



Personal & Financial  
**ORGANIZER**

Your Family. Your Business.  
What Matters.

Life can change in a moment. Often when you least expect it. Are all your personal and financial documents and information in order? Is everything easy to locate?

We have created this personal & financial organizer to help you get your records and contact information in order and in one convenient document. It will help you bring together important details regarding your investments, insurance policies, wills, and other personal information. The organizer lists important contact information for you and your family and will serve as a handy reference when the need arises.

Once completed, store the organizer in a safe and private location so all family members will know where to find it. Do not send a copy to us. This is a resource for your own personal use. An electronic copy can be found on our website at [www.scinsurance.ca/resources/](http://www.scinsurance.ca/resources/), if you prefer to complete this electronically or if you require a new copy. You should try to revise and update this every year or so, especially after making any changes to coverage, accounts, etc. PIN numbers and passwords should be kept separately.

If you need any assistance filling out this form or have any questions, please contact our office any time.

**Life is better when you are prepared.**



Date prepared

Updated on

Updated on

## SELF

Full legal name

Birth date

Mobile phone

Home phone

Email

SIN

Driver's Licence #

Passport #

Address

Employer's name

Employer's phone

## SPOUSE

Full legal name

Birth date

Mobile phone

Home phone

Email

SIN

Driver's Licence #

Passport #

Address

Employer's name

Employer's phone

# CHILDREN

Full legal name

Birth date

Address

Mobile phone

Email

SIN

Passport #

School/Employer's name

School/Employer's phone

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Full legal name

Birth date

Address

Mobile phone

Email

SIN

Passport #

School/Employer's name

School/Employer's phone

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Full legal name

Birth date

Address

Mobile phone

Email

SIN

Passport #

School/Employer's name

School/Employer's phone

# OTHER IMPORTANT INFORMATION

Name

Primary care physician

Phone

Dentist

Phone

Specialist

Phone

Health card #

Blood type

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Name

Primary care physician

Phone

Dentist

Phone

Specialist

Phone

Health card #

Blood type

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Name

Primary care physician

Phone

Dentist

Phone

Specialist

Phone

Health card #

Blood type

Name

Primary care physician

Phone

Dentist

Phone

Specialist

Phone

Health card #

Blood type

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Name

Primary care physician

Phone

Dentist

Phone

Specialist

Phone

Health card #

Blood type

## OTHER IMPORTANT CONTACTS

i.e. daycare provider, veterinarian,  
orthodontist, other specialists

Name

Description

Address

Phone

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Name

Description

Address

Phone

## LIFE INSURANCE

Policy #	Description	Company	Phone
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Policy #	Description	Company	Phone
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Notes

## GROUP INSURANCE

Policy #	Description	Company	Phone
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Policy #	Description	Company	Phone
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Notes

## DISABILITY INSURANCE

Policy #	Description	Company	Phone
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Policy #	Description	Company	Phone
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Notes

## CRITICAL ILLNESS

Policy #	Description	Company	Phone
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Notes

## OTHER

Policy #	Description	Company	Phone
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Policy #	Description	Company	Phone
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# INSURANCE

# HOUSEHOLD & AUTO

Home Insurance company/Agent name

Policy #

Contact #

Auto Insurance company/Agent name

Policy #

Contact #

Auto Insurance company/Agent name

Policy #

Contact #

# BANK

Bank name

Contact name

Bank Address

Phone

Email

Account #

Account #

Account #

Account #

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Bank name

Contact name

Bank Address

Phone

Email

Account #

Account #

Account #

Account #

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Other notes



# LOANS & CREDIT

Mortgage Holder name

Account #

Contact info

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Home equity loan/LOC holder name

Account #

Contact info

---

Car loan firm name

Account #

Contact info

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Other loans

Account #

Contact info

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Other loans

Account #

Contact info

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Other notes

# INVESTMENTS

RRSP Account #	Account Holder	Company	Contact #
RRSP Account #	Account Holder	Company	Contact #
RRSP Account #	Account Holder	Company	Contact #
RRSP Account #	Account Holder	Company	Contact #
Non-registered Account #	Account Holder	Company	Contact #
Non-registered Account #	Account Holder	Company	Contact #
TSFA Account #	Account Holder	Company	Contact #
TSFA Account #	Account Holder	Company	Contact #
Other Account #	Account Holder	Company	Contact #
Other Account #	Account Holder	Company	Contact #
Other Account #	Account Holder	Company	Contact #

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Other notes

# PROFESSIONAL CONTACTS

Advisor's name

Email

Phone

Firm name

Description of services

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Lawyer's name

Email

Phone

Firm name

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Accountant's name

Email

Phone

Firm name

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Other professional

Email

Phone

Firm name

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Executor's name

Email

Phone

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Power of Attorney (personal care) name

Email

Phone

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Power of Attorney (property) name

Email

Phone

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Notes (date will last updated on, location of signed will, power of attorney, etc)

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