



Life and Financial Document Organizer for (2)

NW
NORTHWEST
FEDERAL CREDIT UNION

This is designed to be a helpful resource for you to keep all your important information in one place.

This book is for:

NAME _____

NAME _____

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Personal Information - Person One

Full legal name

Maiden name

Address

Home phone number

Cell phone number

Email address

Date of birth

Birthplace (city, state)

Social Security Number

Driver's License number

Driver's License issuing state

Emergency contact - primary

Name

Relation

Address

Home phone number

Cell phone number

Emergency contact - secondary

Name

Relation

Address

Home phone number

Cell phone number

Personal Information - Person Two

Full legal name

Maiden name

Address

Home phone number Cell phone number

Email address

Date of birth Birthplace (city, state)

Social Security Number

Driver's License number Driver's License issuing state

Emergency contact 1

Name Relation

Address

Home phone number Cell phone number

Emergency contact 2

Name Relation

Address

Home phone number Cell phone number

Military Information

Name of service-member

Military ID Branch of service

Date of initial entry to service Date of retirement/separation from service

Rank/rate

Military pension amount

Direct deposit: YES NO

myPay online retirement account login credentials:

Username Password

Survivor Beneficiary Plan: YES NO

SBP beneficiary name:

Amount:

Memberships with military associations:

Financial Information

Combined Monthly Income

Salary/wages: _____ Direct Deposit: YES NO

Social Security: _____ Direct Deposit: YES NO

Rental property income: _____ Direct Deposit: YES NO

Business income: _____ Direct Deposit: YES NO

Retirement benefits: _____ Direct Deposit: YES NO

Annuity: _____ Direct Deposit: YES NO

Military benefits: _____ Direct Deposit: YES NO

Supplemental security income: _____ Direct Deposit: YES NO

Dividends: _____

Investment interest: _____

Other: _____

Notes: _____

Monthly Bills

Mortgage/Rent

Amount: _____ Frequency: _____

Lender/Landlord: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Electric/Gas/Oil

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Water

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Phone/Cable/Internet

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Monthly Bills

Health Insurance

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Car Insurance

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Home/Renter's Insurance

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Monthly Bills

Streaming Service 1 (Netflix, Hulu, etc.)

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Streaming Service 2

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Streaming Service 3

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Alimony Payment(s)

Amount: _____ Frequency: _____

Other monthly bills: _____

Monthly Bills

Subscriptions (Newspaper, gym, etc.)

Subscription type: _____

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Subscription type: _____

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Subscription type: _____

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Subscription type: _____

Amount: _____ Frequency: _____

Service provider: _____

Online Payment Information

Username: _____ Password: _____

Autopay: YES NO

Household Debt

Home Equity Loan or Home Equity Line of Credit

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Auto Loan

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Auto Loan

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Personal Loan

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Household Debt

Student Loan

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Student Loan

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Student Loan

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Other loan:

