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Message from Jim Stephan: I have created this Emergency Personal Records Log for the benefit of my clients & friends and it is available in the [Client Library](#) on my website: www.jimstephan.com. Completing this Log will benefit your planning and your loved ones' ability to help you with your financial affairs in case of injury, death, or disability. I suggest you update this document annually. Your calls/emails for feedback or questions are truly welcome!

Jim Stephan

Emergency Personal Records Log

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Emergency Personal Records Log

****Use the Tab Key or your Mouse to move between Sections****

1. Name:	Last Updated:	
Full Name (First, Middle, Last):		
SS#:	Date of Birth:	Place of Birth (city, state):
Spouse Name (First, Middle, Last):		
SS#:	Date of Birth:	Place of Birth (city, state):
Legal Address: City, State, Zip, County		

2. Copies of this document given to these trusted people:
1. Name:
Address:
Phone:
2. Name:
Address:
Phone:

3. Personal Data:
Married Date: Maiden Name:
Birth Certificate Location: Self:
Birth Certificate Location Spouse:
If Divorced: (<input type="checkbox"/> divorced or <input type="checkbox"/> legally separated) Final Decree location:
If Widowed: Deceased's Name: Date of Death:
Cause & Location: County:
Additional Notes:

4. Your Children: Living
Child 1 Name: DOB: SS#:
Address: Phone:
Child 2 Name: DOB: SS#:
Address: Phone:
Child 3 Name: DOB: SS#:
Address: Phone:
Child 4 Name: DOB: SS#:
Address: Phone:
Child 5 Name: DOB: SS#:
Address: Phone:
Additional Children Here:

5. Your Children: Deceased		
Deceased Child 1:		SS#:
DOB:	DOD:	County of Death:
Family of Deceased: Name:	SS#:	DOB:
Family Address:		Phone:
Deceased Child 2:		SS#:
DOB:	DOD:	County of Death:
Family of Deceased: Name:	SS#:	DOB:
Family Address:		Phone:
Additional Children/Information Here:		

6. Parents: Mine		
Mother: Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Father: Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Burial Location: Him:		Her:

7. Parents: Spouse's		
Mother: Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Father: Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Burial Location: Him:		Her:

8. Siblings: Mine		
Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Additional Siblings & Notes:		

9. Siblings: Spouse's		
Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Name:	DOB:	SS#:
Address:		Phone:
If deceased, DOD:		County of Death:
Additional Siblings & Notes:		

10. Trusted Persons/Professionals:	
Financial Advisor/Broker:	
Address:	Phone:
Accountant/tax preparer:	
Address:	Phone:
Attorney:	
Address:	Phone:
Trust Officer:	
Address:	Phone:
Executor of Estate:	
Address:	Phone:
Professional Groups to notify:	
Address:	Phone:
Trustees:	
Address:	Phone:
Geriatric Care Manager:	
Address:	Phone:
Child/Family member:	
Address:	Phone:
Additional Persons/Other:	

11. Physicians & Dentists:	
My Physician 1:	Address:
Phone:	The above medical provider has a copy of my Do Not Resuscitate Order: Yes <input type="checkbox"/> No <input type="checkbox"/>
My Physician 2:	Address:
Phone:	The above medical provider has a copy of my Do Not Resuscitate Order: Yes <input type="checkbox"/> No <input type="checkbox"/>
My Dentist:	Address: Phone:
Spouse Physician 1:	Address:
Phone:	The above medical provider has a copy of spouse's Do Not Resuscitate Order: Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse Physician 2:	Address:
Phone:	The above medical provider has a copy of spouse's Do Not Resuscitate Order: Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse Dentist:	Address: Phone:
Additional Physicians/Other:	

