

Personal Advisor

My Personal Records Inventory

A documentation of important family and financial information

Name: _____

Dated as of: ___ / ___ / _____

IMPORTANT NOTE FROM VANGUARD

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Vanguard strongly recommends you keep this confidential document secure. However, be sure to inform your trusted loved ones of its location.

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My personal and family information

Person 1

Your full legal name
Date of birth <i>mm/dd/yyyy</i>
Date of marriage <i>mm/dd/yyyy</i>
Date of death <i>mm/dd/yyyy</i>
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Life partner <input type="checkbox"/> Divorced
Number of prior marriages:

Person 2

Your full legal name
Date of birth <i>mm/dd/yyyy</i>
Date of marriage <i>mm/dd/yyyy</i>
Date of death <i>mm/dd/yyyy</i>
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Life partner <input type="checkbox"/> Divorced
Number of prior marriages:

Citizenship

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, of what country(ies) are you a citizen?
If no, do you have a green card? <input type="checkbox"/> Yes <input type="checkbox"/> No

Citizenship

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, of what country(ies) are you a citizen?
If no, do you have a green card? <input type="checkbox"/> Yes <input type="checkbox"/> No

Military service

Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch of service:
Type of discharge:
Date of discharge <i>mm/dd/yyyy</i>

Military service

Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch of service:
Type of discharge:
Date of discharge <i>mm/dd/yyyy</i>

Children

Child 1

Full legal name
<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Email address
Phone number
Whose child? <input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Both

Child 2

Full legal name
<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Email address
Phone number
Whose child? <input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Both

Child 3

Full legal name
<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Email address
Phone number
Whose child? <input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Both

Child 4

Full legal name
<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Email address
Phone number
Whose child? <input type="checkbox"/> Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/> Both

Additional children listed in the Notes section? Yes No

Pets

Pet 1

Name
Pet type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify)_____

Pet 2

Name
Pet type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify)_____

Pet 3

Name
Pet type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify)_____

Veterinarian

Name
Address
Email address
Phone number

Pet sitter/Caregiver

Name
Address
Email address
Phone number

Employers

Person 1

Currently work here Retired

Employer	
Address	
City	
State	Zip
Phone number	
Contact person	

Person 2

Currently work here Retired

Employer	
Address	
City	
State	Zip
Phone number	
Contact person	

Professional advisors

Person 1

Attorney

Name
Company <i>(if applicable)</i>
Address
City, State, Zip
Phone number
Email address
Legal work performed

Person 2

Attorney

Name
Company <i>(if applicable)</i>
Address
City, State, Zip
Phone number
Email address
Legal work performed

Accountant

Name
Company <i>(if applicable)</i>
Address
City, State, Zip
Phone number
Email address
Accounting work performed

Accountant

Name
Company <i>(if applicable)</i>
Address
City, State, Zip
Phone number
Email address
Accounting work performed

Financial advisor

Name
Company <i>(if applicable)</i>
Address
City, State, Zip
Phone number
Email address
Area(s) of expertise

Financial advisor

Name
Company <i>(if applicable)</i>
Address
City, State, Zip
Phone number
Email address
Area(s) of expertise

Medical professionals

Person 1

Primary doctor

Name
Address
City, State, Zip
Phone number

Person 2

Primary doctor

Name
Address
City, State, Zip
Phone number

Other doctor

Specialty
Name
Address
City, State, Zip
Phone number

Other doctor

Specialty
Name
Address
City, State, Zip
Phone number

Dentist

Name
Address
City, State, Zip
Phone number

Dentist

Name
Address
City, State, Zip
Phone number

Primary pharmacy

Name
Address
City, State, Zip
Phone number

Primary pharmacy

Name
Address
City, State, Zip
Phone number

Additional medical professionals listed in the Notes section? Yes No

Legal and financial information

Legal and insurance documents

Important documents	Document location	Contact (name, address, phone)
Estate planning documents		
Tax returns		
Social Security cards		
Citizenship papers		
Green cards		
Passports		
Marriage certificate		
Prenuptial/Postnuptial agreements		
Divorce decree		
Birth certificate		
Adoption papers		
Military discharge papers		
Burial instructions		
Business documents		
Deeds		
Vehicle titles		
Stock certificates		
Savings bonds		
Other <i>(specify)</i>		

Type of insurance policy	Policy number	Policy owner	Insured	Issuer and agent contact information	Policy location
Life					
Life					
Life					
Disability					
Homeowners					
Umbrella					
Automobile					
Medical					
Medical					
Dental					
Vision					
Long-term care					
Prescription					
Other <i>(specify)</i>					

Asset inventory

List the financial institution.

Bank accounts

	Person 1	Person 2	Joint
Checking account(s)			
Savings account(s)			
Certificates of deposit (CDs)			
Money market account(s)			

Retirement accounts

	Person 1	Person 2
401(k)		
IRA		
Roth IRA		
Keogh plan		

Investment accounts

	Person 1	Person 2	Joint
Brokerage			
Mutual funds			
Bonds			

Employment compensation plans

	Account number	Owner	Employer
Pension plan			
Equity compensation			
Executive compensation			
Stock options			

Annuities

Person 1	Person 2	Joint

Real estate

	Ownership	Location of real estate/ Description
Primary residence		
Secondary residence		
Vacation residence(s)		
Other <i>(specify)</i>		

Other property

	Location	Ownership
Safe-deposit box <i>(including bank and location of key)</i>		
Safe		
Other <i>(specify)</i>		

Liability inventory

Mortgages

	Borrower	Lender
Primary residence		
Secondary residence		
Vacation residence		
Other <i>(specify)</i>		

