

Get Organized!



LIFE IS BETTER WHEN YOU'RE PREPARED.™

Experience teaches us that life can change in a moment and when you least expect it. Are all your personal and financial documents and information in order? Are your records easy to find? Is your family prepared?

Take a few minutes to complete the Personal & Financial Organizer today. It's designed to keep your family's key financial and personal information organized and available in one place. It will help you bring together important information on investments, insurance policies, and wills. The organizer also lists vital medical, dental and legal information with addresses and telephone numbers for you and your family.

Store the organizer in a safe and private location so all family members will know where to find it. PIN numbers and passwords should be kept separately. Consider keeping a copy of this document in a secure location outside of your home – for example, in a safety deposit box.

If you need assistance filling out this form or have any questions, please contact your advisor today. Life is better when you're prepared.™

Personal & Financial Organizer

Date:

SELF

Full legal name Cell phone

Email

Address

Birth date SIN #

Driver's licence # Passport #

Health card #

Blood type Allergies

Medications and dosages

Primary care physician name Phone

Dentist name Phone

Specialist name, address Phone

Employer name, address Phone

Supervisor name Phone

Car ownership and registration #

SPOUSE

Full legal name Cell phone

Email

Address

Birth date SIN #

Driver's licence # Passport #

Health card #

Blood type Allergies

Medications and dosages

Primary care physician name Phone

Dentist name Phone

Specialist name, address Phone

Employer name, address Phone

Supervisor name Phone

Car ownership and registration #

EMERGENCY CONTACT LIST

Name	Relationship	Home phone	Cell phone
Name	Relationship	Home phone	Cell phone

CHILDREN

Name Birth date
Cell phone Email
SIN # Passport #
School/employer name
Address
Teacher/supervisor name Health card #
Blood type Allergies
Medications and dosages

Name Birth date
Cell phone Email
SIN # Passport #
School/employer name
Address
Teacher/supervisor name Health card #
Blood type Allergies
Medications and dosages

Name Birth date
Cell phone Email
SIN # Passport #
School/employer name
Address
Teacher/supervisor name Health card #
Blood type Allergies
Medications and dosages

Other Important Contacts (i.e., daycare provider, specialist, dentist)

Name Profession
Address Phone
Name Profession
Address Phone

PETS

Veterinarian name, address Phone
Pet names
Special considerations

INVESTMENTS

RRSP account # Company Phone

RESP account # Company Phone

Non-registered account # Company Phone

TFSA account # Company Phone

RRIF/LIF account # Company Phone

Pension/DPSP account # Company Phone

Other

INSURANCE

Personal

Life insurance policy # Company Phone

Term insurance policy # Company Phone

Health care benefits policy # Company Phone

Disability policy # Company Phone

Long-term care policy # Company Phone

Critical illness policy # Company Phone

Household and Auto

Home insurance company/agent name

Homeowner policy # Phone

Auto insurance company/agent name

Auto policy # Phone

PROFESSIONAL CONTACTS

Advisor's name Phone

Firm name and address

Account #1 Account #2

Other Contacts

Lawyer's name Phone

Firm name and address

Accountant's name Phone

Firm name and address

Other professional Phone

Firm name and address

Executor's name Phone

Power of Attorney (personal care) name Phone

Power of Attorney (property) name Phone

BANK

Bank name, address Phone

Chequing # Savings #

Safety deposit box #

Bank name, address Phone

Chequing # Savings #

Safety deposit box #

LOANS & CREDIT

Mortgage holder name Phone

Address Phone

Account #

Second mortgage holder name Phone

Address Phone

Account #

Home equity loan / line of credit holder name Phone

Address Phone

Account #

Car loan firm name Phone

Address Phone

Account #

Credit card type Company name Phone

Billing address Phone

Account #

Credit card type Company name Phone

Billing address Phone

Account #

Other Phone

Address Phone

Account #

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

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FOR MORE INFORMATION, PLEASE SPEAK WITH YOUR ADVISOR OR VISIT MANULIFE.CA

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