12. Care Providers:	
My Care Provider 1:	Address:
Phone:	I have a Do Not Resuscitate Order and sent a copy to the above care provider: Yes <input type="checkbox"/> No <input type="checkbox"/>
My Care Provider 2:	Address:
Phone:	I have a Do Not Resuscitate Order and sent a copy to the above care provider: Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse Care Provider 1:	Address:
Phone:	I have a Do Not Resuscitate Order and sent a copy to the above care provider: Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse Care Provider 2:	Address:
Phone:	I have a Do Not Resuscitate Order and sent a copy to the above care provider: Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Care Providers/Other:	

13. Religious Affiliation:

Church, Temple, or Affiliation:

Address:

Pastor or Rabbi:

Phone :

Additional Information:**14. Burial Plans:**

Cemetery Name:

Address:

Prepaid \$

List items Paid:

Plot Deed Location:

Perpetual care? Yes No Phone:Funeral Instructions: by Will by letter follow this:

Burial organizational membership benefits type and \$ amounts:

Funeral Preparations: Funeral Director of Choice:

Embalmed Cremation Ash Burial

Ash spreading where and how:

Organ donation: yes no Special donation request:**Additional Burial Instructions:****15. Wills:****I have a Will:** yes no Executed Will is Dated:

Original Executed Copy of Will is located:

Attorney who drew the Will:

Address:

Phone:

Named Executor:

Named Trustee:

Personal Representative:

Name of Children's Guardian:

Address:

Phone:

Additional Information on My Will:**Spouse has a Will:** yes no Spouse's Will is the Same as Listed Above: yes no Executed Will Dated:

Original Executed Copy of Will is located:

Attorney who drew the Will:

Address:

Phone:

Named Executor:

Named Trustee:

Personal Representative:

Name of Children's Guardian:

Address:

Phone:

Additional Information on Spouse's Will:

16. Living Will:**I have a Living Will** I do not have a Living Will My primary physician and care providers and children have received a copy of this medical Living Will: yes no My Children have copies: Child 1 Child 2 Child 3 Child 4 Child 5

Additional:

Location of document:

Dated:

Spouse has a Living Will Spouse does not have a Living Will Spouse's primary physician and care providers and children have received a copy of this medical Living Will: yes no Spouse's Children have copies: Child 1 Child 2 Child 3 Child 4 Child 5

Additional:

Location of document:

Dated:

Additional Information:**17. Medical Power of Attorney:****I have a Medical Power of Attorney** I do not have a Medical Power of Attorney My primary physician and care providers and children have received a copy of this Medical POA: yes no My Children have copies: Child 1 Child 2 Child 3 Child 4 Child 5

Additional:

Location of document:

Dated:

Spouse has a Medical Power of Attorney Spouse does not have a Medical Power of Attorney Spouse's primary physician and care providers and children have received a copy of this Medical POA: yes no Spouse's Children have copies: Child 1 Child 2 Child 3 Child 4 Child 5

Additional:

Location of document:

Dated:

Additional Information:**18. Durable Power of Attorney:****I have a Durable Power of Attorney** I do not have a Durable Power of Attorney My primary physician and care providers and children have received a copy of this Durable POA: yes no My Children have copies: Child 1 Child 2 Child 3 Child 4 Child 5

Additional:

Location of document:

Dated:

Spouse has a Durable Power of Attorney Spouse does not have a Durable Power of Attorney: Spouse's primary physician and care providers and children have received a copy of this Durable POA: yes no Spouse's Children have copies: Child 1 Child 2 Child 3 Child 4 Child 5

Additional:

Location of document:

Dated:

Additional Information:

19. Military Service (for possible future benefits):	
Branch:	
Entry date:	Discharge date:
Type of Discharge:	
Highest rank:	
Military Serial number:	Veterans Claim #:
Military records and discharge papers location (DD214 record of service):	
Service disabilities: %, list disabilities:	
Pension & Retirement Benefits Data can be found:	
Additional Information:	

