



# Information organizer

Ensure your personal and financial information is up-to-date and in one place when you need it.



## Here...there...and everywhere!

That's how many people file their personal and financial information. It's not being careless, it's just that most people have a lot of papers, forms and records to keep track of when it comes to things like mortgages, insurance policies, medical information, etc. This can become an issue if an emergency situation arises and you, or someone you trust, has to find and use this information.

## All together now

When an emergency strikes, whether it is financial or personal, not being able to easily access all of your information, updated and in one location, can add an element of panic to an already stressful situation. But you can take charge today and ensure that should an emergency situation arise, you are better prepared to deal with it by filling out the forms in this kit and keeping them up-to-date and in one place.

## Keep your personal information personal

Your personal finances are no one's business but your own and who you chose to share it with. However, if an emergency situation should arise, there are trusted individuals who may need to access your information.

That is why this booklet has been divided into two sections:

### Section 1: Emergency and financial information

- Update annually
- File in a secure location in your home and with your lawyer and/or advisor
- Do not distribute but, rather, let trusted individuals know where to find this information should the need arise

### Section 2: Emergency contact information

This information can be kept near your phone as well as being distributed to a trusted person. We should, however, caution that if you are sharing your neighbour's information with another person you should ask your neighbour's permission to do so.

- Update annually
- Distribute only to a most trusted person who you are confident will look after your family's best interest.

*Please be aware that once you share this information that person will always have this personal identifiable information about you.*

# Section 1: Emergency and financial information

Date completed

## PERSONAL Emergency information checklist

You	Spouse/Partner
Full legal name	Full legal name
Home phone	Home phone
Cell phone	Cell phone
Work phone	Work phone
Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)
Primary care physician's name	Primary care physician's name
Phone	Phone
Health Insurance Plan	Health Insurance Plan
Company name	Company name
Plan #	Plan #
Blood type	Blood type
Allergies	Allergies
Medications and dosages	Medications and dosages
Dentist's name	Dentist's name
Phone	Phone
Employer's company name	Employer's company name
Supervisor's name	Supervisor's name
Phone	Phone
Supervisor's email	Supervisor's email

## CHILDREN – List each child in the family

Child's full name	Date of birth (mm/dd/yyyy)
School name	Phone
After school care provider name	Phone
Health Insurance Plan	Company name
Plan #	Blood type
Dentist's name	Phone
Allergies	Medications and dosages
Child's full name	Date of birth (mm/dd/yyyy)
School name	Phone
After school care provider name	Phone
Health Insurance Plan	Company name
Plan #	Blood type
Dentist's name	Phone
Allergies	Medications and dosages
Child's full name	Date of birth (mm/dd/yyyy)
School name	Phone
After school care provider name	Phone
Health Insurance Plan	Company name
Plan #	Blood type
Dentist's name	Phone
Allergies	Medications and dosages

## PETS – List each pet separately

Type of animal	Special instructions
Pet's name	
Veterinarian name	
Phone	
Type of animal	Special instructions
Pet's name	
Veterinarian name	
Phone	
Type of animal	Special instructions
Pet's name	
Veterinarian name	
Phone	

Date completed

## FINANCIAL Information checklist

### INSURANCE – Life insurance *(complete for each insured person separately)*

Name of insured		Name of insured	
Policy Owner		Policy Owner	
Insurance company		Insurance company	
Type of policy		Type of policy	
Coverage amount \$	Policy #	Coverage amount \$	Policy #
Name of insured		Name of insured	
Policy Owner		Policy Owner	
Insurance company		Insurance company	
Type of policy		Type of policy	
Coverage amount \$	Policy #	Coverage amount \$	Policy #

### INSURANCE – Property insurance

Insurance company		Insurance company	
Policy Owner		Policy Owner	
Type of policy		Type of policy	
Coverage amount \$	Policy #	Coverage amount \$	Policy #
Insurance company		Insurance company	
Policy Owner		Policy Owner	
Type of policy		Type of policy	
Coverage amount \$	Policy #	Coverage amount \$	Policy #

**FINANCIAL ASSETS** *(complete for each asset separately)*

Name of advisor		Phone	
Firm name		Firm address	
Asset type		Asset type	
Company		Company	
Account #	Current value \$	Account #	Current value \$
Asset type		Asset type	
Company		Company	
Account #	Current value \$	Account #	Current value \$

**OTHER PROFESSIONAL CONTACTS**

Name of attorney	Name of tax professional
Phone	Phone
Firm name	Firm name
Firm address	Firm address
Other professional contacts <i>(list below)</i>	

**BANK INFORMATION** *(complete for each bank)*

Bank name		Bank name	
Branch address		Branch address	
Phone		Phone	
Chequing account #	Savings account #	Chequing account #	Savings account #

## LOANS AND CREDIT – Mortgage

First mortgage holder		Second mortgage holder	
Address		Address	
Phone		Phone	
Account #	Interest rate %	Account #	Interest rate %

## LOANS AND CREDIT – Loans

Home equity loan holder			
Address			
Phone			
Account #	Interest rate %		
Car make and model		Car make and model	
Car loan holder		Car loan holder	
Address		Address	
Phone		Phone	
Account #	Interest rate %	Account #	Interest rate %
Loan for		Loan for	
Loan holder		Loan holder	
Address		Address	
Phone		Phone	
Account #	Interest rate %	Account #	Interest rate %



**LOANS AND CREDIT – Credit cards** *(complete for each credit card)*

Account #		Account #	
Card type	Interest rate %	Card type	Interest rate %
24 hr. emergency contact number		24 hr. emergency contact number	
Type of insurance included	Amount of insurance included \$	Type of insurance included	Amount of insurance included \$
Account #		Account #	
Card type	Interest rate %	Card type	Interest rate %
24 hr. emergency contact number		24 hr. emergency contact number	
Type of insurance included	Amount of insurance included \$	Type of insurance included	Amount of insurance included \$

## Section 2: Emergency Contacts

You	Spouse/Partner
Full legal name	Full legal name
Home phone	Home phone
Cell phone	Cell phone
Work phone	Work phone
Family emergency meeting place	

Local emergency contact numbers – 911		
Police	Fire department	Hospital

Household emergency contact numbers	
Plumber	Electrician
Telephone company	Internet provider
Cable company	CAA/Towing
Other	Other

Family/Neighbours/Friends	
Name	Name
Address	Address
Home phone	Home phone
Cell phone	Cell phone
Name	Name
Address	Address
Home phone	Home phone
Cell phone	Cell phone



500-5000 Yonge Street  
Toronto, Ontario M2N 7J8  
[www.ivari.ca](http://www.ivari.ca)

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