

# Personal Records



Pension Fund of the Christian Church  
(Disciples of Christ)







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# Personal Information

## You:

---

name

---

address

---

city/state/zip

---

Phone

---

date of birth

---

Social Security number

---

drivers license number                      expiration date

---

passport number                                      expiration date

## Spouse:

---

name

---

address

---

city/state/zip

---

Phone

---

date of birth

---

Social Security number

---

drivers license number                      expiration date

---

passport number                                      expiration date

## Children:

---

name

---

address

---

city/state/zip

---

date of birth

---

Social Security number

---

Phone

---

name

---

address

---

city/state/zip

---

date of birth

---

Social Security number

---

Phone

---

name

---

address

---

city/state/zip

---

date of birth

---

Social Security number

---

Phone

## Children:

---

name

---

address

---

city/state/zip

---

date of birth

---

Social Security number

---

Phone

---

name

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address

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city/state/zip

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date of birth

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Social Security number

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Phone

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name

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address

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city/state/zip

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date of birth

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Social Security number

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Phone

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name

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address

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city/state/zip

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date of birth

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Social Security number

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Phone

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name

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address

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city/state/zip

---

date of birth

---

Social Security number

---

Phone

---

name

---

address

---

city/state/zip

---

date of birth

---

Social Security number

---

Phone

## Professional Advisors

Primary care provider at HMO \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Hospital affiliation \_\_\_\_\_

Physician \_\_\_\_\_

Field of Practice \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Pharmacist \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Attorney \_\_\_\_\_

Field of Practice \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Accountant & Firm \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Financial Planner & Firm \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Financial Planner & Firm \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Stockbroker & Firm \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Insurance Agent(s) & Firm(s) \_\_\_\_\_

Phone/E-mail \_\_\_\_\_

Last Updated \_\_\_\_\_

## Personal Finances

### Bank Accounts - Savings, Checking & Money-market

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Last Updated** \_\_\_\_\_

Account Type \_\_\_\_\_

Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Last Updated** \_\_\_\_\_

## Credit Cards

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_

Issuer \_\_\_\_\_

Account Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Loan Balance \_\_\_\_\_















# Pension Fund of the Christian Church

## Pension Plan Membership

Member \_\_\_\_\_ Member Number \_\_\_\_\_

Beneficiary \_\_\_\_\_

Last Updated \_\_\_\_\_

## Tax Deferred Retirement Account(s)

Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

## Benefit Accumulation Account (s)

Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_

Beneficiary (aries) \_\_\_\_\_

Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_

Beneficiary (aries) \_\_\_\_\_

Number \_\_\_\_\_ Date Account Opened \_\_\_\_\_

Beneficiary(aries) \_\_\_\_\_

Last Updated \_\_\_\_\_

## Individual Retirement Accounts

Name of Account \_\_\_\_\_ Account # \_\_\_\_\_

\* Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_

Account Representative \_\_\_\_\_ Phone \_\_\_\_\_

Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Name of Account \_\_\_\_\_ Account # \_\_\_\_\_

\* Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_

Account Representative \_\_\_\_\_ Phone \_\_\_\_\_

Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Name of Account \_\_\_\_\_ Account # \_\_\_\_\_

\* Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_

Account Representative \_\_\_\_\_ Phone \_\_\_\_\_

Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Name of Account \_\_\_\_\_ Account # \_\_\_\_\_

\* Trustee/Custodian \_\_\_\_\_ Date Began \_\_\_\_\_ Latest Value \_\_\_\_\_

Account Representative \_\_\_\_\_ Phone \_\_\_\_\_

Type of Account \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Last Updated \_\_\_\_\_

## Annuities

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Location \_\_\_\_\_

Agent-Broker \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Location \_\_\_\_\_

Agent-Broker \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Location \_\_\_\_\_

Agent-Broker \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Location \_\_\_\_\_

Agent-Broker \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Beneficiary(ies) \_\_\_\_\_

