

Personal Financial Information

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Introduction

Developing and maintaining a personal financial plan is essential for you to achieve financial security. Your personal financial plan is composed of many elements, which inter-relate in a dynamic way as you progress through the various stages of your life. The following information may be helpful to you in developing and maintaining your personal financial plan by:

- Incorporating a variety of financial planning information that might be helpful.
- Providing a centralized place where your financial planning information can be maintained.

In the event of an emergency or at the death, information can be extremely important. Thus, having everything listed in an organized planner makes things simpler. Place this document in a safe location and ensure that this is known to at least family members and very close friends. Do not place it in a safe deposit locker as it may not be quickly accessible in time of need. Please free to modify the document to suit your individual need.

Although each person sets specific financial goals throughout one's life cycle, five basic financial objectives apply to most people.

Objective # 1. The first financial objective is to cover risk in two ways. The first way is to protect against risk by having emergency funds. Secondly by having adequate insurance cover against risks to life, disability, health and property.

Objective # 2. The second financial objective is to provide for the financial security of yourself and your family. This may include providing financial security for extended family members, providing for education, purchase of home, cars and other needs. The objective is to provide financial security without undue stress on your resources.

Objective # 3. The third objective is to have a comfortable standard of living that goes beyond the financial security provided for in objective #2. You might also want to have lifestyle benefits like vacations, entertainment and time to pursue other interests/hobbies.

Objective # 4. The next objective is to provide for a financially independent comfortable retirement during your later years that will provide the same standard of living that you enjoyed during your working years.

Objective # 5. The final financial objective is to provide for an orderly transition and distribution of your assets and wealth. This objective is usually called "estate planning" and should be an important objective.

Personal Information

Check if information is included

- Personal Information
- Parents Information
- Siblings or relatives Information
- Employment History
- Salary History
- Instruction to the family

Confidential Personal Information

Legal Name _____

Aadhaar _____

PAN _____ Birth Date _____

Maiden Name (if applicable) _____

Place of Birth _____

Spouse's Name _____ Maiden Name _____

Place of Birth _____

Parents

Name and Address

Living Deceased

Relationship

Birth Date

Name and Address

Living Deceased

Relationship

Birth Date

Siblings or Other Relatives

Name _____

Aadhaar/PAN _____

Birth Date _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ Aadhaar/PAN _____

Birth Date _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ Aadhaar/PAN _____

Birth Date _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ Aadhaar/PAN _____

Birth Date _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ Aadhaar/PAN _____

Birth Date _____ Gender _____ Marital Status _____

Address _____ Phone _____

Employment History

Present Employer _____

Department _____ Phone _____

Title _____

Manager _____ Phone _____

Hire Date _____

Retirement Benefits Yes No

Contact person for benefits _____

Phone _____

Former Employer _____

Address _____ Phone _____

Employment Date: From: _____ To: _____

Retirement Benefits Yes No

Former Employer _____

Address _____ Phone _____

Employment Date: From: _____ To: _____

Retirement Benefits Yes No

Personal Finance

Financial Institutions

Check if information is included

Bank

- Current
- Savings
- Fixed Deposit
- Mutual Funds
- Demat Account
- Credit Cards
- Loan Information
- Other

Bank

- Current
- Savings
- Fixed Deposit
- Mutual Funds
- Demat Account
- Credit Cards
- Loan Information
- Other

Banks & Financial Institutions

Name of Bank / Financial Institution _____

Address _____

Phone _____

Relationship Manager _____

Account Number (s)

PIN Number

Current _____

Savings _____

Fixed Deposit _____

Mutual Funds _____

Demat Account _____

Credit Card(s) _____

(Lost or stolen card call _____)

Credit Card(s) _____

(Lost or stolen card call _____)

Location of Safe Deposit Lockers

Name of Bank _____ Locker No. _____

Address _____ Phone _____

Location of Key _____

Contents/ Inventory: _____

Name of Bank _____ Locker No. _____

Address _____ Phone _____

Location of Key _____

Contents/ Inventory:

Personal Property

List all possessions that are valuable, tangible property.

