



GREEN

FINANCIAL RESOURCES, LLC

A BENEFICIARY'S GUIDE TO YOUR ASSETS

Your Name

Date

Who may have access to this information:

This booklet is designed to help you organize your important information. It is intended to be shared only with those you trust. Fill out each section and keep your book in a secure location (lockbox, home safe, safety deposit box, etc.), but make sure at least two trusted people can access it if needed.

For more information about retirement planning, estate planning, or any other financial-related topic, please call our office for a free consultation. We are here to help.

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PERSONAL INFORMATION

Name:
Birth date:
Birth place:
Social security number:
Address:

EMERGENCY INFORMATION

Information and documents you may need in an emergency:

INFORMATION	LOCATION
Hospital	
Primary Doctor	
Healthcare power of attorney/living will	
Financial power of attorney	
Medicare, Medicaid, VA cards or numbers	
Health insurance (or medigap) policy number	
Checkbook	
Prepaid funeral arrangements	
Cemetery plot and number	
Funeral and disposition directions	
Special instructions	
Church	
Preferred charity (for contributions in lieu of flowers)	
Preferred clergyman/family advisor	
Will	
Trust	
Other instructions	

CONTACT LIST

In case of an emergency, please contact these family members and/or close friends:

Name:	Relationship:
Address:	Phone Number(s):
Name:	Relationship:
Address:	Phone Number(s):
Name:	Relationship:
Address:	Phone Number(s):

ADVISORS

These are personal and business advisors:

TYPE OF ADVISOR	NAME	ADDRESS & PHONE NUMBER
Accountant/Tax preparer		
Executor of estate		
Attorney		
Banker		
Broker		
Financial planner/Investment advisor		
Insurance agent(s)		
Company benefits administrator		

DOCTORS

TYPE OF DOCTOR	NAME	ADDRESS & PHONE NUMBER
Primary Care		
Dentist		
Cardiologist		
Dermatologist		
Optometrist		
Occupational Therapist		
Proctologist		
Allergist		
ENT Specialist		
Chiropractor		

VALUABLE PAPERS

List the exact location of valuable papers (desk drawer, closet, safety deposit box, etc.):

INFORMATION	LOCATION
Real estate	Deed(s) to real estate
	Property improvement records
	Mortgage papers/title
	Mortgage payment receipts
	Homeowners insurance policies
Personal	Certificates – Birth/Adoption
	Certificates – Baptism/confirmation
	Certificates – Marriage/Divorce
	Certificates – Death
	Naturalization papers/passports
	Diplomas
	Social security cards
	Employment records
	Armed forces records
	Family health records
Spouse’s will/trust	
Personal property	Savings accounts and certificates
	Insurance (life, health, home, auto)
	CDs/Stock certificates
	Savings bonds/bonds
	Brokerage account statements
	Safety deposit box/key
	Tax records
	Canceled checks and stubs
	Household inventory
	Motor vehicle title(s)

FINANCIAL SERVICES

List of accounts and other services:

FINANCIAL FIRM NAME/ADDRESS	IDENTIFICATION NUMBER	IN WHOSE NAME
CHECKING ACCOUNTS		
SAVINGS ACCOUNTS		
CERTIFICATES OF DEPOSIT		
MONEY MARKET CERTIFICATES		
TRUST ACCOUNTS		
SAFETY DEPOSIT BOXES		
OTHER		

SECURITIES (STOCKS, BONDS, ETC.)

ASSET	IDENTIFICATION NUMBER	DATE PURCHASED	PURCHASE PRICE	OTHER INFORMATION (NAME OF OWNER, NO. OF SHARES, MATURITY DATE)

MUTUAL FUNDS

COMPANY NAME AND FUND	IDENTIFICATION NUMBER	DATE PURCHASED	ORIGINAL AMOUNT	OTHER INFORMATION (NAME OF OWNER, NO. OF SHARES, MATURITY DATE)

LIFE INSURANCE/ANNUITIES

Under "Policy," indicate what kind of contract – term, whole, universal or variable life, or a fixed, variable or immediate annuity.

PERSON INSURED	POLICY	FACE VALUE	POLICY NUMBER	BENEFICIARY NAME(S)	INSURANCE COMPANY

RETIREMENT ACCOUNTS

ACCOUNT TYPE	ACCOUNT NUMBER	FINANCIAL INSTITUTION/TRUSTEE	PHONE NUMBER	BENEFICIARY NAME(S)
TRADITIONAL IRAS				
ROTH IRAS				
401(K), 403(B) OR OTHER EMPLOYER-SPONSORED PLANS				
DEFERRED COMPENSATION				
KEOGH, SEP OR SIMPLE				
PENSION				
OTHER RETIREMENT INVESTMENTS				

EDUCATION ACCOUNTS

ACCOUNT TYPE	ACCOUNT NUMBER	FINANCIAL INSTITUTION/TRUSTEE	PHONE NUMBER	BENEFICIARY NAME(S)
EDUCATION IRA/COVERDELL ESA				
529 QUALIFIED TUITION PLAN				
CUSTODIAL ACCOUNT(S)				

HEALTH INSURANCE

Accident, disability, major medical, long-term care, and Medicare policies.

PERSON(S) INSURED	POLICY	COVERAGE AMOUNT	POLICY NUMBER	NAME OF GROUP OR COMPANY PROVIDING INSURANCE

EMPLOYMENT RECORD

FAMILY MEMBER	EMPLOYER'S NAME	EMPLOYMENT DATES (START AND END)

REAL ESTATE/BUSINESS INTERESTS

Under 'Ownership,' list whether property is tenancy in common, joint ownership, or single ownership.

PROPERTY	LOCATION (ADDRESS)	OWNER NAME(S)	OWNERSHIP	DATE ACQUIRED	PURCHASE PRICE

MISCELLANEOUS PERSONAL PROPERTY

Motor vehicles, boats, recreational vehicles, jewelry, furs, collectibles, royalties or patents.

ASSET	DATE ACQUIRED	PURCHASE PRICE OR VALUE	OTHER INFORMATION (NAME OF OWNER, WHERE ACQUIRED, WHERE STORED)

PROPERTY INSURANCE

AGENT NAME	RISK INSURED	COVERAGE AMOUNT	POLICY NUMBER	COMPANY
REAL ESTATE				
MOTOR VEHICLES				
OTHER PROPERTY				
PERSONAL LIABILITY				

OUTSTANDING DEBT

Outstanding loans, home equity lines, mortgage, credit card debt, student loans, etc.

CREDITOR/COMPANY NAME	CREDITOR ADDRESS	ACCOUNT NUMBER

DIGITAL INFORMATION

Providing access to your digital accounts can help save your family or executor time and hassle. Be sure to update this section frequently, especially the passwords.

TYPE	SECURITY CODE/PASSWORD
PERSONAL COMPUTER	
LAPTOP	
TABLET	
CELL PHONE	
VOICEMAIL	
HOUSE ALARM	
OTHER	

Digital accounts

ACCOUNT TYPE	USERNAME	PASSWORD	HOW ACCOUNT SHOULD BE HANDLED (NOTIFY FRIENDS/FOLLOWERS, CLOSED, ETC.)
PERSONAL/BUSINESS EMAIL ACCOUNTS			
PERSONAL/BUSINESS SOCIAL MEDIA ACCOUNTS			
DIGITAL MEDIA STORAGE ACCOUNTS (PHOTOS, VIDEOS, MUSIC)			
REWARDS/FREQUENT FLYER PROGRAMS			
PERSONAL/BUSINESS URLS			



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