**Last Updated** \_\_\_\_\_

## Personal Debts

### Car Loan

**Vehicle** \_\_\_\_\_ Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_ Annual Percentage Rate \_\_\_\_\_

Where payment sent \_\_\_\_\_ Phone \_\_\_\_\_

Loan Term \_\_\_\_\_ Last Payment Due \_\_\_\_\_

**Vehicle** \_\_\_\_\_ Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_ Annual Percentage Rate \_\_\_\_\_

Where payment sent \_\_\_\_\_ Phone \_\_\_\_\_

Loan Term \_\_\_\_\_ Last Payment Due \_\_\_\_\_

**Other** \_\_\_\_\_ Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_ Annual Percentage Rate \_\_\_\_\_

Where payment sent \_\_\_\_\_ Phone \_\_\_\_\_

Loan Term \_\_\_\_\_ Last Payment Due \_\_\_\_\_

**Other** \_\_\_\_\_ Original Lender \_\_\_\_\_

Amount Borrowed \_\_\_\_\_ Annual Percentage Rate \_\_\_\_\_

Where payment sent \_\_\_\_\_ Phone \_\_\_\_\_

Loan Term \_\_\_\_\_ Last Payment Due \_\_\_\_\_

**Last Updated** \_\_\_\_\_



# Real Estate

## Primary Residence

Property Location \_\_\_\_\_

Purchase Date \_\_\_\_\_ Price Paid \_\_\_\_\_

Titleholder(s) \_\_\_\_\_

Location of Deed \_\_\_\_\_

## Improvements/Additions

Date \_\_\_\_\_ Description \_\_\_\_\_ Cost \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Cost \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Cost \_\_\_\_\_

## Mortgage

Original Date \_\_\_\_\_ Maturity Date \_\_\_\_\_

Lender \_\_\_\_\_ Phone Number \_\_\_\_\_

Account # \_\_\_\_\_

Loan Serviced By \_\_\_\_\_ Phone Number \_\_\_\_\_

## Breakdown of Monthly Payment:

Principal and Interest \_\_\_\_\_ Taxes \_\_\_\_\_

Private Mortgage Insurance (PMI) \_\_\_\_\_ Insurance \_\_\_\_\_

Location of Payment Receipts \_\_\_\_\_

## Homeowner's Insurance Policy

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Location \_\_\_\_\_ Dollar Amount of Coverage \_\_\_\_\_

Last Updated \_\_\_\_\_

## Insurance

### Car

Car Year & Make \_\_\_\_\_ VIN # \_\_\_\_\_ Key # \_\_\_\_\_

Title Holder(s) \_\_\_\_\_ Lienholder \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

### Coverage:

Collision \_\_\_\_\_  Property Damage \_\_\_\_\_

Bodily Injury \_\_\_\_\_  Medical Payments \_\_\_\_\_

Comprehensive \_\_\_\_\_  Road Service \_\_\_\_\_

Uninsured Motor Vehicle \_\_\_\_\_  Car Rental Expenses \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Car Year & Make \_\_\_\_\_ VIN # \_\_\_\_\_ Key # \_\_\_\_\_

Title Holder(s) \_\_\_\_\_ Lienholder \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

### Coverage:

Collision \_\_\_\_\_  Property Damage \_\_\_\_\_

Bodily Injury \_\_\_\_\_  Medical Payments \_\_\_\_\_

Comprehensive \_\_\_\_\_  Road Service \_\_\_\_\_

Uninsured Motor Vehicle \_\_\_\_\_  Car Rental Expenses \_\_\_\_\_

Other \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Location of Policies \_\_\_\_\_

Last Updated \_\_\_\_\_

# Life

## Life Insurance Policies:

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

I Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

Benefit Amount \_\_\_\_\_ Location of Policy \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Cash Value of Policy (if any) \_\_\_\_\_

Last Updated \_\_\_\_\_

## Health

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Type of Plan:

Standard \_\_\_\_\_  PPO \_\_\_\_\_  HMO \_\_\_\_\_

**Riders:**

Prescription Card \_\_\_\_\_  Maternity \_\_\_\_\_  Dental \_\_\_\_\_

Emergency Room Service \_\_\_\_\_  Psychiatric Care \_\_\_\_\_

Family Members Covered \_\_\_\_\_

Location of Plan Book \_\_\_\_\_

**Disability Insurance Policy:**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage \_\_\_\_\_

Location of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medigap (Supplemental)**

Issuer \_\_\_\_\_ Policy Number \_\_\_\_\_

Coverage \_\_\_\_\_

Location of Policy \_\_\_\_\_

Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

**Last Updated** \_\_\_\_\_

# Personal Valuables

## Valuables Insurance Policy:

Issuer Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Where Kept \_\_\_\_\_

Issuer Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Where Kept \_\_\_\_\_

Issuer Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Where Kept \_\_\_\_\_

Issuer Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Where Kept \_\_\_\_\_

Issuer Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Item \_\_\_\_\_

Appraised Value \_\_\_\_\_ Where Kept \_\_\_\_\_

**Last Updated** \_\_\_\_\_

# Pension Benefits, Social Security Pension Benefits

## Pension Benefits

Plan Name \_\_\_\_\_ Administrator \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

## Social Security

Social Security Number \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

### Keep copies of what's needed in one location:

Marriage Certificate

Birth Certificate of Claimant, deceased and eligible children

Social Security numbers of claimant, deceased and eligible children

Death Certificate from registrar

Deceased's most recent W-2 from federal income tax return.