Examples: Jewelry, Furniture, Collectibles/Antiques, Equipment, Electronics, Books, CD's, Artwork, etc.

Item	Location	Value	Insured Y or N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

Business Interest (s)

Check if information is included

- Limited Partnership
- General Partnership
- Sole Proprietorship
- LLC
- Corporation
- Royalties, etc.
- Other

Be sure to enclose all pertinent information regarding your additional business interest(s).

Tax Information

Check if information is included

- Income Tax Return
- Wealth Tax Return
- Charitable Contributions u/s 80G
- Insurance Policies u/s 80C and other documents

Tax Advisor - CA Yes No

Name of CA _____

Address _____

Contact Person _____

Location of Tax Records

Charitable Contributions

Name of Organization _____

Annual Donation Amount _____

Instructions for Future Donations _____

Name of Organization _____

Annual Donation Amount _____

Instructions for Future Donations _____

Name of Organization _____

Annual Donation Amount _____

Instructions for Future Donations _____

Wills/Trusts/Estate Planning

Wills and living trusts are legal documents that determine how your estate will be distributed following your death. In the absence of such documents, your property will be distributed among your legal heirs as prescribed by law. This distribution of wealth may not match your own preferences. Therefore, one should carefully consider creating a will, a trust or both. Estate planning is a complex issue, one should seek appropriate legal counsel to determine how best to meet individual estate planning requirements.

Attorney for Will _____ Phone _____

Date of Will _____

Location of Will _____

Location of Additional Copies _____

Witnesses _____

Executor _____

Address _____ Phone _____

Attorney for Trust _____ Phone _____

Name of Trust _____

Date of Trust _____

Trustees _____

Location of Trust Documents _____

Location of Additional Copies _____

Trustee Bank (if applicable) _____

Address _____

Phone _____

Contact Person _____

Professional Contacts

- Legal advisor
- Tax advisor/Chartered Accountant
- Financial Planner / Advisor
- Physician(s)

Important Papers

- Birth Certificate(s)
- Property documents
- Passport
- Marriage Certificate
- Fixed deposit receipts/investments/bonds certificates
- Power of Attorney
- Insurance policies and premium receipts (life and medical)
- E-locker (Login ID and Password)
- Cloud accounts (Login ID and Password)
- Email accounts (Login ID and Password)

Location of Important Documents

Birth Certificate(s) _____

Property documents _____

Passport _____

Marriage Certificate _____

Fixed deposit receipts/investments/bonds certificates _____

Power of Attorney _____

E-locker _____

Cloud accounts _____

Email IDs _____

Insurance policies and premium receipts _____

Retention period for important documents

DOCUMENTS

HOW LONG

Bank Statements	8 years
Birth Certificate	Indefinitely
Contracts	Updated
Credit card account number	Updated
Home purchase & improvement records	As long as you own the property
Household inventory	Updated
Insurance, life	Indefinitely
Insurance - car, home, etc.	8 years
Investment Certificates	Until cashed or sold
Loan agreements	Until paid in full and few years +
Real Estate deeds	Until transfer
Receipts for the large purchases	Until sale or discard
Aadhaar card details/update	Indefinitely
PAN Number	Indefinitely
Tax returns	10 years from filing date
Vehicle titles	Until sale or disposal
Will/trust deed	Updated

People to be contacted at time of death

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Name _____

Phone/Email _____

Retirement Plan

Company _____

Corporate Individual

Financial Advisor _____

Phone Number/Email _____

Age at Retirement _____ Estimate Retirement Requirement _____

Retirement Estimate Enclosed: Yes No

Payout option _____

Beneficiary _____

Other Pension Plan(s)

Company _____

Corporate Individual

Financial Advisor _____

Phone Number/Email _____

Amount _____

Company _____

Corporate Individual

Financial Advisor _____

Phone Number _____ Email _____

Amount _____

Other important information: _____

Children's Education Plans

Child's Name _____

Company _____

Financial advisor _____

Phone Number _____

Email _____

Withdrawal Age _____ Contribution Amount _____

Location of documents/statements _____

Child's Name _____

Company _____

Financial advisor _____

Phone Number _____

Email _____

Withdrawal Age _____ Contribution Amount _____

Location of documents/statements _____

Employer Savings Plan like Provident Fund

Company _____

Address _____

Financial Advisor _____

Phone Number _____ Email _____

Frequency _____ Amount _____

Employer Plan – Indemnity entitlement

Company_____

Address_____

Financial Advisor_____

Phone Number_____ Email_____

Date of Joining_____

Estimated entitlement Amount_____

*(Kuwait specific)

