



## 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

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

Name

Description

Address

Phone

LIFE INSURANCE

Policy #	Description	Company	Phone
Policy #	Description	Company	Phone
Notes			

GROUP INSURANCE

Policy #	Description	Company	Phone
Policy #	Description	Company	Phone
Notes			

DISABILITY INSURANCE

Policy #	Description	Company	Phone
Policy #	Description	Company	Phone
Notes			

CRITICAL ILLNESS

Policy #	Description	Company	Phone
Notes			

OTHER

Policy #	Description	Company	Phone
Policy #	Description	Company	Phone

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 #

Other notes

# LOANS & CREDIT

Mortgage Holder name

Account #

Contact info

Home equity loan/LOC holder name

Account #

Contact info

Car loan firm name

Account #

Contact info

Other loans

Account #

Contact info

Other loans

Account #

Contact info

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.