



BENJAMIN F. EDWARDS[®]
INVESTMENTS *for* GENERATIONS[®]

Estate and Financial
Organizer

Client Name _____

PERSONAL INFORMATION

Client 1

Client 2

Name _____ Name _____

Social Security Number _____ Social Security Number _____

Birth date _____ Birth date _____

Home Phone _____

Cell Phone _____ Cell Phone _____

Beneficiaries

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

Name _____ Date of Birth _____ Male Female

Current Address _____ Phone _____ Cell Phone _____ Relationship _____

If Minors – Name guardians and special considerations

Pets

Veterinarian Name & Phone _____

Pet Names/Species _____

Successor Caregiver request: _____

Other information/details: _____

CONTACT INFORMATION

Emergency Contacts/ Close Neighbors

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Professional Contacts

Financial Advisor _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Attorney _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Accountant _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Executor/Personal Representative _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Guardian _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Trustee/Successor Trustee _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Insurance Agent _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Other Professional _____ Company _____

Address _____ Phone _____

Email _____ Website _____

Household Contacts

| | <i>Company</i> | <i>Phone</i> | <i>Username</i> | <i>Password/pin</i> |
|---------------------|----------------|--------------|-----------------|---------------------|
| Plumber | _____ | _____ | _____ | _____ |
| Electrician | _____ | _____ | _____ | _____ |
| Heating/ Cooling | _____ | _____ | _____ | _____ |
| Phone | _____ | _____ | _____ | _____ |
| Electric | _____ | _____ | _____ | _____ |
| Cable | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

MEDICAL INFORMATION

Client 1

Primary Care Physician _____ Phone _____

Email _____ Website _____

Dentist _____ Phone _____

Email _____ Website _____

Health Insurance plan name _____ ID# _____

Medicare # _____ Medigap # _____

Allergies _____ Blood type _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Client 2

Primary Care Physician _____ Phone _____
Email _____ Website _____
Dentist _____ Phone _____
Email _____ Website _____
Health Insurance plan name _____ ID# _____
Medicare # _____ Medigap # _____
Allergies _____ Blood type _____
Medication _____ Dosage _____
Medication _____ Dosage _____
Medication _____ Dosage _____

Minor children/dependents

Pediatrician _____ Phone _____ Email _____
User Name _____ Website _____ Password/pin _____
Health Insurance plan name _____ ID# _____
Any chronic Medical/ Health Concern _____ Child _____
Allergies _____ Child _____
Medication _____ Dosage _____ Child _____
Medication _____ Dosage _____ Child _____

ASSET/LIABILITY OWNERSHIP

Benjamin F. Edwards & Co. Account Information

| <i>Account Number</i> | <i>Type of Account</i> | <i>Beneficiaries (Trust, IRAs, etc)</i> |
|-----------------------|------------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Investment/Bank Accounts

| <i>Bank/Institution</i> | <i>Account</i> | <i>Type of Account</i> <i>(Individual, joint, trust, etc.)</i> | <i>Beneficiaries</i> <i>(Transfer on death, trust, etc.)</i> |
|-------------------------|----------------|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Qualified Retirement Plans

Participant _____

Employer's Name _____ Phone _____

Plan Record Keeper/Administrator's Name _____ Email _____

Phone _____

Value \$ _____ Date _____

Primary Beneficiaries _____ Secondary Beneficiaries _____

User Name _____ Password _____ Pin _____

Participant _____

Employer's Name _____ Phone _____

Plan Record Keeper/Administrator's Name _____ Email _____

Phone _____

Value \$ _____ Date _____

Primary Beneficiaries _____ Secondary Beneficiaries _____

User Name _____ Password _____ Pin _____

List Annuity Contracts

Owned By _____ Issuer _____

Qualified (Q)/Non-Qualified (NQ) _____ Type of Contract* _____

Beneficiary _____ Death Benefit \$ _____

Cash Value \$ _____ Living Benefit Base \$ _____

Policy Number _____

Owned By _____ Issuer _____

Qualified (Q)/Non-Qualified (NQ) _____ Type of Contract* _____

Beneficiary _____ Death Benefit \$ _____

Cash Value \$ _____ Living Benefit Base \$ _____

Policy Number _____

Owned By _____ Issuer _____

Qualified (Q)/Non-Qualified (NQ) _____ Type of Contract* _____

Beneficiary _____ Death Benefit \$ _____

Cash Value \$ _____ Living Benefit Base \$ _____

Policy Number _____

* FA-Fixed Annuity, IA-Indexed Annuity, VA-Variable Annuity, VAGMWB-Variable Annuity with Guaranteed Minimum Withdrawal Benefit