20. Employment:	
My Employer name:	
Address:	Phone:
Date hired:	Term/Retirement Date:
Supervisor:	
Union member yes <input type="checkbox"/> no <input type="checkbox"/> Name & phone of Union	
Ur qwg Employer name:	
Address:	Phone:
Date hired:	Term/Retirement Date:
Supervisor:	
Additional Information:	

21. Self-Employed:	
Business approx. value if sold:	
Advisor/associate that could facilitate a selling value, price, or supervise the sale of business:	
Advisor/Associate Phone:	
I have business life insurance or buy sell agreements <input type="checkbox"/> I have no buy sell or insurance business contracts <input type="checkbox"/>	
Location of Business files:	
Additional Information:	

22. Trust Funds (for Spouse, children, disabled adults, charities, manage properties):	
Name of Trust:	
Purpose/type:	
Date created:	
Trustee:	
Successor Trustee:	
Location of Trust Document:	
Attorney:	Phone:
Details if you are a Beneficiary of a trust now (\$amt of income, location, terms):	
Additional Trust Funds:	

23. Safe Deposit Box:	
Yes <input type="checkbox"/> None <input type="checkbox"/> Location of Keys:	
Name of Institution:	
Address:	Phone:
Others with access: Name:	
Others with access: Address:	Phone:
Additional Information:	

24. Credit Cards:		
Location of Account Statements:		
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Card Name:	Account #:	Pin#:
Additional Information:		

25. Tax Records:		
Tax returns/supporting documents/copies location:		
Employer withholding tax receipts location:		
CPA or Tax Preparer:		
CPA Address:	Phone:	
Tax Software:		
User ID:	Password:	File Name:
What computer holds tax data?	Storage Device:	
Current unresolved tax issues or back taxes:		
Additional Records:		

26. Computers:		
1. Computer Name/location:		
Windows User Id:	Password:	
Items found on this computer: tax program <input type="checkbox"/> will <input type="checkbox"/> medical directives/living will <input type="checkbox"/> burial plan <input type="checkbox"/> family pictures <input type="checkbox"/> music <input type="checkbox"/>		
2. Computer Name/location:		
Windows User Id:	Password:	
Items found on this computer: tax program <input type="checkbox"/> will <input type="checkbox"/> medical directives/living will <input type="checkbox"/> burial plan <input type="checkbox"/> family pictures <input type="checkbox"/> music <input type="checkbox"/>		
3. Computer Name/location:		
Windows User Id:	Password:	
Items found on this computer: tax program <input type="checkbox"/> will <input type="checkbox"/> medical directives/living will <input type="checkbox"/> burial plan <input type="checkbox"/> family pictures <input type="checkbox"/> music <input type="checkbox"/>		
4. Computer Name/location:		
Windows User Id:	Password:	
Items found on this computer: tax program <input type="checkbox"/> will <input type="checkbox"/> medical directives/living will <input type="checkbox"/> burial plan <input type="checkbox"/> family pictures <input type="checkbox"/> music <input type="checkbox"/>		
Additional Records:		

27. Computer Documents & Files:	
Program:	Purpose:
User ID:	Password:
File Name:	Drive # (location):
Program:	Purpose:
User ID:	Password:
File Name:	Drive # (location):
Program:	Purpose:
User ID:	Password:
File Name:	Drive # (location):
Program:	Purpose:
User ID:	Password:
File Name:	Drive # (location):
Additional Software:	

