

My InfoTracker

One place to keep all of your family's important details and contacts



Stay up to date!

Completed by _____

Date ____ / ____ / ____

Annual update completed by _____

Date ____ / ____ / ____

Annual update completed by _____

Date ____ / ____ / ____

Annual update completed by _____

Date ____ / ____ / ____

Annual update completed by _____

Date ____ / ____ / ____

Have you ever wished you had one place to jot down your family's essential information?

My InfoTracker, helps you gather your family's important details and save them in an easy-to-manage format. Preparing now means having all of your family's information organized and at your fingertips whenever you need it—so you're not in the position of having to track down documents or contact numbers during a stressful moment.

Make life simpler for yourself

Set aside time to complete the details that apply to your situation. As you experience life events such as getting married, having children, moving or changing jobs, be sure to include updates. Then review your details once a year to make sure everything is current. Keep your InfoTracker booklet in a secure but accessible place in your home and save the most recent copy in your safe deposit box.



Personal

SELF

Full legal name _____

Address _____

Email _____ Cell phone _____

Social Security # _____ Birthdate _____

Driver's license # _____ Passport # _____

Primary care physician name, address & phone _____

Health insurance plan name, address, phone & ID # _____

Pharmacy name, address & phone _____

Allergies _____

Blood type _____

Medications & dosage _____

Dentist name & phone _____

Dental insurance plan name & ID # _____

Vision insurance plan name & ID # _____

Employer name _____ Work phone _____

Employer address _____

HR contact name, phone & email _____

Supervisor name, phone & email _____

Will

I/we have completed my/our will and my/our durable power of attorney for financial and health care matters.

These documents are located here _____

Safe Deposit Box

My/our safe deposit box is located here _____

Personal

SPOUSE/PARTNER

Full legal name _____

Email _____ Cell phone _____

Social Security # _____ Birthdate _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Allergies _____ Blood type _____

Medications & dosage _____

Dentist name & phone _____

Employer name _____ Work phone _____

Employer address _____

HR contact name, phone & email _____

Supervisor name, phone & email _____

EMERGENCY CONTACTS

Name _____ Email _____

Home phone _____ Cell phone _____

Name _____ Email _____

Home phone _____ Cell phone _____

Name _____ Email _____

Home phone _____ Cell phone _____

Personal

CHILDREN

Name _____ Social Security # _____ Birthdate _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____

Allergies _____ Blood type _____

Name _____ Social Security # _____ Birthdate _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Allergies _____ Blood type _____

Medications & dosage _____

Name _____ Social Security # _____ Birthdate _____

School name _____ School phone _____

Health insurance plan name & ID # _____

Medications & dosage _____

Allergies _____ Blood type _____

Children's physician name & phone _____

Address _____

Specialist name & phone _____

Address _____

Dentist name & phone _____

Address _____

Daycare provider name & phone (if applicable) _____

Address _____

PETS

Veterinarian name & phone _____

Pet name _____

Special considerations _____

Pet name _____

Special considerations _____

Financial

INSURANCE

Protection

Insurance company name _____ Agent _____
Address _____ Phone _____
Life insurance policy # _____ Disability policy # _____
Long-term care policy # _____ Other _____

Home

Insurance company name _____ Agent _____
Address _____ Phone _____
Homeowner insurance policy # _____ Umbrella care policy # _____

Auto

Insurance company name _____ Agent _____
Address _____ Phone _____
Auto policy # _____ Other # _____

Copies of my/our policies are located here _____

INVESTMENTS

Financial professional name _____ Phone _____
Firm name & address _____ Email _____
Account type/Account # _____ / _____ Account type/Account # _____ / _____

Financial professional name _____ Phone _____
Firm name & address _____ Email _____
Account type/Account # _____ / _____ Account type/Account # _____ / _____

LEGAL & TAX

Attorney name _____ Phone _____
Firm name & address _____ Email _____
Tax professional name _____ Phone _____
Firm name & address _____ Email _____
Other _____

Financial

BANK

Bank name _____	Bank name _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Certificates of Deposit _____	Certificates of Deposit _____
Amount _____ Interest rate _____ Maturity _____	Amount _____ Interest rate _____ Maturity _____

LOANS & CREDIT

Mortgage holder _____	Second mortgage holder _____	Home equity loan holder _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Loan amount/Balance _____	Loan amount/Balance _____	Loan amount/Balance _____
Car loan holder _____	Car loan holder _____	Misc. loan holder _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
Loan amount/Balance _____	Loan amount/Balance _____	Loan amount/Balance _____
Credit card _____	Credit card _____	Credit card _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Card # _____ Exp. _____	Card # _____ Exp. _____	Card # _____ Exp. _____
Credit card _____	Credit card _____	Credit card _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Card # _____ Exp. _____	Card # _____ Exp. _____	Card # _____ Exp. _____

Emergency

FIRST RESPONSE

Local police _____
Local fire department _____
Local hospital _____
Family meeting place _____

HOUSEHOLD EMERGENCY

Plumber _____	Phone _____
Electrician _____	Phone _____
Heating provider _____	Phone _____
Telephone company _____	Phone _____
Electric company _____	Phone _____
Cable company _____	Phone _____
Town hall _____	Phone _____
AAA/towing _____	Phone _____
Other _____	Phone _____
Other _____	Phone _____
Other _____	Phone _____

NEAREST NEIGHBORS

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

PARENTS

Primary care physician name & phone _____
Other care physician name, specialty & phone _____
Elder care provider name, address & phone _____

GRANDPARENTS

Primary care physician name & phone _____
Other care physician name, specialty & phone _____
Elder care provider name, address & phone _____

Bucket List

MY TOP 10

Some of the things I hope to accomplish and experience

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

- 9. _____

- 10. _____

Now that you've filled in your InfoTracker with personal data, remember to update it regularly so you and your family can have the peace of mind of knowing your critical information is accessible whenever you need it.

Signator is here to help!

Our advisors offers products and services to help you prepare for all stages of life. Let us develop a strategy that can meet your personal goals.





Signator[®]

ANY DOCUMENT THAT CONTAINS YOUR PERSONAL INFORMATION SHOULD BE TREATED AS CONFIDENTIAL AND STORED IN A SAFE PLACE.

Securities and Investment Advisory Services offered through Signator Investors, Inc.
Member FINRA, SIPC, a Registered Investment Adviser, Boston, MA 02116.

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