Other Assets/Personal Property

| <i>Value</i> | <i>Ownership/Title</i> | <i>Debt</i> |
|----------------------|------------------------|-------------|
| Home _____ | _____ | _____ |
| Real Estate _____ | _____ | _____ |
| Other _____ | _____ | _____ |
| Personal Loans _____ | _____ | _____ |

| | |
|--------------------|---|
| Loan made to _____ | Phone _____ |
| Address _____ | Collateral _____ |
| Amount \$ _____ | Written Loan Agreement.....Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--------------------|---|
| Loan made to _____ | Phone _____ |
| Address _____ | Collateral _____ |
| Amount \$ _____ | Written Loan Agreement.....Yes <input type="checkbox"/> No <input type="checkbox"/> |

Personal Property Loans

| Object | Loaned to | Phone | Address |
|--------|-----------|-------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Stored Assets _____

| | |
|--------------|------------------------|
| Object _____ | Storage Location _____ |
|--------------|------------------------|

Liabilities

| | | |
|------------------------------------|----------------|---------------------|
| Home Mortgage Company _____ | Phone _____ | |
| Account # _____ | Balance _____ | Interest Rate _____ |
| Website _____ | Username _____ | Password/pin _____ |

| | | |
|--|----------------|---------------------|
| 2nd Mortgage Company _____ | Phone _____ | |
| Account # _____ | Balance _____ | Interest Rate _____ |
| Website _____ | Username _____ | Password/pin _____ |

| | | |
|-----------------------|----------------|---------------------|
| Car Loan _____ | Phone _____ | |
| Account # _____ | Balance _____ | Interest Rate _____ |
| Website _____ | Username _____ | Password/pin _____ |

| | | |
|-----------------------|----------------|---------------------|
| Car Loan _____ | Phone _____ | |
| Account # _____ | Balance _____ | Interest Rate _____ |
| Website _____ | Username _____ | Password/pin _____ |

Liabilities Continued

Credit Card _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Credit Card _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Credit Card _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Credit Card _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Credit Card _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Other Debts _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Other Debts _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Other Debts _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Other Debts _____ Phone _____

Account # _____ Balance _____ Interest Rate _____

Website _____ Username _____ Password/pin _____

Business Ownership

Name of Business 1 _____

Description _____

Total Value \$ _____

Ownership and % Owned _____

Other Owners and % Owned _____

Type: C-Corp S Corporation Partnership Sole Proprietor LLC/LLP

INSURANCE POLICIES

List Life Policies

Company _____ Type* _____ Issue Date _____ Policy Number _____

Owner(s) _____ Insured(s) _____

Beneficiary(ies) _____ Death Benefit \$ _____

Annual Premium \$ _____ Cash Value \$ _____

Company _____ Type* _____ Issue Date _____ Policy Number _____

Owner(s) _____ Insured(s) _____

Beneficiary(ies) _____ Death Benefit \$ _____

Annual Premium \$ _____ Cash Value \$ _____

Company _____ Type* _____ Issue Date _____ Policy Number _____

Owner(s) _____ Insured(s) _____

Beneficiary(ies) _____ Death Benefit \$ _____

Annual Premium \$ _____ Cash Value \$ _____

* G-Group Term, SL-Survivorship Life, SPWL-Single Premium Whole Life, T-Term, UL-Universal Life, WL-Whole Life

