



5730 Commons Park Drive
East Syracuse, NY 13057

315.445.2147
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We are pleased to provide you and your family with this document to organize your personal and financial affairs in the event of death or disability.

Please take the time to complete and store this in a safe place which you should share with your trusted loved one(s). This document should be updated periodically as necessary.

If you have any questions about this document, please contact our office.

Thank you for the opportunity to be of service!

Urist Financial and Retirement Planning, Inc.
5730 Commons Park Drive
East Syracuse, NY 13057
Phone: 315-445-2147
Fax: 315-445-4815
Website: Uristfinancial.com



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Personal Information

Full Legal Name: _____ SSN: _____
Home Phone #: _____ Cell Phone #: _____
Date of Birth: _____ Passport #: _____
Driver's License #: _____
Employer Name & Phone #: _____
Primary Care Physician's Name: _____ Phone #: _____
Medical Plan Name: _____ Member ID #: _____
Allergies: _____
Medication(s) and Dosage: _____

Spouse/Partner's Information

Full Legal Name: _____ SSN: _____
Home Phone #: _____ Cell Phone #: _____
Date of Birth: _____ Passport #: _____
Driver's License #: _____
Employer Name & Phone #: _____
Primary Care Physician's Name: _____ Phone #: _____
Medical Plan Name: _____ Member ID #: _____
Allergies: _____
Medication(s) and Dosage: _____

Emergency Contact List

Name: _____ Relationship: _____
Home Phone #: _____ Cell Phone #: _____
Name: _____ Relationship: _____
Home Phone #: _____ Cell Phone #: _____

*Indicate N/A if not applicable

Date Last Updated: _____

**Attach additional sheets as necessary.

Securities Offered Through LPL FINANCIAL • Member FINRA/SIPC

Children's Information

Minor Child's Full Name: _____ Minor Child's Full Name: _____

Cell Phone #: _____ Cell Phone #: _____

SSN: _____ SSN: _____

Date of Birth: _____ Date of Birth: _____

Daycare/School Name: _____ Daycare/School Name: _____

Phone #: _____ Phone #: _____

Physician's Name: _____ Physician's Name: _____

Physician's #: _____ Physician's #: _____

Adult Child's Full Name: _____ Adult Child's Full Name: _____

Home Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Address: _____ Address: _____

Email: _____ Email: _____

SSN: _____ SSN: _____

Date of Birth: _____ Date of Birth: _____

Pet's Information

Pet's Name: _____ Pet's Name: _____

Pet Type: _____ Pet Type: _____

Veterinarian's Name: _____ Veterinarian's Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Medication(s): _____ Medication(s): _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Legal Documents

Please check if you have the following documents:

☐ Will

☐ Healthcare Proxy

☐ Revocable Trust

☐ Living Will

☐ Power of Attorney

☐ Irrevocable Trust

Where are the originals of the above documents kept? _____

Executor's Name: _____ Phone #: _____

Address: _____

Spouse/Partner's Executor's Name: _____ Phone #: _____

Address: _____

Trustee's Name: _____ Phone #: _____

Address: _____

Trustee's Name: _____ Phone #: _____

Address: _____

Professionals' Information

Attorney's Name: _____ Phone #: _____

Address: _____

CPA/Tax Professional's Name: _____ Phone #: _____

Address: _____

Religious Counsel: _____ Phone #: _____

Address: _____

Safe/Safety Deposit Box Information

Safe Location: _____ Safe's Combination/Key Location: _____

Safety Deposit Box Location: _____ Safety Deposit Box Key Location: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Investment/Retirement Accounts (401(k), IRA, Roth IRA, Annuities, 529, etc.)

Financial Institution's Name: _____ Financial Advisor's Name: _____
Advisor's Phone #: _____ Advisor's Email: _____
Advisor's Address: _____
Account Type: _____ Account #: _____
Account Owner: _____ Beneficiary(ies): _____
Website: _____ Security Answer(s): _____
Username: _____ Password: _____

Financial Institution's Name: _____ Financial Advisor's Name: _____
Advisor's Phone #: _____ Advisor's Email: _____
Advisor's Address: _____
Account Type: _____ Account #: _____
Account Owner: _____ Beneficiary(ies): _____
Website: _____ Security Answer(s): _____
Username: _____ Password: _____

Financial Institution's Name: _____ Financial Advisor's Name: _____
Advisor's Phone #: _____ Advisor's Email: _____
Advisor's Address: _____
Account Type: _____ Account #: _____
Account Owner: _____ Beneficiary(ies): _____
Website: _____ Security Answer(s): _____
Username: _____ Password: _____

