Contingency Planning: Crash Card

As a part of your contingency plan, gather the items below in a safe place. In the event of an emergency, your family will have access to all important documents including your will, passwords and other important documents.

- Contact Information: Banker, Attorney, CPA, clergy
- Will, Birth Certificates, Social Security Card
- Loan Documents, Life, Home and Car Insurance policies
- Bank Statements, Leasing Documents, Tax Returns
- Investment Account Information
- Bills
- Account passwords: email, airlines, banking & bills

PERSONAL INFORMATION:

Name: ____

Social Security #: _______________________________ DL #: _________________________________

Passport #: ________________________________

Email: ____________________________ Email Password: ___________________________________

Special Comments or other accounts, user names and passwords:

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ADVISORS & ASSETS

Financial Professional

Name: ____

Address: ____

Phone: _____________________Fax: _____________________Email: _________________________

Account #: ______________________ User Name & Password: _______________________________

Estate Planning Attorney

Name: ____

Address: ____

Phone: _____________________Fax: _____________________Email: _________________________

Special Comments: ____

Business Attorney

Name: ____

Address: ____

Phone: _____________________Fax: _____________________Email: _________________________

Special Comments: ____

CPA/Accountant

Name: ____

Address: ____

Phone: _____________________Fax: _____________________Email: _________________________

Special Comments: ____

Stockbroker

Name: ____

Address: ____

Phone: _____________________Fax: _____________________Email: _________________________

Account #: ____

Special Comments: ____

Retirement Plan Benefits

Name: ____

Address: ____

Phone: _____________________ Fax: _____________________ Email: _________________________

Account #: ______________________ User Name & Password: ______________________________

Special Comments: ____

IRA Administrator

Name: ____

Address: ____

Phone: _____________________ Fax: _____________________ Email: _________________________

Account #: ______________________ User Name & Password: ______________________________

Special Comments: ____

Employer or Former Employer

Name: ____

Address: ____

Phone: _____________________ Fax: _____________________ Email: _________________________

Special Comments: ____

Spouse Employer or Former Employer

Name: ____

Address: ____

Phone: _____________________ Fax: _____________________ Email: _________________________

Special Comments: ____

Mortgage Broker / Other

Name: ____

Address: ____

Phone: _____________________ Fax: _____________________ Email: _________________________

Account #: ______________________ User Name & Password: ______________________________

Special Comments: ____

Property and Casualty Insurance Advisor

Name: ____

Address: ____

Phone: ____________________Fax: ____________________Email: _________________________

Account #: _____________________ User Name & Password:

____

Policy #: ____

Special Comments: ____

Banker

Name: ____

Address: ____

Phone: ____________________Fax: ____________________Email: _________________________

Account #: _____________________ User Name & Password: _____________________________

Account #: _____________________ User Name & Password: _____________________________

Account #: _____________________ User Name & Password: _____________________________

Special Comments: ____

Doctor (Primary)

Name: ____

Address: ____

Phone: ____________________Fax: ____________________Email: _________________________

Special Comments: ____

Other

Name: ____

Address: ____

Phone: ____________________Fax: ____________________Email: _________________________

Special Comments: ____

Titling of Assets

Equally important for probate, disposition, income tax and estate tax purposes is how your assets are titled. We strongly recommend that you meet with a competent advisor(s) and review with them the following topics:

- ❑ Are your assets properly titled so they pass in the manner you want?
- ❑ Are your assets properly titled to minimize state & federal estate taxes?
- ❑ Are your assets properly titled to minimize the claims of creditors?
- ❑ Are your retirement plan's & IRA's primary & contingent beneficiaries correct?
- ❑ Are the correct persons named as owners & beneficiaries of your life insurance?
- ❑ Are there other titling issues that need to be correct?

My Retirement Assets

Social Security Fill out this section only if you are receiving Social Security Benefits

For more information, please call 800-722-1213 or visit www.socialsecurity.gov/mystatement.

Current Monthly Benefit Amount: $ ____

S.S. Office Contact Person: ________________________________ Phone: ____________________

Local S.S. Office Address: ____

Is payment direct deposited? ❑ Yes ❑ No Bank Name / Account Number: ____________________

Individual Retirement Accounts (IRAs)

Type of IRA: ❑ Traditional ❑ Rollover ❑ Spousal ❑ Roth ❑ SEP ❑ SIMPLE

Name: ____

Account Balance: $ ________________________ (as of____________)

Advisor:______________________

Plan Custodian / Representative Name: ____

Phone: _____________________________ Website: ______________________________________

Username: ________________________________ Password: _____________________________

Statements are located: ____

Beneficiary (Primary): _____________________________ Contingent: _____________________

Type of IRA: ❏ Traditional ❏ Rollover ❏ Spousal ❏ Roth ❏ SEP ❏ SIMPLE

Name: ____

Account Balance: $ _________________________ (as of____________)

Advisor:_______________________

Plan Custodian / Representative Name: ____

Phone: ______________________________ Website: ____

Username: __________________________________ Password: ______________________________

Statements are located: ____

Beneficiary (Primary): ________________________________ Contingent: _______________________

Qualified Retirement Plans

Type of plan: ❏ 401(k) ❏ Profit-Sharing ❏ ESOP ❏ Pension ❏ Other

Employer Name: ____

Account Balance: $ _________________________ (as of____________)

Advisor:_______________________

Plan Sponsor Name: Same as Employer or: ____

Contact at Sponsor to discuss the plan: ____

Phone: ______________________________ Website: ____

Username: _________________________________ Password: _______________________________

Statements are located: ____

Beneficiary (Primary): _________________________________ Contingent: _______________________

Military Retirement Benefits

Unlike most retirement plans, the Armed Forces offer a pension (technically a "reduced compensation for reduced services") with benefits that start the day of retirement. Many veterans of wartime service are completely unaware of the fact that, if they are 65 or older and on a limited income, they may qualify for a Veterans Disability Pension or a Veterans Pension without being disabled.

