



PERSONAL FINANCIAL DATABASE





ICMA-RC prepared this Database as part of its continuing program of providing financial services for clients.

With the help of this Database and in combination with your personal balance sheet, you can organize your personal financial records and compile data thus preparing an important financial planning document.

While the Database cannot meet all of your financial records needs, it does provide a single place to compile common financial records information. Your family should know the location of your Database.

You are encouraged to keep this record up-to-date by revising it at least once per year, or whenever your personal circumstances change significantly. You may request additional copies of Database by calling the ICMA-RC toll-free, 800-669-7400.

PERSONAL DATA

Name: _____

Social Security #: _____

Address: _____

Telephone: _____

Date of Birth: _____

Place of Birth: _____

Date of Marriage: _____

Place of Marriage: _____

Spouse

Name: _____

Social Security #: _____

Date of Birth: _____

Children

Name: _____

Social Security #: _____

Date of Birth: _____

Name: _____

Social Security #: _____

Date of Birth: _____

Name: _____

Social Security #: _____

Date of Birth: _____

Name: _____

Social Security #: _____

Date of Birth: _____

EMPLOYMENT

Current Employment

Employer: _____

Position: _____

Date Hired: _____

Address: _____

Telephone: _____

Prior Employment

Employer: _____

Position: _____

Date: Hired _____ Left _____

Address: _____

Telephone: _____

Employer: _____

Position: _____

Date: Hired _____ Left _____

Address: _____

Telephone: _____

Employer: _____

Position: _____

Date: Hired _____ Left _____

Address: _____

Telephone: _____

ADVISORS

Attorney: _____

Address: _____

Telephone: _____

Accountant: _____

Address: _____

Telephone: _____

Financial Planner: _____

Address: _____

Telephone: _____

MEDICAL PROFESSIONALS

Physician: _____

Address: _____

Telephone: _____

Physician: _____

Address: _____

Telephone: _____

Dentist: _____

Address: _____

Telephone: _____

DOCUMENTS

Marriage License

Location: _____

Family Birth Certificates/Adoption Papers

Location: _____

Passport

Location: _____

Number: _____

Deeds and Titles

Property: _____

Document Location: _____

Military Service

Branch: _____

Rank: _____

Date of: _____ Enlistment _____

Discharge _____

Discharge Papers Location: _____

DOCUMENTS

Will

Date of: _____
Original _____ Copies _____

Location: _____

Living Will

Yes No

Location: _____

Power of Attorney

Yes No

Location: _____

Designee: _____

Reason: _____

BANKING

Bank:

Account: Savings Checking _____

Other _____

Number: _____

Bank:

Account: Savings Checking _____

Other _____

Number: _____

Bank:

Account: Savings Checking _____

Other _____

Number: _____

Safety Deposit Box:

Account: Savings Checking _____

Other _____

Number: _____

INVESTMENTS

Investment:

Issued By: _____

Telephone #: _____

Maturity Date: _____

Account #: _____

Investment:

Issued By: _____

Telephone #: _____

Maturity Date: _____

Account #: _____

Investment:

Issued By: _____

Telephone #: _____

Maturity Date: _____

Account #: _____

Investment:

Issued By: _____

Telephone #: _____

Maturity Date: _____

Account #: _____

Investment:

Issued By: _____

Telephone #: _____

Maturity Date: _____

Account #: _____



RETIREMENT PLANS

ICMA-RC Deferred Compensation Plan

Employer: _____
Account #: _____

ICMA-RC Qualified Plan

Employer: _____
Account #: _____

Other Qualified Plans

Employer/Plan: _____
Account #: _____

Employer/Plan: _____
Account #: _____

Employer/Plan: _____
Account #: _____

ICMA-RC Individual Retirement Accounts (IRAs)

Account #: _____
Account #: _____
Account #: _____

Other IRAs /Retirement Investments

Company: _____
Account #: _____
Company: _____
Account #: _____

CREDIT CARDS

Card: _____
Account #: _____
Telephone #: _____

MORTGAGES

For: _____
From: _____
Account #: _____

For: _____
From: _____
Account #: _____



LOANS

For: _____
From: _____
Account #: _____

MEDICAL INSURANCE

Primary Health Insurance

Company: _____
Agent or Employee Benefit: _____
Policy #: _____
Group #: _____

Secondary Health Insurance

Company: _____
Agent or Employee Benefit: _____
Policy #: _____
Group #: _____

Dental Health Insurance

Company: _____
Agent or Employee Benefit: _____
Policy #: _____
Group #: _____

Vision Insurance

Company: _____
Agent or Employee Benefit: _____
Policy #: _____
Group #: _____

Disability Insurance

Company: _____
Agent or Employee Benefit: _____
Policy #: _____
Group #: _____

LIFE INSURANCE

Company: _____

Policy #: _____

Policy Type: _____

Agent or Employee Benefit: _____

Policy Location: _____

Company: _____

Policy #: _____

Policy Type: _____

Agent or Employee Benefit: _____

Policy Location: _____

Company: _____

Policy #: _____

Policy Type: _____

Agent or Employee Benefit: _____

Policy Location: _____

Company: _____

Policy #: _____

Policy Type: _____

Agent or Employee Benefit: _____

Policy Location: _____



PROPERTY INSURANCE

Home Owner or Renter Policy

Company: _____

Policy #: _____

Agent: _____

Policy location: _____

Automobile

Company: _____

Policy #: _____

Agent: _____

Policy location: _____

Other Insurance

Company: _____

Policy #: _____

Agent: _____

Policy location: _____

Other Insurance

Company: _____

Policy #: _____

Agent: _____

Policy location: _____

Other Insurance

Company: _____

Policy #: _____

Agent: _____

Policy location: _____



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