Pension Accounts

NPS Corporate Others

Company_____

Address_____

Financial Advisor_____

Phone Number_____ Email_____

Account Number & Type_____

Mutual Funds

Company_____

Address_____

Financial Advisor_____

Phone Number_____ Email_____

Account Number_____

Stocks and Bonds

Brokerage Firm_____

Address_____ Phone_____

Contact Person_____

Trading/Demat Account Number_____

Other Investment Information

Residential Property

Primary Residence_____

Mortgage Holder_____

Address_____ Phone_____

Location of papers (deed, insurance, etc.)_____

Secondary Residence_____

Mortgage Holder_____

Address_____ Phone_____

Location of papers (deed, insurance, etc.)_____

Any other Property details _____

Cars and automobile(s)

Make/Model _____

Lien holder _____

Address _____

Insurance Company _____

Location of Title _____

License Plate # _____ Chassis No. _____

Make/Model _____

Lien holder _____

Address _____

Insurance Company _____

Location of Title _____

License Plate # _____ Chassis No. _____

Loan Information

Name of Bank _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life Insurance Yes No

Name of Bank _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life Insurance Yes No

Other Financial Information _____

Insurance Checklist

Check if the information is included

- Critical Illness Protection
- Accident/disability insurance
- Household and related insurance
- Life insurance
- Health insurance - Medclaim
- Other Insurance Plans

Critical Illness Protection

Insurance Company _____

Corporate Individual

Insurance Advisor _____

Phone Number _____ Email _____

Policy Number _____

Type of Coverage _____ Coverage Term _____

Amount of Coverage _____

Beneficiaries _____

Disability / Accident Insurance

Insurance Company _____

Corporate Individual

Insurance Advisor _____

Phone Number _____ Email _____

Policy Number _____

Type of Coverage _____ Coverage Term _____

Amount Coverage _____

Beneficiaries _____

Life Insurance

Insurance Company _____

Corporate

Individual

Insurance Advisor _____

Phone Number _____ Email _____

Policy Number _____ Type of Coverage _____

Inception Date _____ Maturity Date _____

Amount of Coverage _____

Beneficiaries _____

Premium Frequency _____ Premium Due Date _____

Premium Amount _____

Insurance Company _____

Corporate

Individual

Insurance Advisor _____

Phone Number _____ Email _____

Policy Number _____ Type of Coverage _____

Inception Date _____ Maturity Date _____

Amount of Coverage _____

Beneficiaries _____

Premium Frequency _____ Premium Due Date _____

Premium Amount _____

Auto Insurance

Insurance Company _____

Corporate

Individual

Insurance Agent _____

Phone Number _____

Policy Certificate Number _____

Type of Coverage _____

Vehicle

1 _____ Chassis _____

Vehicle

2 _____ Chassis _____

Vehicle

3 _____ Chassis _____

Householders' Insurance Policy

Insurance Company _____

Corporate

Individual

Financial Advisor _____

Phone Number _____ Email _____

Policy or Certificate Number _____

Type of Coverage _____

Other Insurance Information

Type _____

Insurance Company _____

Corporate

Individual

Insurance Advisor _____

Phone Number _____ Email _____

Policy Certificate Number _____

Type of Coverage _____

Health Insurance – Medical, Dental and Vision

Medical Insurance Company _____

Corporate Individual

Phone Number/Email _____

Policy or certificate Number _____

Plan Name and Type _____

- Hospitalization
- Physician Visits
- Prescription

Coverage details for chronic ailments _____

Coverage details for dental _____

Coverage details for vision _____

Prescription Information

Patient Name

Known allergies, if any _____

Medication	Dosage/Frequencies	Doctor