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# Personal Wealth Organizer

Prepared for:

*[Insert Client Name]*

Prepared by:



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## Professional Advisors

These are my/our primary legal and financial professional advisors. Please notify them immediately in the event of my/our death or disability.

Advisor Name/Address		Advisor Role	
Name:		<input type="checkbox"/> Banker	<input type="checkbox"/> Property & Casualty Agent
Company:		<input type="checkbox"/> Personal Accountant	<input type="checkbox"/> Stockbroker
Street Address:		<input type="checkbox"/> Business Accountant	<input type="checkbox"/> Investment Manager
Street Address:		<input type="checkbox"/> Personal Attorney	<input type="checkbox"/> Trust Officer
City:		<input type="checkbox"/> Business Attorney	<input type="checkbox"/> Financial Planner
State:		<input type="checkbox"/> Life/Health Agent	<input type="checkbox"/> Other: _____
Zip:			
Phone:			
Name:		<input type="checkbox"/> Banker	<input type="checkbox"/> Property & Casualty Agent
Company:		<input type="checkbox"/> Personal Accountant	<input type="checkbox"/> Stockbroker
Street Address:		<input type="checkbox"/> Business Accountant	<input type="checkbox"/> Investment Manager
Street Address:		<input type="checkbox"/> Personal Attorney	<input type="checkbox"/> Trust Officer
City:		<input type="checkbox"/> Business Attorney	<input type="checkbox"/> Financial Planner
State:		<input type="checkbox"/> Life/Health Agent	<input type="checkbox"/> Other: _____
Zip:			
Phone:			
Name:		<input type="checkbox"/> Banker	<input type="checkbox"/> Property & Casualty Agent
Company:		<input type="checkbox"/> Personal Accountant	<input type="checkbox"/> Stockbroker
Street Address:		<input type="checkbox"/> Business Accountant	<input type="checkbox"/> Investment Manager
Street Address:		<input type="checkbox"/> Personal Attorney	<input type="checkbox"/> Trust Officer
City:		<input type="checkbox"/> Business Attorney	<input type="checkbox"/> Financial Planner
State:		<input type="checkbox"/> Life/Health Agent	<input type="checkbox"/> Other: _____
Zip:			
Phone:			
Name:		<input type="checkbox"/> Banker	<input type="checkbox"/> Property & Casualty Agent
Company:		<input type="checkbox"/> Personal Accountant	<input type="checkbox"/> Stockbroker
Street Address:		<input type="checkbox"/> Business Accountant	<input type="checkbox"/> Investment Manager
Street Address:		<input type="checkbox"/> Personal Attorney	<input type="checkbox"/> Trust Officer
City:		<input type="checkbox"/> Business Attorney	<input type="checkbox"/> Financial Planner
State:		<input type="checkbox"/> Life/Health Agent	<input type="checkbox"/> Other: _____
Zip:			
Phone:			
Name:		<input type="checkbox"/> Banker	<input type="checkbox"/> Property & Casualty Agent
Company:		<input type="checkbox"/> Personal Accountant	<input type="checkbox"/> Stockbroker
Street Address:		<input type="checkbox"/> Business Accountant	<input type="checkbox"/> Investment Manager
Street Address:		<input type="checkbox"/> Personal Attorney	<input type="checkbox"/> Trust Officer
City:		<input type="checkbox"/> Business Attorney	<input type="checkbox"/> Financial Planner
State:		<input type="checkbox"/> Life/Health Agent	<input type="checkbox"/> Other: _____
Zip:			
Phone:			

\* Duplicate this page as needed



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## Family Medical Conditions

Please be aware of the following personal or family medical histories. This information may be necessary for my continued medical care or for the continued medical care of a member of our family. My professional insurance advisors may also need this information to write additional life or health insurance on the lives of my children in the future.

<b>Family Member Name</b>	<b>Condition</b>	<b>Date of Onset</b>	<b>Known Medications/Dosages</b>	<b>Primary Physician Name &amp; Address</b>

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## Employment Information

<b>My Employer Name/Address</b>
Name:
Company:
Address:
Suite:
City:
State
Zip:
Phone:
My direct supervisor is:
My office assistant is:
My employee benefits plan administrator is:
My retirement plan administrator is:

<b>My Spouse's Employer Name/Address</b>
Name:
Company:
Address:
Suite:
City:
State
Zip:
Phone:
Their direct supervisor is:
Their office assistant is:
Their employee benefits plan administrator is:
Their retirement plan administrator is:

# Assets

I have listed my/our assets below. Please also review any summaries or statements that may be included in the Appendix of this document

Financial Institution Name and Customer Service Address/Phone	Asset Description and Location of Related Documents	Account #	Account Registration	Affiliated Advisor
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	
			<input type="checkbox"/> My Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Joint Name <input type="checkbox"/> Other:_____	

**Assets to consider:**

Checking/Savings Accounts  
 Certificates of Deposit  
 Savings Bonds

Securities/Investment Accounts  
 Retirement Plan Accounts  
 Real Estate

Personal Property  
 Insurance Cash Value

\* Duplicate This Page as Needed



## Trusts

I/we have established the following trusts. Please contact the Advisor or Trustee listed in the last column.

