

Information organizer

Here...there...and everywhere!

That's how many people file their personal and financial information. This can become an issue if an emergency situation arises and you, or someone you trust, has to find and use this information.

You can take charge today and ensure that all of your important personal, medical and financial information is located safely, securely and up-to-date should it need to be accessed.



Keep your information private

Your personal, medical and financial information is no one's business but your own, and who you chose to share it with. This is why we've divided this organizer into two sections:

Section 1:

Personal Emergency Information

- Update annually
- Distribute copies ONLY to trusted friends or family members
- Give a copy to your lawyer
- Ensure that all emergency contact people are aware that their information is being kept in this organizer and may be shared in the event of an emergency

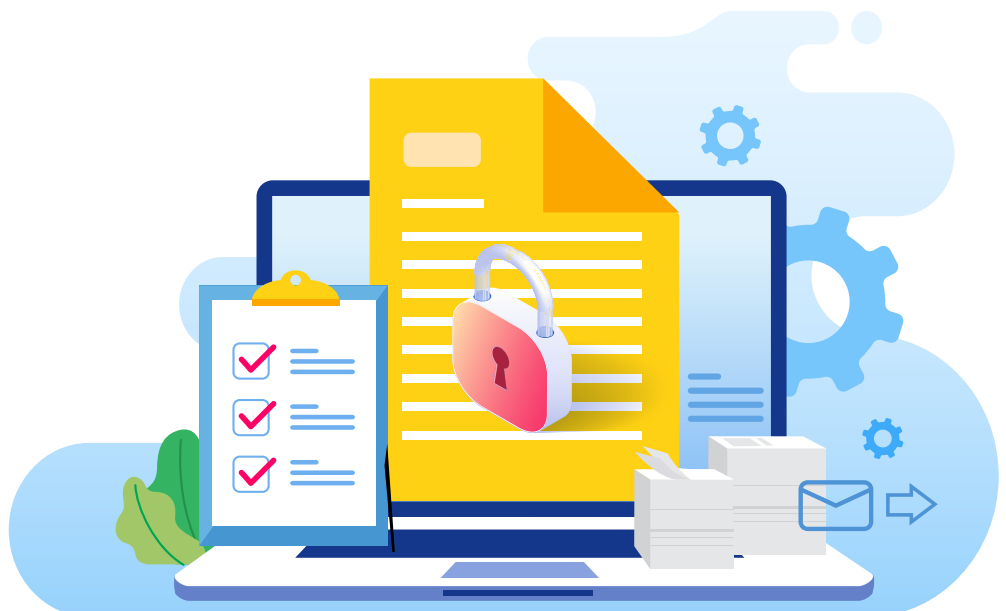
Section 2:

Financial Information

- Update annually
- Let a trusted friend or relative know where to find it, should the need arise
- Give a copy to your lawyer
- Be aware that once you share this information, that person will always have this personal, identifiable information about you

This Information Organizer is very detailed and not all information will be applicable to everyone. Simply fill in what is relevant to you, and leave the rest blank.

Please note that this material is for information purposes only and should not be construed as legal or tax advice. For individual circumstances, consult with legal or tax professionals.



Date completed/updated:

Section 1: Personal Emergency Information

You	Spouse/Partner
PERSONAL INFORMATION	PERSONAL INFORMATION
Full legal name	Full legal name
Mobile phone	Mobile phone
Work phone	Work phone
Home phone (landline)	Home phone (landline)
Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)
Emergency contact Name: Phone: Email:	Emergency contact Name: Phone: Email:
Employer's company name (incl. self employed)	Employer's company name (incl. self employed)
Employer's company phone number	Employer's company phone number
Supervisor's name	Supervisor's name
Emergency contact name at work	Emergency contact name at work
Location of Last Will and Testament (Hardcopy)	Location of Last Will and Testament (Hardcopy)
Location of Living Will	Location of Living Will
Location of Powers of Attorney papers Medical: Financial:	Location of Powers of Attorney papers Medical: Financial:
Prepaid funeral arrangements Name of funeral home: Phone number: Location of pre-payment contract: Payment details:	Prepaid funeral arrangements Name of funeral home: Phone number: Location of pre-payment contract: Payment details:

LOCATION OF OTHER IMPORTANT DOCUMENTS

Citizenship documents	Citizenship documents
Passport	Passport
Prenuptial agreement	Prenuptial agreement
Marriage certificate	Marriage certificate
Divorce papers	Divorce papers
Custody papers	Custody papers
Other papers	Other papers

HOME ALARM

Home alarm company name	
Name on account with the home alarm company	
Home alarm security code	