Monthly Pension Benefit Amount: $ _________________ Electronically Deposited? ❏ Yes ❏ No

Name of Bank / Account Number: ____

Contact Name: _______________________________ Benefits Contact Number: ____________________

Local Benefits Office Address: ____

Military Branch of Service: __________________________ Dates of Service: ________________________

Military Survivor Benefits

When a military retiree dies, their retirement pay stops. This means that the surviving spouse will be left without a substantial income source. If you are a retiree, you need to give serious thought to how you can protect your spouse from the hardships caused by the loss of your retirement pay. One option available is the Survivor Benefit Plan. The SBP is an insurance plan that helps pay surviving spouses a monthly payment (annuity) to help make up for the loss of retirement income.

I have a Survivor Benefit Plan: ❑ Yes ❑ No

Monthly Pension Benefit Amount: $ __________________ Electronically Deposited? ❑ Yes ❑ No

Name of Bank / Account Number: ____

Contact Name: _________________________________ Benefits Contact Number: ___________________

Local Benefits Office Address: ____

Military Branch of Service: _____________________________ Dates of Service: ____________________

Military OneSource is the Department of Defense's comprehensive resource to help today's military families face life's everyday challenges. Military OneSource also offers free assistance to troops and their families 24 hours a day, 7 days a week at 1-800-342-9647. See also: www.militarybenefits.com.

My Stock Options / Stock Purchase Plans / Stocks

A stock option gives the recipient (the "optionee") the right to buy a certain number of shares in the granting company at a fixed price for a certain number of years. Stock options are used both in private companies and public companies. A related type of plan is the employee stock purchase plan (ESPP), which is used mainly in public companies. An ESPP is a little like a stock option plan. It gives employees the chance to buy stock, usually through payroll deductions, over a 3- to 27-month "offering period." The price is usually discounted up to 15% from the market price. Stocks are shares in the ownership of a company issued to raise capital, also known as equities. As we all know, stock prices rise and fall.

Source: The National Center for Employee Ownerships: www.nceo.org/library/how_to_choose.html.

Number of Stock Options: ____________ 100% Vested ___________ Unvested (as of ______________)

Company Issuing the Options: ____

Address: ____

Grant Date: ____

Exercise Price: $____

Expiration Date: _________________________________ Vesting Period: _______________________

Exercise Period: ____

Customer Service Phone Number: ____

Certificates / Documents are located: ____

Number of Stock Options: ______________ 100% Vested ___________ Unvested (as of ____________)

Company Issuing the Options: ____

Address: ____

Grant Date: ____

Exercise Price: $____

Expiration Date: ________________________________ Vesting Period: ________________________

Exercise Period: ____

Customer Service Phone Number: ____

Certificates / Documents are located: ____

Number of Stock Options: _______________ 100% Vested ___________ Unvested (as of ____________)

Company Issuing the Options: ____

Address: ____

Grant Date: ____

Exercise Price: $____

Expiration Date: _________________________________ Vesting Period:_________________________

Exercise Period:

____

Customer Service Phone Number: ____

Certificates / Documents are located: ____

My Investment Strategy

If I become incapacitated, I would like my decision-makers to utilize the following general approach to managing my investments: ____

____

My Deferred Compensation

Deferred compensation is compensation to which you were entitled, but is paid to you at a later date, normally when you leave the employer or retire. Such plans may include “Phantom Stock,” “Share Appreciation Rights” or a “Salary Reduction Plan.”

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Social Media & Online Accounts

Email Address: _________________________________ Email Password: ________________________

Email Address: _________________________________ Email Password: ________________________

Facebook Username: ____________________________ Facebook Password: ____________________

Twitter Username: ______________________________ Twitter Password: ______________________

LinkedIn Username: _____________________________ LinkedIn Password: _____________________

Instagram Username: ____________________________ Instagram Password: ____________________

Other Username: _________________________________ Other Password: _______________________

Other Username: _________________________________ Other Password: _______________________

Other Username: _________________________________ Other Password: _______________________

If I become incapacitated, I would like my decision-makers to do the following with my online profiles:

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Computers & Devices

Phone: ____ Password: ____________________

Phone: ____ Password: ____________________

Computer: _____________________________________ Password: ____________________

Computer: _____________________________________ Password: ____________________

Other: ____ Password: ____________________

Special Instructions: ____

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Credit Card Numbers

Credit Card Number: _____________________________ Expiration: ____________________

Credit Card Number: _____________________________ Expiration: ____________________

Credit Card Number: _____________________________ Expiration: ____________________

Credit Card Number: _____________________________ Expiration: ____________________

Special Instructions: ____

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Security

Security Alarm Info: ____

Security Alarm Info: ____

Safe(s): ____

Deposit Box: ____

Special Instructions: ____

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____

Forum Members

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Name: ______________________________ Email: _____________________ Phone: _______________

Special Instructions: ____

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My Notes