entitled to burial allowances. Call the Veterans Administration Office at 1.800.827.1000 to find out.

Date Reviewed/Changed: \_\_\_ / \_\_\_ / \_\_\_      \_\_\_ / \_\_\_ / \_\_\_      \_\_\_ / \_\_\_ / \_\_\_

**Last Updated** \_\_\_\_\_

## ADVANCE DIRECTIVES

Advance directives are legal documents that issue specific instructions regarding treatment of serious illness. They provide you with the security of knowing that your doctors will adhere to your decisions affecting the quality of life and the financial well-being of you and/or your family. Every state has laws that recognize two types of

advance directives: a living will and a durable power of attorney or proxy designation. You don't need a lawyer to get these documents. Living Connections (1.800.658.8898), a nonprofit organization, provides these on its website for free. Visit [www.caringinfo.com](http://www.caringinfo.com) and click on Are You Planning Ahead and then look for the Advance Directives section. If you prepare advance directives, discuss them with family members and your health care provider(s) while you are healthy.

Type of Your Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Spouse's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Mother's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Father's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Mother-in-Law's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Father-in-Law's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of \_\_\_\_\_ 's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of \_\_\_\_\_ 's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Last Updated \_\_\_\_\_

**LOCATION OF IMPORTANT DOCUMENTS**

Adoption Papers \_\_\_\_\_

Advance Directives \_\_\_\_\_

Birth Certificates \_\_\_\_\_

Burial/Plot Deed \_\_\_\_\_

Bank Statements \_\_\_\_\_

Citizenship Papers \_\_\_\_\_

Deeds to Property \_\_\_\_\_

Divorce Decrees \_\_\_\_\_

Life Insurance Policies \_\_\_\_\_

Health Insurance Policies \_\_\_\_\_

Vehicle Insurance Policies \_\_\_\_\_

Homeowner's/Renter's Insurance Policies \_\_\_\_\_

Personal Valuables Policies \_\_\_\_\_

Marriage Certificate \_\_\_\_\_

Military Records \_\_\_\_\_

Passports \_\_\_\_\_

Passbooks for Checking and Savings Accounts \_\_\_\_\_

Social Security Cards \_\_\_\_\_

Stock and Bond Certificates \_\_\_\_\_

Titles to Automobiles \_\_\_\_\_

Wills           Original \_\_\_\_\_

                  Copies \_\_\_\_\_

Living Wills   Original \_\_\_\_\_

                  Copies \_\_\_\_\_

Others \_\_\_\_\_

**Last Updated** \_\_\_\_\_







# Pension Fund

of the Christian Church  
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