Name(s) on account: _____

Monthly payment: _____ Autopay: YES NO

Lender: _____

Online Payment Information

Username: _____ Password: _____

Household Debt

Credit Cards

Name on card: _____

Type of card: _____ Issuer: _____

Account number: _____ Exp. date: _____

Balance: _____

Online Payment Information

Username: _____ Password: _____

Name on card: _____

Type of card: _____ Issuer: _____

Account number: _____ Exp. date: _____

Balance: _____

Online Payment Information

Username: _____ Password: _____

Name on card: _____

Type of card: _____ Issuer: _____

Account number: _____ Exp. date: _____

Balance: _____

Online Payment Information

Username: _____ Password: _____

Name on card: _____

Type of card: _____ Issuer: _____

Account number: _____ Exp. date: _____

Balance: _____

Online Payment Information

Username: _____ Password: _____

Financial Accounts

Bank/Credit Union name: _____

Name(s) on account: _____

Branch address: _____

Phone number: _____ Routing number: _____

Account type: _____ Account number: _____

Online Banking Information

Username: _____ Password: _____

Bank/Credit Union name: _____

Name(s) on account: _____

Branch address: _____

Phone number: _____ Routing number: _____

Account type: _____ Account number: _____

Online Banking Information

Username: _____ Password: _____

Bank/Credit Union name: _____

Name(s) on account: _____

Branch address: _____

Phone number: _____ Routing number: _____

Account type: _____ Account number: _____

Online Banking Information

Username: _____ Password: _____

Financial Accounts

Bank/Credit Union name: _____

Name(s) on account: _____

Branch address: _____

Phone number: _____ Routing number: _____

Account type: _____ Account number: _____

Online Banking Information

Username: _____ Password: _____

Bank/Credit Union name: _____

Name(s) on account: _____

Branch address: _____

Phone number: _____ Routing number: _____

Account type: _____ Account number: _____

Online Banking Information

Username: _____ Password: _____

Bank/Credit Union name: _____

Name(s) on account: _____

Branch address: _____

Phone number: _____ Routing number: _____

Account type: _____ Account number: _____

Online Banking Information

Username: _____ Password: _____

Financial Accounts

Retirement account (401k, IRA, etc.): _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Retirement account (401k, IRA, etc.): _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Retirement account (401k, IRA, etc.): _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Retirement account (401k, IRA, etc.): _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Financial Accounts

Brokerage/investment account: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Brokerage/investment account: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Certificate of Deposit: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____ Maturation date: _____

Online Account Information

Username: _____ Password: _____

Certificate of Deposit: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____ Maturation date: _____

Online Account Information

Username: _____ Password: _____

Financial Accounts

Certificate of Deposit: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____ Maturation date: _____

Online Account Information

Username: _____ Password: _____

Certificate of Deposit: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____ Maturation date: _____

Online Account Information

Username: _____ Password: _____

Certificate of Deposit: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____ Maturation date: _____

Online Account Information

Username: _____ Password: _____

Certificate of Deposit: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____ Maturation date: _____

Online Account Information

Username: _____ Password: _____

Financial Accounts

Other financial account: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Other financial account: _____

Name(s) on account: _____

Provider: _____ Phone number: _____

Account number: _____

Online Account Information

Username: _____ Password: _____

Financial Professionals

Name/company: _____

Phone number: _____ Email: _____

Name/company: _____

Phone number: _____ Email: _____

Name/company: _____

Phone number: _____ Email: _____

Name/company: _____

Phone number: _____ Email: _____

Insurance Policies

Auto Insurance

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Homeowners/Renters Insurance

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Life Insurance

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Beneficiaries: _____

Insurance Policies

Long-Term Care Insurance

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Disability Insurance

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Additional Insurance

Type: _____

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Insurance Policies

Additional Insurance

Type: _____

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Additional Insurance

Type: _____

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Additional Insurance

Type: _____

Name(s) of insured(s): _____

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Premium amount and frequency: _____

Payment method: _____

Real Estate and Property

Primary Residence

Location of deed: _____

Location of keys: _____

Mortgage (amount owed): _____

Second Home

Location of deed: _____

Location of keys: _____

Mortgage (amount owed): _____

Rental Property

Address: _____

Management company: _____

Location of deed: _____

Location of keys: _____

Location of rental contract: _____

Mortgage (amount owed): _____

Additional Real Estate Holdings

Real Estate and Property

Vehicles

Makes and models: _____

Location of titles: _____

Auto loans (amounts owed): _____

Boats or Other Property

Makes and models: _____

Location of titles: _____

Auto loans (amounts owed): _____

Estate Planning Documents

Will: YES NO

Location of will: _____

Executor(s) of will: _____

Will: YES NO

Location of will: _____

Executor(s) of will: _____

Living Trust: YES NO

Location of living trust: _____

Trustee(s): _____

Living Trust: YES NO

Location of living trust: _____

Trustee(s): _____

Power of Attorney: YES NO

Location of POA document: _____

Type of POA (durable, springing, etc.): _____

Name(s) of POA: _____

Estate Planning Documents

Power of Attorney: YES NO

Location of POA document: _____

Type of POA (durable, springing, etc.): _____

Name(s) of POA: _____

Advance Directive or Living Will: YES NO

Location of document: _____

Name(s) of health care proxy: _____

Advance Directive or Living Will: YES NO

Location of document: _____

Name(s) of health care proxy: _____

Notes: _____

Important Documents - Person One

Please indicate where the following documents are located.

Name: _____

Birth Certificate: _____

Passport: _____

Marriage certificate or divorce decree: _____

Citizenship certificate or Green Card: _____

Military discharge papers: _____

Tax returns: _____

Business paperwork: _____

Birth Certificates for children and/or dependents: _____

Other important documents: _____

Important Documents - Person Two

Please indicate where the following documents are located.