MEDICAL INFORMATION

Provincial Health Card #	Provincial Health Card #
Workplace health insurance plan:	Workplace health insurance plan:
Company plan is with:	Company plan is with:
Plan #:	Plan #:
Emergency contact info:	Emergency contact info:
Personal health insurance plan:	Personal health insurance plan:
Company plan is with:	Company plan is with:
Plan #:	Plan #:
Emergency contact info:	Emergency contact info:

MEDICAL INFORMATION <i>(continued)</i>	
Primary care physician's name	Primary care physician's name
Primary care physician's phone number	Primary care physician's phone number
Blood type	Blood type
Allergies (food/medicine/other)	Allergies (food/medicine/other)
Medications (list name, dosage, frequency taken)	Medications (list name, dosage, frequency taken)
Dentist's name	Dentist's name
Dentist's phone number	Dentist's phone number

CHILDREN'S PERSONAL/MEDICAL INFORMATION Complete personal and medical information for each child in the family.	
Child #1 – PERSONAL/MEDICAL INFORMATION	Child #2 – PERSONAL/MEDICAL INFORMATION
Child's full name	Child's full name
Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)
School child is attending	School child is attending
Address of school	Address of school
Phone number	Phone number
Years child is expected to be at their current school (i.e. 2020-2026)	Years child is expected to be at their current school (i.e. 2020-2026)
After school care provider's name	After school care provider's name
After school care provider's phone number	After school care provider's phone number
Provincial health card #	Provincial health card #
Parent's workplace health insurance plan Company plan is with: Plan #: Emergency contact info:	Parent's workplace health insurance plan Company plan is with: Plan #: Emergency contact info:

CHILDREN'S PERSONAL/MEDICAL INFORMATION *(continued)*

Complete personal and medical information for each child in the family.

Child #1 – PERSONAL/MEDICAL INFORMATION	Child #2 – PERSONAL/MEDICAL INFORMATION
Child's personal health insurance plan Company plan is with:	Child's personal health insurance plan Company plan is with:
Plan #:	Plan #:
Emergency contact info:	Emergency contact info:
Primary care physician's name	Primary care physician's name
Primary care physician's phone number	Primary care physician's phone number
Blood type	Blood type
Allergies (food/medicine/other)	Allergies (food/medicine/other)
Medications (list name, dosage, frequency taken)	Medications (list name, dosage, frequency taken)
Dentist's name	Dentist's name
Dentist's phone number	Dentist's phone number
Child #3 – PERSONAL/MEDICAL INFORMATION	Child #4 – PERSONAL/MEDICAL INFORMATION
Child's full name	Child's full name
Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)
School child is attending	School child is attending
Address of school	Address of school
Phone number	Phone number
Years child is expected to be at their current school (i.e. 2020-2026)	Years child is expected to be at their current school (i.e. 2020-2026)
After school care provider's name	After school care provider's name
After school care provider's phone number	After school care provider's phone number
Provincial health card #	Provincial health card #

CHILDREN'S PERSONAL/MEDICAL INFORMATION *(continued)*

Complete personal and medical information for each child in the family.

Child #3 – PERSONAL/MEDICAL INFORMATION	Child #4 – PERSONAL/MEDICAL INFORMATION
Parent's workplace health insurance plan Company plan is with: Plan #: Emergency contact info:	Parent's workplace health insurance plan Company plan is with: Plan #: Emergency contact info:
Child's personal health insurance plan Company plan is with: Plan #: Emergency contact info:	Child's personal health insurance plan Company plan is with: Plan #: Emergency contact info:
Primary care physician's name	Primary care physician's name
Primary care physician's phone number	Primary care physician's phone number
Blood type	Blood type
Allergies (food/medicine/other)	Allergies (food/medicine/other)
Medications (list name, dosage, frequency taken)	Medications (list name, dosage, frequency taken)
Dentist's name	Dentist's name
Dentist's phone number	Dentist's phone number

PETS	
Complete for each pet separately	
PET #1	PET #2
Type of animal	Type of animal
Pet's name	Pet's name
Name of veterinarian	Name of veterinarian
Phone number	Phone number
Pet's health conditions	Pet's health conditions Pet's health conditions
Pet's health conditions Pet's medications, including type and dosage	Pet's medications, including type and dosage
Any special instructions for handling this pet	Any special instructions for handling this pet
PET #3	PET #4
Type of animal	Type of animal
Pet's name	Pet's name
Name of veterinarian	Name of veterinarian
Phone number	Phone number
Pet's health conditions	Pet's health conditions Pet's health conditions
Pet's health conditions Pet's medications, including type and dosage	Pet's medications, including type and dosage
Any special instructions for handling this pet	Any special instructions for handling this pet

Section 2: Financial Information

Financial information must be stored in a safe and secure place and only shared with people you trust. If lost or stolen, this information maybe used for identity theft or financial theft. If you choose to include user ID and password information in this document, remember to update it each time you change your ID or password.

