

# Financial Planner

For: \_\_\_\_\_



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**Your Name**

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**Your Spouse's Name**

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**Address**

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**City**

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**State**

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**Zip Code**

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(\_\_\_\_) \_\_\_\_\_  
**Home Phone Number**

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(\_\_\_\_) \_\_\_\_\_  
**Cell Phone Number**

**PERSONAL INFORMATION**

	<b>YOU</b>	<b>YOUR SPOUSE</b>
<b>SOCIAL SECURITY NUMBER</b>		
<b>PASSPORT NUMBER</b>		
<b>DRIVERS LICENSE NUMBER</b>		

## **EMPLOYER**

	<b>YOU</b>	<b>YOUR SPOUSE</b>
<b>COMPANY NAME</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>CONTACT NAME &amp; PHONE NUMBER</b>		

## **PENSION PLANS**

	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>
<b>PLAN SPONSOR</b>			
<b>EMPLOYER</b>			
<b>ACCOUNT NUMBER</b>			
<b>SERVICE PROVIDER</b>			
<b>KEY CONTACT</b>			
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP CODE</b>			
<b>PHONE NUMBER</b>			

## **MEDICAL INFORMATION**

	<b>YOU</b>	<b>YOUR SPOUSE</b>
<b>PHYSICIAN'S NAME</b>		
PHYSICIAN'S NUMBER		
<b>PHYSICIAN'S NAME</b>		
PHYSICIAN'S NUMBER		
<b>PHYSICIAN'S NAME</b>		
PHYSICIAN'S NUMBER		
<b>DENTIST'S NAME</b>		
DENTIST'S NUMBER		
<b>HEALTH INSURER</b>		
PLAN NAME		
IDENTIFICATION #		
<b>BLOOD TYPE</b>		
<b>ALLERGIES</b>		
<b>MEDICATIONS</b>		
<b>OTHER NOTES</b>		

# **FINANCIAL ADVISOR**

## ***SBC Wealth Management***

\_\_\_\_\_  
**Firm Name** **Contact Name**  
*2920 East 96th Street*

\_\_\_\_\_  
**Address**

*Indianapolis* *IN* *46240*

\_\_\_\_\_  
**City** **State** **Zip Code**  
*866 818-1028*  
*( )*

\_\_\_\_\_  
**Phone Number** **Email Address**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Account Type/Number**

# **ATTORNEY**

\_\_\_\_\_  
**Firm Name** **Contact Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

*( )*

\_\_\_\_\_  
**Phone Number** **Email Address**

**CPA**

\_\_\_\_\_  
**Firm Name**

\_\_\_\_\_  
**Contact Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

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

(\_\_\_\_)\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

**CAR LOANS**

	<b>CAR LOAN 1</b>	<b>CAR LOAN 2</b>
<b>VEHICLE DESCRIPTION</b>		
<b>LOAN HOLDER</b>		
<b>POLICY NUMBER</b>		
<b>ADDRESS OF LOAN SERVICER</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>EMAIL ADDRESS</b>		
<b>TERM/OTHER INFO</b>		

## **MORTGAGES**

	MORTGAGE 1	MORTGAGE 2
PROPERTY ADDRESS		
MORTGAGE HOLDER		
CONTRACT NUMBER		
ADDRESS OF MORTGAGE SERVICER		
CITY, STATE, ZIP CODE		
EMAIL ADDRESS		
TERM/OTHER INFO		

## **CREDIT CARDS**

	CARD 1	CARD 2	CARD 3
TYPE OF CARD/ISSUING ORGANIZATION			
NAME ON CARD			
CARD NUMBER			
CUSTOMER SERVICE PHONE/EMAIL			
AVAILABLE LIMIT			
TERMS/OTHER INFO			

**BANK**

\_\_\_\_\_  
**Name of Institution**

\_\_\_\_\_  
**Key Contact(s)**

\_\_\_\_\_  
**Institution's Address**

\_\_\_\_\_  
**City, State, Zip Code**

(\_\_\_\_) \_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Name of Institution**

\_\_\_\_\_  
**Key Contact(s)**

\_\_\_\_\_  
**Institution's Address**

\_\_\_\_\_  
**City, State, Zip Code**

(\_\_\_\_) \_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Account Type/Number**

\_\_\_\_\_  
**Account Type/Number**



# INSURANCE POLICIES

TYPE OF INSURANCE	INSURANCE COMPANY	POLICY NUMBER	AGENT'S NAME/ PHONE NUMBER
<b>AUTO</b>			
DESCRIPTION			
<b>PROPERTY</b>			
DESCRIPTION			
<b>LIFE</b>			
INSURED			
INSURED			
INSURED			
<b>DISABILITY</b>			
INSURED			
INSURED			
<b>LONG-TERM CARE</b>			
INSURED			
INSURED			
<b>OTHER</b>			

# WILLS

	YOU	YOUR SPOUSE
<b>LOCATION OF WILL</b>		
<b>ATTORNEY'S NAME</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		
<b>EXECUTOR'S NAME</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		
<b>ALT. EXECUTOR'S NAME</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		

## **LIVING WILLS/HEALTH CARE PROXIES**

	YOU	YOUR SPOUSE
<b>LOCATION OF WILL</b>		
<b>LOCATION OF HEALTH CARE PROXY</b>		
<b>HEALTH CARE AGENT</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		
<b>ATTORNEY'S NAME</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		

## **TRUSTS**

	<b>YOU</b>	<b>YOUR SPOUSE</b>
<b>TYPE OF TRUST</b>		
<b>TRUSTEE NAMES</b>		
<b>FINANCIAL INSTITUTION</b>		
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP CODE</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		

# **EMERGENCY CONTACTS**

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**Contact Name**

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**Relationship**

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**Address**

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**City**

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**State**

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**Zip Code**

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(\_\_\_\_) \_\_\_\_\_  
**Phone Number**

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**Email Address**

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**Contact Name**

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**Relationship**

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**Address**

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**City**

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**State**

---

**Zip Code**

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**Phone Number**

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**Email Address**

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**Contact Name**

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**Relationship**

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**Address**

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**City**

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**Email Address**