Year Established	Established By	Trust Description	Affiliated Advisor/Trustee
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		
	<input type="checkbox"/> Client <input type="checkbox"/> Spouse		

I/we are beneficiaries under the following trusts. Please contact the affiliated financial advisor or trustee.

Trust Name	Financial Advisor or Trustee Name	Advisor/Trustee Address and Phone

## Life & Health Insurance

I have listed my/our insurance plans and the location of the policy(s). Please contact the affiliated advisor listed in the last column for assistance and service. Additional policy details and information may be found in the Appendix Section of this document.

Carrier & Policy #	Insured	Type	Policy Location	Affiliated Advisor
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		
		<input type="checkbox"/> Life Insurance <input type="checkbox"/> Disability Income <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other:_____		

\* Duplicate this page as needed

## Property & Casualty Insurance

I have listed my/our property and casualty insurance plans and the location of the policy(s). Please contact the affiliated professional advisor listed in the last column for assistance and service. Additional policy details and information may be found in the Appendix Section of this document.

Carrier & Policy #	Type	Policy Location	Affiliated Advisor
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		
	<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Personal Umbrella <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Other:_____		

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## Liabilities and Obligations

I have listed my/our liabilities and obligations below.

Financial Institution Name & Customer Service Address	Obligation Type	Account # and Description	Account Registration
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Margin Debt <input type="checkbox"/> Auto Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Margin Debt <input type="checkbox"/> Auto Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Margin Debt <input type="checkbox"/> Auto Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Margin Debt <input type="checkbox"/> Auto Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Margin Debt <input type="checkbox"/> Auto Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage <input type="checkbox"/> Personal Loan <input type="checkbox"/> Margin Debt <input type="checkbox"/> Auto Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Other: _____		<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____

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## Sources of Income

I have listed my/our sources of income below.

Income Recipient	Income Type	Affiliated Advisor or Contact Name	Contact Address	Contact Phone
	<input type="checkbox"/> Employment Wages <input type="checkbox"/> Civil/Military <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Employment Wages <input type="checkbox"/> Civil/Military <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Employment Wages <input type="checkbox"/> Civil/Military <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Employment Wages <input type="checkbox"/> Civil/Military <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Employment Wages <input type="checkbox"/> Civil/Military <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Alimony <input type="checkbox"/> Other: _____			

## Important Personal Documents

I have listed my/our documents, their locations and affiliated advisors below.

Document Title	Location	Affiliated Advisor
Wills		
Power(s) of Attorney		
Burial Instructions		
Cemetery Plot Deed(s)		
Safe Combination – Home		
Bank Statements & Checkbooks		
Investments & Statements		
Tax Return Records		
Birth Certificates		
Citizenship Papers		
Adoption Papers		
Military Discharge Papers		
Marriage Certificate		
Divorce/Separation Papers		
Trust Documents		
Property Deeds		
Financial Plan		
Other:		
Other:		
Other:		

## Important Business Documents

Document	Location	Affiliated Advisor
Buy-Sell Agreement(s)		
Business Ownership Records		
Business Insurance Records		
Business Titles & Deeds		
Business Financial Statements		
Business Tax Returns		
Other:		
Other:		
Other:		
Other:		



## Notification List

In the event of my/our death or disability, please notify the following relatives, personal friends and/or civic/professional associations:

Name	Type	Contact Information
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	
	<input type="checkbox"/> Relative <input type="checkbox"/> Personal Friend <input type="checkbox"/> Professional Associate <input type="checkbox"/> Association – Personal <input type="checkbox"/> Association - Professional	



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## Appendix

- **Life, Health and Medical Insurance Information**
  - We have summarized the insurance plan details for those coverages provided by our office. The summary on the following pages demonstrates the following key elements for each policy:
    - Insured, Owner, Premium Payor and Beneficiary
    - Insurance Carrier & Policy Number
    - Insurance Policy Benefits
    - Policy Effective Date
    - Type of Insurance Plan
    - Policy Premium and Mode
  - If you have other insurance policies placed with professionals outside of our office, you may wish to contact your professional advisor for a summary of your current plans to insert in this section of your organizer.
  
- **Investment Information**
  - If we provide any cash value life insurance, fixed annuities, variable annuities, mutual funds or other investment-related services for you, you should be receiving account statements. Please keep the most current quarterly statement you receive for each account in this section of your organizer.
  - If you have investments through your employer or another investment professional, you may wish to keep a copy of the most recent statement(s) in this section.

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## Life Changes – Please Call Us

Please notify us as soon as possible should any of the following events or changes occur before our next opportunity to get together and review your financial position. Many of these events listed below can signal the need to shift your investment or insurance portfolio to meet your changing needs.

- Change in dependent status such as birth of a child or one of your children no longer qualifies as a dependent.**
- Change in your marital status.**
- Significant change in your health status.**
- Change in employment and/or household income.**
- Change in residence address or contact information.**
- Significant change in the composition of your assets or liabilities.**
- Change in your personal investment preferences or risk tolerance.**
- Retirement or anticipated retirement.**