Military discharge papers (if applicable)

Divorce/separation papers

Location of papers \_\_\_\_\_

\_\_\_\_\_

Other important documents/location \_\_\_\_\_

\_\_\_\_\_

Local Social Security

Office: \_\_\_\_\_

\_\_\_\_\_

(Address)

(Phone #)

Last Updated \_\_\_\_\_

# Estate Planning

## Family Wills

Date of Your Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Spouse's Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Mother's Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Father's Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Mother-in-law's Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Date of Father-in-law's Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

Other Family Member \_\_\_\_\_

Date of Your Will \_\_\_\_\_ Executor \_\_\_\_\_

Location \_\_\_\_\_

Attorney \_\_\_\_\_ Trustee \_\_\_\_\_

**Last Updated** \_\_\_\_\_

# Burial Wishes

Name(s) \_\_\_\_\_

Cemetery/Cremation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Plot Numbers \_\_\_\_\_

Columbarium \_\_\_\_\_

Location of Deed \_\_\_\_\_

Funeral Home \_\_\_\_\_

Executor for Immediate Family \_\_\_\_\_

Family Attorney \_\_\_\_\_

Basic Wishes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Separate Attached Letter(s)?     yes     no        See Will(s)?     yes     no

People to call/phone numbers \_\_\_\_\_

\_\_\_\_\_

*Surviving spouses of veterans who were receiving disability benefits may be entitled to monthly payments. You may also be entitled to burial allowances. Call the Veterans Administration Office at 1-800-827-1000 to find out.*

Dates Reviewed/changed: \_\_\_/\_\_\_/\_\_\_; \_\_\_/\_\_\_/\_\_\_; \_\_\_/\_\_\_/\_\_\_;

Last Updated \_\_\_\_\_

## Advance Directives

Advance Directives are legal documents that issue specific instructions regarding treatment of serious illness. They provide you with the security of knowing that your doctors will adhere to your decisions affecting the quality of your life and the financial well-being of your family. Every state has laws that recognize two types of advance directives: a *living will* and a *durable power of attorney* or *proxy designation*. You don't need a lawyer to get these documents. **Last Acts Partnership** (1.800.989.WILL), a nonprofit agency, will send you both documents - for a fee of \$10.00, or you may download them free from their website at <http://www.caringinfo.org/> - specifically tailored to the requirements of your state. *If you prepare one, it's important to discuss it with family members and your physicians while you're healthy.*

Type of your Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Spouse's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/Address \_\_\_\_\_

Type of Mother's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/ Address \_\_\_\_\_

Type of Father's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/ Address \_\_\_\_\_

Type of Mother-in-Law's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/ Address \_\_\_\_\_

Type of Father-in-Law's Directive \_\_\_\_\_ Date \_\_\_\_\_

Physician/ Address \_\_\_\_\_

Type/date of \_\_\_\_\_'s Directive \_\_\_\_\_

Physician/ Address \_\_\_\_\_

Type/date of \_\_\_\_\_'s Directive \_\_\_\_\_

Physician/ Address \_\_\_\_\_

Location of Directives \_\_\_\_\_

Last Updated \_\_\_\_\_

# Location of Important Papers

## Document

Adoption Papers	_____
Birth Certificates	_____
Bank Statements	_____
Citizenship Papers	_____
Deeds to Property	_____
Divorce Decrees	_____
Life Insurance Policies	_____
Health Insurance Policies	_____
Automobile Insurance Policies	_____
Homeowner's Insurance Policies	_____
Marriage Certificate	_____
Military Records	_____
Passports	_____
Passbooks for Savings Accounts	_____
Social Security Cards	_____
Stock and Bond Certificates	_____
Titles to Automobiles	_____
Wills - Original	_____
- Copies	_____
Living Wills - Original	_____
- Copies	_____
Others	_____
	_____

Last Updated \_\_\_\_\_







# Pension Fund of the Christian Church

(Disciples of Christ)



130 East Washington Street

Indianapolis, IN 46204-3659

Toll Free: (866)495-7322

Ph: (317) 634-4504

Fax: (317)634-4071

E-Mail: [pfcc1@pension.disciples.org](mailto:pfcc1@pension.disciples.org)

Web: [www.pensionfund.org](http://www.pensionfund.org)