Disability Insurance

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Long-Term Care Insurance

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Company _____

Policy Number _____ Phone _____

Annual Premium \$ _____ Paid By _____

Other Insurance

Company _____

Policy Number _____ Policy Type _____

Phone _____ Annual Premium \$ _____ Paid By _____

Company _____

Policy Number _____ Policy Type _____

Phone _____ Annual Premium \$ _____ Paid By _____

Other Death Benefits

| | <i>Owner</i> | <i>Beneficiary</i> |
|-------------------------|--------------|--------------------|
| Pension | \$ _____ | _____ |
| Military | \$ _____ | _____ |
| Fraternal Organizations | \$ _____ | _____ |
| Other | \$ _____ | _____ |

ESTATE DOCUMENTS

Client 1

Will: Yes No

Date signed: _____ Date last reviewed: _____

Personal Representative/Executor (including successors): _____

Location of original: _____

Drafting attorney and contact information: _____

Trust: Yes No

Date signed: _____ Date last reviewed: _____

Date of Amendments, if any: _____

Date last reviewed: _____

Successors trustees: _____

Location of original: _____

Drafting Attorney: _____

Durable/Springing Power of Attorney: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

Health care directive/living will: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

ESTATE DOCUMENTS

Client 2

Will: Yes No

Date signed: _____ Date last reviewed: _____

Personal Representative/Executor (including successors): _____

Location of original: _____

Drafting attorney and contact information: _____

Trust: Yes No

Date signed: _____ Date last reviewed: _____

Date of Amendments, if any: _____

Date last reviewed: _____

Successors trustees: _____

Location of original: _____

Drafting Attorney: _____

Durable/Springing Power of Attorney: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

Health care directive/living will: Yes No

Date created: _____ Date last reviewed: _____

Name of agent/attorney-in-fact (including successors): _____

Location of original: _____

| | <i>Location</i> | <i>Other Information/Contact</i> |
|---|-----------------|----------------------------------|
| Personal Papers | _____ | _____ |
| Birth Certificate | _____ | _____ |
| Passports | _____ | _____ |
| Social Security cards | _____ | _____ |
| Marriage certificate | _____ | _____ |
| Divorce/separation papers | _____ | _____ |
| Adoption papers | _____ | _____ |
| Military/Employment Records | _____ | _____ |
| Family death certificates | _____ | _____ |
| Financials (tax returns, bank accounts) | _____ | _____ |
| Insurance Policies (home, health, life) | _____ | _____ |
| Personal Loans | _____ | _____ |
| Other (_____) | _____ | _____ |

PERSONAL INFORMATION

Location of safe deposit box (institution) _____ Address _____

Names of those authorized to open safe deposit box _____

Location of keys _____

DIGITAL ASSETS

Estate Planning Provisions

Do you have provisions for your digital data in your will or trust?

Electronic

| | <i>Website</i> | <i>Username</i> | <i>Pin</i> | <i>Password</i> |
|------------------|----------------|-----------------|------------|-----------------|
| Computer - home | _____ | _____ | _____ | _____ |
| Computer - work | _____ | _____ | _____ | _____ |
| Operating System | _____ | _____ | _____ | _____ |
| Voicemail - home | _____ | _____ | _____ | _____ |
| Voicemail - work | _____ | _____ | _____ | _____ |
| Voicemail - cell | _____ | _____ | _____ | _____ |
| Security System | _____ | _____ | _____ | _____ |
| Tablet | _____ | _____ | _____ | _____ |
| Router | _____ | _____ | _____ | _____ |
| DVR | _____ | _____ | _____ | _____ |
| TV | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

Email

| | <i>Email Adress</i> | <i>Password/pin</i> |
|-------|---------------------|---------------------|
| Home | _____ | _____ |
| Work | _____ | _____ |
| Other | _____ | _____ |
| Other | _____ | _____ |

Domains

| <i>Domain Name</i> | <i>Webhost</i> | <i>Username</i> | <i>Password/pin</i> |
|--------------------|----------------|-----------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Online Storage

| <i>Domain Name</i> | <i>Webhost</i> | <i>Username</i> | <i>Password/pin</i> |
|--------------------|----------------|-----------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Banking

| <i>Bank</i> | <i>Checking/Savings</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> |
|-------------|--------------------------|--------------------------|-----------------|---------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