Credit Card Information

Credit Card Company: _____ Phone #: _____
Account #: _____ Account Owner(s): _____
Website: _____ Security Answer(s): _____
Username: _____ Password: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Credit Card Company: _____ Phone #: _____

Account #: _____ Account Owner(s): _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Banking Information

Bank's Name: _____ Bank's Phone #: _____

Bank's Address: _____

Checking Account #: _____ Account Owner(s): _____

Savings Account #: _____ Account Owner (s): _____

Bank's Website: _____ Security Answer(s): _____

Username: _____ Password: _____

ATM Pin #: _____

Bank's Name: _____ Bank's Phone #: _____

Bank's Address: _____

Checking Account #: _____ Account Owner(s): _____

Savings Account #: _____ Account Owner (s): _____

Bank's Website: _____ Security Answer(s): _____

Username: _____ Password: _____

ATM Pin #: _____

Funeral/Burial Arrangements

Please check if you have the following arrangements:

☐ Burial plot Cemetery Name and Phone #: _____

☐ Headstone Company Name and Phone #: _____

☐ Cremation, burial or other wishes _____

☐ Pre-paid funeral expenses Funeral Home Name and Phone #: _____

Address: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Insurance Information

Life Insurance Provider & Phone #: _____

Policy #: _____ Insured's Name: _____

Owner's Name: _____ Beneficiary(ies): _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Spouse/Partner's Life Insurance Provider: _____

Phone #: _____ Policy #: _____

Insured's Name: _____ Owner's Name: _____

Beneficiary(ies): _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Disability Insurance Provider & Phone #: _____

Policy #: _____ Insured's Name: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Spouse/Partner's Disability Insurance Provider & Phone #: _____

Policy #: _____ Insured's Name: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Long-Term Care Insurance Provider & Phone #: _____

Policy #: _____ Insured's Name: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Spouse/Partner's Long-Term Care Insurance Provider & Phone #: _____

Policy #: _____ Insured's Name: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Automobile Insurance Provider & Phone #: _____

Policy Holder's Name(s): _____ Policy #: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

License Plates of Insured Automobile(s): _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Homeowner's Insurance Provider & Phone #: _____

Policy Holder's Name(s): _____ Policy #: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Umbrella Insurance Provider & Phone #: _____

Policy Holder's Name(s): _____ Policy #: _____

Insurance Agent's Name: _____ Agent's Phone #: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Personal Loans

Financial Institution: _____ **Phone #:** _____

Account #: _____ **Account Owner(s):** _____

Website: _____ **Security Answer(s):** _____

Username: _____ **Password:** _____

Financial Institution: _____ **Phone #:** _____

Account #: _____ **Account Owner(s):** _____

Website: _____ **Security Answer(s):** _____

Username: _____ **Password:** _____

Car Loan Institution: _____ **Phone #:** _____

Account #: _____ **Account Owner(s):** _____

Website: _____ **Security Answer(s):** _____

Username: _____ **Password:** _____

Car Loan Institution: _____ **Phone #:** _____

Account #: _____ **Account Owner(s):** _____

Website: _____ **Security Answer(s):** _____

Username: _____ **Password:** _____

Real Estate Information

Primary Residential Address: _____

Owner(s): _____

Mortgage Institution's Name: _____ **Phone #:** _____

Account #: _____

Home Equity Loan Provider: _____ **Phone #:** _____

Account #: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Other Property Address: _____

Owner(s): _____

Mortgage Institution's Name: _____ **Phone #:** _____

Account #: _____

Home Equity Loan Provider: _____ **Phone #:** _____

Account #: _____

Other Property Address: _____

Owner(s): _____

Mortgage Institution's Name: _____ **Phone #:** _____

Account #: _____

Home Equity Loan Provider: _____ **Phone #:** _____

Account #: _____

Personal Documents

Location(s) of the following:

Birth Certificate(s): _____

Marriage License: _____

Divorce Decree: _____

Social Security Card(s): _____

Driver's License(s): _____

Passport(s): _____

Automobile Title(s): _____

Home Deed/Abstract: _____

Stock Certificate(s): _____

Saving Bond(s): _____

Health Insurance Card(s): _____

Automobile Insurance Card(s): _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____

Electronic Account Access Information

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

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Website: _____ Security Answer(s): _____

Username: _____ Password: _____

Website: _____ Security Answer(s): _____

Username: _____ Password: _____

*Indicate N/A if not applicable

**Attach additional sheets as necessary.

Date Last Updated: _____