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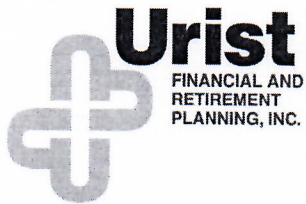
We are pleased to provide you and your family with this document to organize your personal and financial affairs in the event of death or disability.

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](http://Uristfinancial.com)



## 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

\*\*Attach additional sheets as necessary.

Date Last Updated: \_\_\_\_\_

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: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

## 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: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

## 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: \_\_\_\_\_

Credit Card Location: \_\_\_\_\_

\*Indicate N/A if not applicable

\*\*Attach additional sheets as necessary.

Date Last Updated: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

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

### 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 Card Location: \_\_\_\_\_

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 Card Location: \_\_\_\_\_

### 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.

# 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: \_\_\_\_\_

**Long-Term Care 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: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

**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: \_\_\_\_\_

## Personal Loans

**Financial Institution:** \_\_\_\_\_ 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: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC



**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

**Home Security code/password:** \_\_\_\_\_

**Location of extra keys to property (ies):** \_\_\_\_\_

**Primary Residential 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 #:** \_\_\_\_\_

\*Indicate N/A if not applicable

\*\*Attach additional sheets as necessary.

Date Last Updated: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

**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): \_\_\_\_\_

Death Certificate(s): \_\_\_\_\_

Marriage License: \_\_\_\_\_

Divorce Decree: \_\_\_\_\_

Social Security Card(s): \_\_\_\_\_

Driver's License(s): \_\_\_\_\_

Passport(s): \_\_\_\_\_

Automobile Title(s): \_\_\_\_\_

Spare Automobile Keys: \_\_\_\_\_

Home Deed/Abstract: \_\_\_\_\_

Stock Certificate(s): \_\_\_\_\_

Saving Bond(s): \_\_\_\_\_

Health Insurance Card(s): \_\_\_\_\_

Automobile Insurance Card(s): \_\_\_\_\_

Checkbook: \_\_\_\_\_

Military Document(s): \_\_\_\_\_

Previous Federal and State Tax Return(s): \_\_\_\_\_

\*Indicate N/A if not applicable

\*\*Attach additional sheets as necessary.

Date Last Updated: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

## 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: \_\_\_\_\_

Website: \_\_\_\_\_ Security Answer(s): \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

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: \_\_\_\_\_

Securities Offered Through LPL FINANCIAL-Member FINRA/SIPC

## 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: \_\_\_\_\_

Website: \_\_\_\_\_ Security Answer(s): \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Security Answer(s): \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Website: \_\_\_\_\_ Security Answer(s): \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

\*Indicate N/A if not applicable

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Date Last Updated: \_\_\_\_\_

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