Stocks, Bonds and Securities

| <i>Institution Name</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> | <i>Additional Information</i> |
|-------------------------|----------------|-----------------|---------------------|-------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Income Taxes

| | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> |
|---------|----------------|-----------------|---------------------|
| Federal | _____ | _____ | _____ |
| State | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

Utilities

| <i>Institution Name</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> | <i>Additional Information</i> |
|-------------------------|----------------|-----------------|---------------------|-------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Online Shopping

| <i>Institution Name</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> | <i>Additional Information</i> |
|-------------------------|----------------|-----------------|---------------------|-------------------------------|
|-------------------------|----------------|-----------------|---------------------|-------------------------------|

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Social Networks

| <i>Institution Name</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> | <i>Additional Information</i> |
|-------------------------|----------------|-----------------|---------------------|-------------------------------|
|-------------------------|----------------|-----------------|---------------------|-------------------------------|

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Digital Media Accounts

| <i>Institution Name</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> | <i>Additional Information</i> |
|-------------------------|----------------|-----------------|---------------------|-------------------------------|
|-------------------------|----------------|-----------------|---------------------|-------------------------------|

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Loyalty Accounts (Airlines, Gas etc.)

| <i>Institution Name</i> | <i>Website</i> | <i>Username</i> | <i>Password/pin</i> | <i>Additional Information</i> |
|-------------------------|----------------|-----------------|---------------------|-------------------------------|
|-------------------------|----------------|-----------------|---------------------|-------------------------------|

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|--|--|--|--|--|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

FUNERAL AND BURIAL ARRANGEMENTS FOR CLIENT 1

Religious Affiliation, if any _____

Place of Worship, if any _____

Clergy to contact _____

Address _____ Phone _____

I prefer: Burial Cremation Bequeathal

I prefer: Funeral Service Memorial Service No Ceremony

Funeral Home _____ Phone _____

Address _____

Memorial Society _____

Address _____ Phone _____

Bequeathal Arrangement with _____

Address _____ Phone _____

Other Arrangements _____

If Funeral

Cemetery Preferred _____

Address _____ Phone _____

Prepaid funeral service provider _____

Prepaid burial lot location _____

I would like to request the following pallbearers _____

I prefer: A Viewing No Viewing
 Open Casket Closed Casket No Casket
 Embalming No Embalming
 Flowers No Flowers
 Donations to _____

If service is preferred:

Music _____

Readings _____

Participants _____

If cremation is preferred:

Ashes should be handled as follows _____

Information for obituaries and death notices for Client 1

Education _____

Civic Affiliations _____

Political Affiliations _____

Religious Affiliations _____

Military Service _____

Honors/Awards/Achievements _____

Employment Highlights _____

Survivors (Immediate Family) _____

Information that should not be shared: _____

Date _____

FUNERAL AND BURIAL ARRANGEMENTS FOR CLIENT 2

Religious Affiliation, if any _____

Place of Worship, if any _____

Clergy to contact _____

Address _____ Phone _____

I prefer: Burial Cremation Bequeathal

I prefer: Funeral Service Memorial Service No Ceremony

Funeral Home _____ Phone _____

Address _____

Memorial Society _____

Address _____ Phone _____

Bequeathal Arrangement with _____

Address _____ Phone _____

Other Arrangements _____

If Funeral

Cemetery Preferred _____

Address _____ Phone _____

Prepaid funeral service provider _____

Prepaid burial lot location _____

I would like to request the following pallbearers _____

I prefer: A Viewing No Viewing
 Open Casket Closed Casket No Casket
 Embalming No Embalming
 Flowers No Flowers
 Donations to _____

If service is preferred:

Music _____

Readings _____

Participants _____

If cremation is preferred:

Ashes should be handled as follows _____

Education _____

Civic Affiliations _____

Political Affiliations _____

Religious Affiliations _____

Military Service _____

Honors/Awards/Achievements _____

Employment Highlights _____

Survivors (Immediate Family) _____

Information that should not be shared: _____

Date _____

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