Date completed/updated:

You	Spouse/Partner
BANKING INFORMATION	
Complete for each financial institution you deal with	
Financial institution #1	Financial institution #1
Name of bank	Name of bank
Type of account and account #	Type of account and account #
Branch number	Branch number
Branch phone number	Branch phone number
Access card #	Access card #
Password	Password
Online banking user ID and password	Online banking user ID and password
Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc	Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc
Financial institution #2	Financial institution #2
Name of bank	Name of bank
Type of account and account #	Type of account and account #
Branch number	Branch number
Branch phone number	Branch phone number
Access card #	Access card #
Password	Password
Online banking user ID and password	Online banking user ID and password
Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc	Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc

BANKING INFORMATION (continued)

Complete for each financial institution you deal with

Financial institution #3	Financial institution #3
Name of bank	Name of bank
Type of account and account #	Type of account and account #
Branch number	Branch number
Branch phone number	Branch phone number
Access card #	Access card #
Password	Password
Online banking user ID and password	Online banking user ID and password
Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc	Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc
Financial institution #4	Financial institution #4
Name of bank	Name of bank
Type of account and account #	Type of account and account #
Branch number	Branch number
Branch phone number	Branch phone number
Access card #	Access card #
Password	Password
Online banking user ID and password	Online banking user ID and password
Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc	Type of business you have with this bank, i.e. loans, mortgage, lines of credit, credit cards, safety deposit box, etc

INDIVIDUAL INSURANCE

Complete for each policy owned

Policy #1	Policy #2
Type of insurance	Type of insurance
Name of insured(s)	Name of insured(s)
Location of insurance contract	Location of insurance contract
Insurance company	Insurance company

INDIVIDUAL INSURANCE (continued)	
Complete for each policy owned	
Policy #1	Policy #2
Advisor's name	Advisor's name
Advisor's phone number	Advisor's phone number
Advisor's email	Advisor's email
Beneficiary(ies) including phone numbers(s)	Beneficiary(ies) including phone numbers(s)
Face amount	Face amount
Date policy terminates (if applicable)	Date policy terminates (if applicable)
Policy #3	Policy #4
Type of insurance	Type of insurance
Name of insured(s)	Name of insured(s)
Location of insurance contract	Location of insurance contract
Insurance company	Insurance company
Advisor's name	Advisor's name
Advisor's phone number	Advisor's phone number
Advisor's email	Advisor's email
Beneficiary(ies) including phone numbers(s)	Beneficiary(ies) including phone numbers(s)
Face amount	Face amount
Date policy terminates (if applicable)	Date policy terminates (if applicable)

GROUP INSURANCE
Complete for each policy you have

Policy #1	Policy #2
Name of insured	Name of insured
Type of insurance (i.e. health, disability, life)	Type of insurance (i.e. health, disability, life)
Insurance company name	Insurance company name
Insurance company phone number	Insurance company phone number
Employer HR phone #	Employer HR phone #
Policy #	Policy #
Certificate #	Certificate #
Amount of coverage	Amount of coverage
Beneficiary	Beneficiary
Location of policy	Location of policy
Policy #3	Policy #4
Name of insured	Name of insured
Type of insurance (i.e. health, disability, life)	Type of insurance (i.e. health, disability, life)
Insurance company name	Insurance company name
Insurance company phone number	Insurance company phone number
Employer HR phone #	Employer HR phone #
Policy #	Policy #
Certificate #	Certificate #
Amount of coverage	Amount of coverage
Beneficiary	Beneficiary
Location of policy	Location of policy

PROPERTY INSURANCE

Complete for each property insured

Policy #1	Policy #2
Address of insured property	Address of insured property
Type of insurance (i.e. house, boat, car, etc)	Type of insurance (i.e. house, boat, car, etc)
Insurance company name	Insurance company name
Insurance company phone number	Insurance company phone number
Policy #	Policy #
Policyholder's name	Policyholder's name
Location of policy	Location of policy
Policy #3	Policy #4
Address of insured property	Address of insured property
Type of insurance (i.e. house, boat, car, etc)	Type of insurance (i.e. house, boat, car, etc)
Insurance company name	Insurance company name
Insurance company phone number	Insurance company phone number
Policy #	Policy #
Policyholder's name	Policyholder's name
Location of policy	Location of policy

ADDITIONAL NOTES

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