Name: _____

Birth Certificate: _____

Passport: _____

Marriage certificate or divorce decree: _____

Citizenship certificate or Green Card: _____

Military discharge papers: _____

Tax returns: _____

Business paperwork: _____

Birth Certificates for children and/or dependents: _____

Other important documents: _____

Online and Social Media Accounts Person One

Computer/Laptop

Username: _____ Password: _____

Cellphone

Password: _____

Email

Email address: _____

Password: _____

Email address: _____

Password: _____

Facebook

Username: _____ Password: _____

Twitter

Username: _____ Password: _____

Instagram

Username: _____ Password: _____

Pinterest

Username: _____ Password: _____

LinkedIn

Username: _____ Password: _____

Other:

Username: _____ Password: _____

Other:

Username: _____ Password: _____

Online and Social Media Accounts

Person Two

Computer/Laptop

Username: _____ Password: _____

Cellphone

Password: _____

Email

Email address: _____

Password: _____

Email address: _____

Password: _____

Facebook

Username: _____ Password: _____

Twitter

Username: _____ Password: _____

Instagram

Username: _____ Password: _____

Pinterest

Username: _____ Password: _____

LinkedIn

Username: _____ Password: _____

Other:

Username: _____ Password: _____

Other:

Username: _____ Password: _____

Medical Information - Person One

Health Insurance

Primary Health Insurance Provider: _____

Policy Number: _____

Provider phone number: _____

Location of insurance card: _____

Secondary Health Insurance Provider: _____

Policy Number: _____

Provider phone number: _____

Location of insurance card: _____

Medicare number: _____

Location of Medicare card: _____

Medicaid number: _____

Location of Medicaid card: _____

Preferred hospital: _____

Notes: _____

Medical Information - Person One

Physicians

Primary Care Provider: _____

Phone Number: _____

Secondary Provider: _____

Phone Number: _____

Eye Doctor: _____

Phone Number: _____

Dentist: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Medical Information - Person One

Medical History

Height: _____ Weight: _____ Blood Type: _____

Organ donor: YES NO Do Not Resuscitate order: YES NO

Allergies: _____

Medical conditions: _____

Surgeries, hospitalizations, major illnesses (type and date): _____

Medical Information - Person One

Family medical history (immediate relatives): _____

Medications (name, dosage, prescribing doctor, location in home):

Notes: _____

Medical Information - Person Two

Health Insurance

Primary Health Insurance Provider: _____

Policy Number: _____

Provider phone number: _____

Location of insurance card: _____

Secondary Health Insurance Provider: _____

Policy Number: _____

Provider phone number: _____

Location of insurance card: _____

Medicare number: _____

Location of Medicare card: _____

Medicaid number: _____

Location of Medicaid card: _____

Preferred hospital: _____

Notes: _____

Medical Information - Person Two

Physicians

Primary Care Provider: _____

Phone Number: _____

Secondary Provider: _____

Phone Number: _____

Eye Doctor: _____

Phone Number: _____

Dentist: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Other: _____

Phone Number: _____

Medical Information - Person Two

Medical History

Height: _____ Weight: _____ Blood Type: _____

Organ donor: YES NO Do Not Resuscitate order: YES NO

Allergies: _____

Medical conditions: _____

Surgeries, hospitalizations, major illnesses (type and date): _____

Medical Information - Person Two

Family medical history (immediate relatives): _____

Medications (name, dosage, prescribing doctor, location in home):

Notes: _____

Long-Term Care - Person One

Sources of Payment

Long-Term Care Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Benefit amount: _____

Life Insurance with Long-Term Care Benefit

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Benefit amount: _____

Annuity

Contract number and location of contract: _____

Annuity issuer: _____ Phone number: _____

Annuity amount: _____

Savings

Financial institution: _____

Account number: _____ Phone number: _____

Amount available for long-term care: _____

Medicaid

Medicaid number: _____ Benefit amount: _____

Long-Term Care - Person One

Care Options

Check all locations of care that are acceptable:

- In-home care
- Assisted living
- Nursing home
- Other: _____

Name of current or preferred long-term care facility: _____

Phone number: _____

Name of caregiver (if receiving care at home): _____

Phone number: _____

End-of-Life Care

Advance Directive/Living Will

I have a legal document that spells out the type of life-prolonging treatment I want if I am unable to make decisions of my own: **YES NO**

