

# Personal & Financial Organizer

Date: .....

## SELF

---

Full legal name ..... Cell phone .....

Email .....

Address .....

Birth date ..... SIN # .....

Driver's licence # ..... Passport # .....

Health card # .....

Blood type ..... Allergies .....

Medications and dosages .....

Primary care physician name ..... Phone .....

Dentist name ..... Phone .....

Specialist name, address ..... Phone .....

Employer name, address ..... Phone .....

Supervisor name ..... Phone .....

Car ownership and registration # .....

## SPOUSE

---

Full legal name ..... Cell phone .....

Email .....

Address .....

Birth date ..... SIN # .....

Driver's licence # ..... Passport # .....

Health card # .....

Blood type ..... Allergies .....

Medications and dosages .....

Primary care physician name ..... Phone .....

Dentist name ..... Phone .....

Specialist name, address ..... Phone .....

Employer name, address ..... Phone .....

Supervisor name ..... Phone .....

Car ownership and registration # .....

## EMERGENCY CONTACT LIST

---

Name .....	Relationship .....	Home phone .....	Cell phone .....
Name .....	Relationship .....	Home phone .....	Cell phone .....

## CHILDREN

---

**Name** ..... Birth date .....  
Cell phone ..... Email .....  
SIN # ..... Passport # .....  
School/employer name .....  
Address .....  
Teacher/supervisor name ..... Health card # .....  
Blood type ..... Allergies .....  
Medications and dosages .....

**Name** ..... Birth date .....  
Cell phone ..... Email .....  
SIN # ..... Passport # .....  
School/employer name .....  
Address .....  
Teacher/supervisor name ..... Health card # .....  
Blood type ..... Allergies .....  
Medications and dosages .....

**Name** ..... Birth date .....  
Cell phone ..... Email .....  
SIN # ..... Passport # .....  
School/employer name .....  
Address .....  
Teacher/supervisor name ..... Health card # .....  
Blood type ..... Allergies .....  
Medications and dosages .....

### Other Important Contacts (i.e., daycare provider, specialist, dentist)

Name ..... Profession .....  
Address ..... Phone .....  
Name ..... Profession .....  
Address ..... Phone .....

## PETS

---

Veterinarian name, address ..... Phone .....  
Pet names .....  
Special considerations .....

## INVESTMENTS

---

RRSP account # ..... Company ..... Phone .....

RESP account # ..... Company ..... Phone .....

Non-registered account # ..... Company ..... Phone .....

TFSA account # ..... Company ..... Phone .....

RRIF/LIF account # ..... Company ..... Phone .....

Pension/DPSP account # ..... Company ..... Phone .....

Other .....

## INSURANCE

---

### Personal

Life insurance policy # ..... Company ..... Phone .....

Term insurance policy # ..... Company ..... Phone .....

Health care benefits policy # ..... Company ..... Phone .....

Disability policy # ..... Company ..... Phone .....

Long-term care policy # ..... Company ..... Phone .....

Critical illness policy # ..... Company ..... Phone .....

### Household and Auto

Home insurance company/agent name .....

Homeowner policy # ..... Phone .....

Auto insurance company/agent name .....

Auto policy # ..... Phone .....

## PROFESSIONAL CONTACTS

---

Advisor's name ..... Phone .....

Firm name and address .....

Account #1 ..... Account #2 .....

### Other Contacts

Lawyer's name ..... Phone .....

Firm name and address .....

Accountant's name ..... Phone .....

Firm name and address .....

Other professional ..... Phone .....

Firm name and address .....

Executor's name ..... Phone .....

Power of Attorney (personal care) name ..... Phone .....

Power of Attorney (property) name ..... Phone .....

## BANK

---

Bank name, address ..... Phone .....

Chequing # ..... Savings # .....

Safety deposit box # .....

Bank name, address ..... Phone .....

Chequing # ..... Savings # .....

Safety deposit box # .....

## LOANS & CREDIT

---

Mortgage holder name ..... Phone .....

Address ..... Phone .....

Account # .....

Second mortgage holder name ..... Phone .....

Address ..... Phone .....

Account # .....

Home equity loan / line of credit holder name ..... Phone .....

Address ..... Phone .....

Account # .....

Car loan firm name ..... Phone .....

Address ..... Phone .....

Account # .....

Credit card type ..... Company name ..... Phone .....

Billing address ..... Phone .....

Account # .....

Credit card type ..... Company name ..... Phone .....

Billing address ..... Phone .....

Account # .....

Other ..... Phone .....

Address ..... Phone .....

Account # .....

**This document should always be kept in a safe and private location. Please do not write any PINs or passwords on this form.**