28. Real Estate:	
Name of Electrician:	
Name of Plumber:	
Do you own your residence? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you own rental properties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. Owned Residence 1 address:	
Deed location:	
Who is on Residence 1 Title? Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Non-Spouse <input type="checkbox"/> If Joint with non-spouse, % you own: %	
Residence 1 Mortgage Co.:	Account #
2. Owned Residence 2 address:	
Deed location:	
Residence 2 Mortgage Co.:	
Account #	
Who is on Residence 2 Title? Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Non-Spouse <input type="checkbox"/> If Joint with non-spouse, % you own: %	
3. Owned Cabin address:	
Deed location:	
Cabin Mortgage Co.:	
Account #	
Who is on Cabin Title? Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Non-Spouse <input type="checkbox"/> If Joint with non-spouse, % you own: %	
4. Owned Property 1 address:	
Deed location:	
Owned Property 1 Mortgage Co.:	
Account #	
Who is on Owned Property 1 Title? Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Non-Spouse <input type="checkbox"/> If Joint with non-spouse, % you own: %	
5. Owned Property 2 address:	
Deed location:	
Owned Property 2 Mortgage Co.:	
Account #	
Who is on Owned Property 2 Title? Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Non-Spouse <input type="checkbox"/> If Joint with non-spouse, % you own: %	
6. Owned Property 3 address:	
Deed location:	
Owned Property 3 Mortgage Co.:	
Account #	
Who is on Owned Property 3 Title? Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Joint with Non-Spouse <input type="checkbox"/> If Joint with non-spouse, % you own: %	
Additional Real Estate or Notes:	

29. Lessor Items: (Items you leased to others)		
Item 1:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Item 2:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Item 3:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Item 4:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Additional Lessor Items/Notes:		

30. Lessee Items: (Items you leased from others)		
Item 1:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Item 2:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Item 3:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Item 4:		
Lease Start Date:	Lease End Date:	Amt/mo.:
Other terms:		
Additional Lessor Items/Notes:		

31. Collectables: (Jewelry, Coin, Gun, Art, etc.)	
Item 1:	Value:
Appraisal Location:	
Item 2:	Value:
Appraisal Location:	
Item 3:	Value:
Appraisal Location:	
Item 4:	Value:
Appraisal Location:	
Item 5:	Value:
Appraisal Location:	
Item 6:	Value:
Appraisal Location:	
Additional Pieces & Notes:	

32. Motor Vehicles:		
1. Auto/Cycle Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
2. Auto/Cycle Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
3. Auto/Cycle Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
4. Auto/Cycle Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
5. Boat 1: Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
6. Boat 2: Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
7. RV: Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
8. Snowmobile 1: Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
9. Snowmobile 2: Make:	Model:	Year:
Title location:	On title: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>	
10. Other/Notes:		

33. Insurance: Home and Rentals		
Insurance is for:	Ins. Co. Name:	
Agent:	Phone:	
Policy # & policy location:		
Insurance is for:	Ins. Co. Name:	
Agent:	Phone:	
Policy # & policy location:		
Insurance is for:	Ins. Co. Name:	
Agent:	Phone:	
Policy # & policy location:		
Insurance is for:	Ins. Co. Name:	
Agent:	Phone:	
Policy # & policy location:		
Additional Insurance/Notes:		

34. Insurance: Health		
Health Ins. Co.: Self:		
Agent:	Phone:	
Policy # & location:		
Health Ins. Co.: Spouse:		
Agent:	Phone:	
Policy # & location:		
Additional Policies/Notes:		

35. Insurance: Health-Medicare (Application copies are with agent if lost. Keep policies in force by paying premiums)	
Medicare: Self: I am registered for Medicare Part A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/>	
Medicare Insurance #:	Enrollment date:
Medicare Supplemental Company Name:	
Medicare Supplemental Policy # & policy location:	
Agent:	Phone:
Medicare: Spouse: Spouse is registered for Medicare Part A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/>	
Medicare Insurance #:	Enrollment date:
Medicare Supplemental Company Name:	
Medicare Supplemental Policy # & policy location:	
Agent:	Phone:
Notes:	

36. Insurance: Long Term Care	
Long term Care: Self: Company Name:	
Policy # & location:	
Agent:	Phone:
Long term Care: Spouse: Company Name:	
Policy # & location:	
Agent:	Phone:
Additional Notes:	