Location of Advance Directive/Living Will: _____

Life-Prolonging Treatment

Treatments I want if I no longer have decision-making ability, have a terminal condition, or become permanently unconscious:

- Medication to alleviate pain
- Artificial nutrition (feeding tube)
- Artificial hydration (IV fluids)
- Ventilator
- Resuscitation
- Other: _____
- I do not want any life-prolonging treatment or medication to alleviate pain

Long-Term Care - Person One

Aggressive Treatment

I want to pursue aggressive treatment at all costs if diagnosed with a terminal illness:
YES NO

Palliative Care

I want palliative care to alleviate pain and symptoms of an illness: **YES NO**

Hospice Care

I want hospice care if necessary to provide end-of-life comfort and pain management:
YES NO

Preferred hospice provider: _____

Long-Term Care - Person Two

Sources of Payment

Long-Term Care Insurance

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Benefit amount: _____

Life Insurance with Long-Term Care Benefit

Policy number and location of policy: _____

Insurance company: _____

Insurance agent: _____ Phone number: _____

Benefit amount: _____

Annuity

Contract number and location of contract: _____

Annuity issuer: _____ Phone number: _____

Annuity amount: _____

Savings

Financial institution: _____

Account number: _____ Phone number: _____

Amount available for long-term care: _____

Medicaid

Medicaid number: _____ Benefit amount: _____

Long-Term Care - Person Two

Care Options

Check all locations of care that are acceptable:

- In-home care
- Assisted living
- Nursing home
- Other: _____

Name of current or preferred long-term care facility: _____

Phone number: _____

Name of caregiver (if receiving care at home): _____

Phone number: _____

End-of-Life Care

Advance Directive/Living Will

I have a legal document that spells out the type of life-prolonging treatment I want if I am unable to make decisions of my own: **YES** **NO**

Location of Advance Directive/Living Will: _____

Life-Prolonging Treatment

Treatments I want if I no longer have decision-making ability, have a terminal condition, or become permanently unconscious:

- Medication to alleviate pain
- Artificial nutrition (feeding tube)
- Artificial hydration (IV fluids)
- Ventilator
- Resuscitation
- Other: _____
- I do not want any life-prolonging treatment or medication to alleviate pain

Long-Term Care - Person Two

Aggressive Treatment

I want to pursue aggressive treatment at all costs if diagnosed with a terminal illness:

YES NO

Palliative Care

I want palliative care to alleviate pain and symptoms of an illness: **YES NO**

Hospice Care

I want hospice care if necessary to provide end-of-life comfort and pain management:

YES NO

Preferred hospice provider: _____

Final Wishes - Person One

Burial/Cremation Instructions

- I wish to be buried
- I wish to be entombed
- I wish to be cremated
- I want my body/organs donated
- Other: _____

I have a prepaid funeral plan: **YES NO**

Funeral home/insurance company that issued the plan: _____

Location of prepaid plan agreement: _____

Funeral home preference (if not already planned): _____

I have a cemetery plot/crypt: **YES NO**

Funeral home/insurance company that issued the plan: _____

Location of prepaid plan agreement: _____

Type of casket wanted: _____

Type of grave marker wanted: _____

Inscription on grave marker: _____

Other burial instructions: _____

Final Wishes - Person One

Military burial instructions: _____

Cremation instructions: _____

Body donation instructions: _____

Ceremony Preferences

Location of ceremony: _____

Type of ceremony: _____

Officiant: _____

Poems, verses, scriptures, prayers to be read: _____

People to perform the readings: _____

Final Wishes - Person One

Songs and music I prefer: _____

Types of flowers: _____

Pallbearers: _____

Memorial contributions should be sent to: _____

Additional instructions: _____

Obituary Preferences

I have written my own obituary: **YES** **NO**

Location of obituary: _____

I would like my obituary to appear in the following publications/locations:

Final Wishes - Person Two

Military burial instructions: _____

Cremation instructions: _____

Body donation instructions: _____

Ceremony Preferences

Location of ceremony: _____

Type of ceremony: _____

Officiant: _____

Poems, verses, scriptures, prayers to be read: _____

People to perform the readings: _____

Final Wishes - Person Two

Songs and music I prefer: _____

Types of flowers: _____

Pallbearers: _____

Memorial contributions should be sent to: _____

Additional instructions: _____

Obituary Preferences

I have written my own obituary: **YES** **NO**

Location of obituary: _____

I would like my obituary to appear in the following publications/locations:

Additional Pages