



HERITAGE
WEALTH ALLIANCE LLC

Family Preparedness Packet

Important information, organized for the people
who matter most.

PREPARED FOR

LAST UPDATED

Please store this packet in a secure location to protect
personal and confidential information.

heritagewealthalliance.com

A resource for your family



Keep important documents and information together so your family and trusted contacts can find what they need in an emergency or major life event.

Using your packet

Complete the sections that apply to your household. You may type into the fillable fields or print the packet and complete it by hand.

Review the information periodically and after major life changes. Let a trusted person know where you keep the completed packet.

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IMPORTANT INFORMATION

AssetMark, Inc. is an investment management and consulting firm that helps independent financial advisors build great businesses. This is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed and is subject to change.

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My Information

Date of Birth: _____

Father's Place of Birth (city and state/country): _____

Passport Number: _____ Expiration Date: _____

Full Names of Children (living and deceased):

Current Employer (name, address, phone, manager):

Pets:

Key Information



SPOUSE'S/PARTNER'S INFORMATION

My Spouse's/Partner's Personal Information

Full Legal Name: _____

Given/Maiden Name (if applicable): _____

Social Security Number: _____

Date of Birth: _____

Place of Birth (hospital, city, county, state/country):

Marriage Date: _____

Marriage Location (city and state/country): _____

Spouse's Former Spouse: _____

Marriage Dates: _____

Reason: ☐ Death ☐ Divorce (date and location): _____

My Former Spouse/Partner: _____

Date of Birth: _____

Marriage Dates: _____

Reason: ☐ Death ☐ Divorce (date and location): _____

My Former Spouse/Partner: _____

Date of Birth: _____

Marriage Dates: _____

Reason: ☐ Death ☐ Divorce (date and location): _____

Other: _____

Key Information



EMERGENCY CONTACTS

Information last updated: _____

Contact	Name	Phone or Email
Emergency Contacts:		
Primary Doctor:		
Doctor/Specialist:		
Cleric:		
Attorney:		
Financial Advisor:		

Key Information



EMERGENCY CONTACTS

Information last updated: _____

Contact	Name	Phone or Email
Property and Casualty Agent:		
CPA:		
Executor:		
Trustee:		
Successor Trustee:		
Other (Power of Attorney, Healthcare Proxy):		

Essential Documents



ESSENTIAL DOCUMENTS

Information last updated: _____

These documents are important, but only occasionally needed.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Driver's License:			
Passport:			
Military Service Documents:			
Professional Certifications:			
Document Inventory:			
Vehicle Titles:			
Vehicle Repairs:			
Real Estate Deeds:			
Property Tax Assessment and Statements:			
Household Inventory:			
Home Improvement Receipts:			
Photos/Videos of Possessions:			
Safe Deposit Box Inventory:			

Essential Documents



ESSENTIAL DOCUMENTS

Information last updated: _____

These documents should never be destroyed. Store everything in one secure location.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Birth Certificate:			
Social Security Card:			
Marriage Certificates:			
Divorce Decrees:			
Death Certificates:			
Citizenship or Naturalization Papers:			
Military Discharge:			
Veteran's Records:			
Crematory Deed:			
Final Expense Insurance:			
Diplomas:			
Lawsuits:			
Immunizations:			

Essential Documents



ESSENTIAL DOCUMENTS

Information last updated: _____

These documents are important, but only occasionally needed.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Insurance Policies:			
Retirement Plan Documents:			
Employee Benefits:			
Employment Contracts:			
Financial Statements:			
Credit Card Statements:			
Credit Reports:			
Loan Agreements and Statements:			
College Savings/Financial Aid:			
Investment Statements:			
Annuity Contracts:			
Stock Certificates:			
Bond Certificates:			

Essential Documents



ESSENTIAL INFORMATION

Information last updated: _____

My family is due the following benefits from my employer:

☐ AD&D

☐ Stock

☐ Life Insurance

☐ Long-Term Care

☐ Disability Insurance

☐ Retirement Plan

☐ Deferred Compensation

☐ Other: _____

SAFE & VALUABLES

I have ☐ a safe and/or ☐ valuables (jewelry, collections, etc.) located at:

Persons who know the safe combination:

I may receive an inheritance from:

I am the beneficiary of a trust. Trust document is located at:

I am entitled to military benefits, including:

SAFE DEPOSIT BOXES

Located at (city and state): _____

Safe deposit box keys are located: _____

Safe deposit box code: _____



ONLINE ACCOUNTS AND SUBSCRIPTIONS

Information last updated: _____
Online Accounts and Subscriptions (Frequent flyer miles, hotel points, etc.)

Account or Subscription	Associated Email	Additional Notes



BANKING INFORMATION

Information last updated: _____

Bank Accounts

Account	
Bank Name: _____	Phone #: _____
Checking Account #: _____	Savings Account #: _____
ATM/Debit Card #: _____	Other: _____
Bank Name: _____	Phone #: _____
Checking Account #: _____	Savings Account #: _____
ATM/Debit Card #: _____	Other: _____
Bank Name: _____	Phone #: _____
Checking Account #: _____	Savings Account #: _____
ATM/Debit Card #: _____	Other: _____
Bank Name: _____	Phone #: _____
Checking Account #: _____	Savings Account #: _____
ATM/Debit Card #: _____	Other: _____

CREDIT CARD INVENTORY

Information last updated: _____

Credit Card Inventory

Credit Cards

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Credit Card Issued To:

Account #:

Issuer:

Expiration:

Financial Information



FINANCIAL INFORMATION

Information last updated: _____

Investment Accounts

Account

Investment Firm Name:

Financial Professional:

Phone #:

Account #:

Account Title:

Account Type:

Investment Firm Name:

Financial Professional:

Phone #:

Account #:

Account Title:

Account Type:

Investment Firm Name:

Financial Professional:

Phone #:

Account #:

Account Title:

Account Type:

Investment Firm Name:

Financial Professional:

Phone #:

Account #:

Account Title:

Account Type:

Investment Firm Name:

Financial Professional:

Phone #:

Account #:

Account Title:

Account Type:



RETIREMENT PLANS

Information last updated: _____

My Retirement Plans / Executive Compensation

Plan	Company Name	Phone #
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

LIABILITY INFORMATION

Information last updated: _____

Loan Inventory

Loan	Account Information
Mortgage Broker Name: 	
Mortgage (First): 	
Mortgage (Second): 	
HELOC/HEL: 	
Vehicle Lienholder: 	
Vehicle Lienholder: 	
Vehicle Lienholder: 	