37. Insurance: Disability, Hospitalization, Accident	
Disability Self: Company:	
Policy # & location:	
Agent:	Phone:
Disability Spouse: Company:	
Policy # & location:	
Agent:	Phone:
Hospitalization Self: Company:	
Policy # & location:	
Agent:	Phone:
Hospitalization Spouse: Company:	
Policy # & location:	
Agent:	Phone:
Accident Self: Company:	
Policy # & location:	
Agent:	Phone:
Accident Spouse: Company:	
Policy # & location:	
Agent:	Phone:
Additional Policies/Notes:	

38. Insurance: Life

1. Life: Company Name:	Ownership: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>
Type: Term <input type="checkbox"/> Universal <input type="checkbox"/> Whole life <input type="checkbox"/> Permanent <input type="checkbox"/> Loans against policy: yes <input type="checkbox"/> no <input type="checkbox"/>	
Policy # & location:	Death benefit: \$
Agent:	Phone:
2. Life: Company Name:	Ownership: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>
Type: Term <input type="checkbox"/> Universal <input type="checkbox"/> Whole life <input type="checkbox"/> Permanent <input type="checkbox"/> Loans against policy: yes <input type="checkbox"/> no <input type="checkbox"/>	
Policy # & location:	Death benefit: \$
Agent:	Phone:
3. Life: Company Name:	Ownership: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>
Type: Term <input type="checkbox"/> Universal <input type="checkbox"/> Whole life <input type="checkbox"/> Permanent <input type="checkbox"/> Loans against policy: yes <input type="checkbox"/> no <input type="checkbox"/>	
Policy # & location:	Death benefit: \$
Agent:	Phone:
4. Life: Company Name:	Ownership: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>
Type: Term <input type="checkbox"/> Universal <input type="checkbox"/> Whole life <input type="checkbox"/> Permanent <input type="checkbox"/> Loans against policy: yes <input type="checkbox"/> no <input type="checkbox"/>	
Policy # & location:	Death benefit: \$
Agent:	Phone:
Additional Policies/Notes:	

39. Document Location: (Where/With Whom the following documents are located):

Deeds: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Mortgage: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Loans: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Leases: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Legal Abstracts: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Tax Receipts: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Title/Mortgage Insurance: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Surveys: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Will(s): Self: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Will(s): Spouse: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Power of Attorney: Self: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Power of Attorney: Spouse: Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Safe deposit <input type="checkbox"/> Financial Advisor/Broker <input type="checkbox"/>
List Location:
Additional Notes:

Financial Assets (list below or attach all statements or consolidated report of assets from Broker or Advisor)

Call Jim Stephan at (507) 287-6160 to consolidate or get a printout of all your assets

40. Bank Accounts: Checking**1. Checking:** Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

2. Checking: Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

3. Checking: Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

Additional Accounts/Notes:**41. Bank Accounts: Savings****1. Savings/CD:** Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

2. Savings/CD: Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

3. Savings/CD: Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

Additional Accounts/Notes:**42. Liquidity Accounts: Money Markets****1. Money Market** Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

2. Money Market: Bank Name/Address/Phone:Acct #: _____ Pin: _____ Ownership: Self Spouse Joint

Beneficiary/TOD:

Additional Accounts/Notes:

43. Brokerage Accounts:	
1. Investment Company:	Acct#:
Acct owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint owned <input type="checkbox"/> 401k <input type="checkbox"/> 403B <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
Beneficiary/TOD:	
Broker/Advisor:	Phone:
2. Investment Company:	Acct#:
Acct owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint owned <input type="checkbox"/> 401k <input type="checkbox"/> 403B <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
Beneficiary/TOD:	
Broker/Advisor:	Phone:
3. Investment Company:	Acct#:
Acct owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint owned <input type="checkbox"/> 401k <input type="checkbox"/> 403B <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
Beneficiary/TOD:	
Broker/Advisor:	Phone:
Additional Brokerage Accounts/Notes:	