Credit cards *(Include store cards.)*

Issuer	Account owner	Notes

Other loans

	Borrower	Financial institution
Auto		
Auto		
Personal		
Personal		
Student		
Student		

Utilities

	Payor	How paid
Phone		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Cell phone		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Cable		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Electric		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Water		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Gas		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Oil		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Other <i>(specify)</i>		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____
Other <i>(specify)</i>		<input type="checkbox"/> Auto withdrawal from _____ <input type="checkbox"/> Check <input type="checkbox"/> Charge to cc _____

Additional legal or financial information listed in the Notes section? Yes No

Recurring payments

	Account owner	Payment account
Amazon Prime		
Netflix/Hulu/HBO		
Spotify/Pandora/Apple®		
Audible		
Gym membership		
Other <i>(specify)</i>		
Other <i>(specify)</i>		

Additional legal or financial information listed in the Notes section? Yes No

Online accounts and memberships*

Email accounts

Email address
Account owner

Email address
Account owner

Email address
Account owner

Email address
Account owner

Professional associations

Organization
Membership number

Organization
Membership number

Travel membership accounts

Travel reward account

Account name
Account owner
Membership number

Frequent flyer account

Account name
Account owner
Membership number

Hotel reward account

Account name
Account owner
Membership number

Rental car reward account

Account name
Account owner
Membership number

Social networking accounts

Social network
Account owner

Social network
Account owner

Social network
Account owner

Social network
Account owner

Online storage (*Dropbox, Google Drive™, iCloud®, OneDrive, etc.*)

Account 1

Service
Account owner

Account 2

Service
Account owner

Other key website information (*Amazon, PayPal, Venmo, etc.*)

Website
Account owner

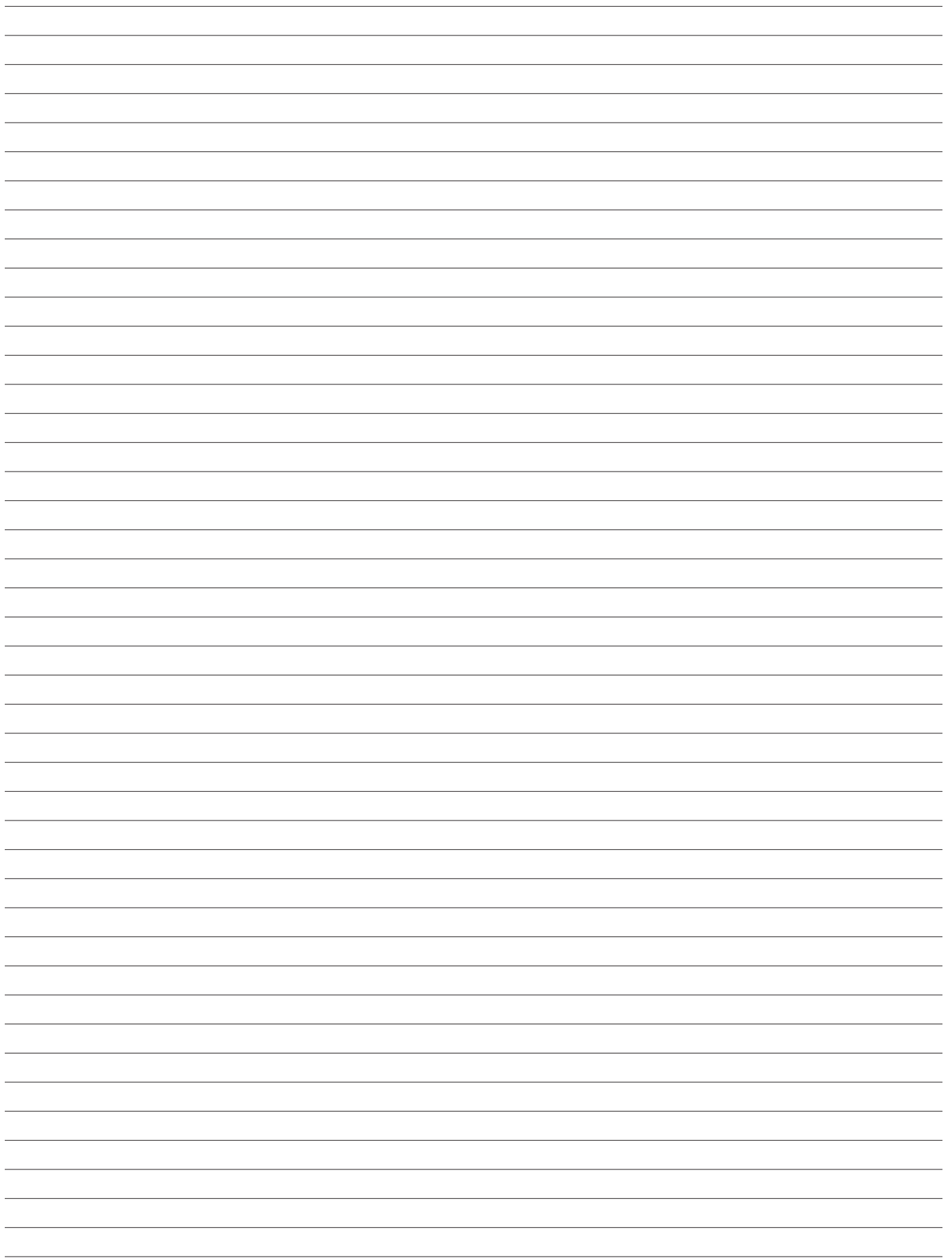
Website
Account owner

Website
Account owner

Website
Account owner

Additional accounts or memberships listed in the Notes section? Yes No

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