44. Pensions:		
1. My pension benefit monthly payments from Co.:		
Acct #:	Monthly Amt \$:	Company Contact:
2. My pension benefit monthly payments from Co.:		
Acct #:	Monthly Amt \$:	Company Contact:
1. Spouse pension monthly payments from Co.:		
Acct #:	Monthly Amt \$:	Company Contact:
2. Spouse pension monthly payments from Co.:		
Acct #:	Monthly Amt \$:	Company Contact:
Additional Pensions/Notes:		

45. Annuities: Fixed	
1. Investment Company:	Acct#:
Acct owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint owned <input type="checkbox"/> 401k <input type="checkbox"/> 403B <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
Beneficiary/TOD:	
Broker/Advisor:	Phone:
2. Investment Company:	Acct#:
Acct owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint owned <input type="checkbox"/> 401k <input type="checkbox"/> 403B <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
Beneficiary/TOD:	
Broker/Advisor:	Phone:
3. Investment Company:	Acct#:
Acct owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint owned <input type="checkbox"/> 401k <input type="checkbox"/> 403B <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other	
Beneficiary/TOD:	
Broker/Advisor:	Phone:
Additional Annuities/Notes:	

46. Annuities: Variable

1. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

2. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

3. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

4. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

5. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

Additional Annuities/Notes:

47. Mutual Funds

1. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

2. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

3. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

4. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

5. Investment Company:

Acct#:

Account owner: Self Spouse Joint owned 401k 403B IRA Roth IRA Other

Beneficiary/TOD:

Broker/Advisor:

Phone:

Additional Annuities/Notes:

48. Individual Securities Held at Home or Elsewhere:			
1. Stock <input type="checkbox"/> Bond <input type="checkbox"/>	Description:	Location:	
Amount: \$	# shares	Owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
2. Stock <input type="checkbox"/> Bond <input type="checkbox"/>	Description:	Location:	
Amount: \$	# shares	Owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
3. Stock <input type="checkbox"/> Bond <input type="checkbox"/>	Description:	Location:	
Amount: \$	# shares	Owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
4. Stock <input type="checkbox"/> Bond <input type="checkbox"/>	Description:	Location:	
Amount: \$	# shares	Owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
5. Stock <input type="checkbox"/> Bond <input type="checkbox"/>	Description:	Location:	
Amount: \$	# shares	Owner: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Additional Securities/Notes:			

49. Miscellaneous Investments and Benefits: (Record description, contact, address, phone #s)
Self: 1. Monthly Income Payments From:
2. Annual Income Payments From:
3. Trust Income:
4. Royalties & Patents:
5. Debts/Loans due to me:
6. Veteran's benefits:
7. Fraternal memberships:
8. Airline Mileage credits:
Spouse: 1. Monthly Income Payments From:
2. Annual Income Payments From:
3. Trust Income:
4. Royalties & Patents:
5. Debts/Loans due to spouse:
6. Veteran's benefits:
7. Fraternal memberships:
8. Airline Mileage credits:
Additional Notes:

50. Debt (Please attach a List or itemize below)			
1. Loan Co./Individual:			Account #:
\$Amount:	Interest %:	Term:	Payoff Yr:
2. Loan Co./Individual:			Account #:
\$Amount:	Interest %:	Term:	Payoff Yr:
3. Loan Co./Individual:			Account #:
\$Amount:	Interest %:	Term:	Payoff Yr:
4. Loan Co./Individual:			Account #:
\$Amount:	Interest %:	Term:	Payoff Yr:
5. Loan Co./Individual:			Account #:
\$Amount:	Interest %:	Term:	Payoff Yr:
6. Loan Co./Individual:			Account #:
\$Amount:	Interest %:	Term:	Payoff Yr:
7. Other debt details:			

51. Other Notes:

For assistance with this form, call or email:

James E. Stephan

Financial Advisor

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Registered Representative of Securities America, Inc. Member FINRA, SIPC

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email: jim@jimstephan.com website: www.jimstephan.com

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