

Marion Syversen, President



Caring for your investments

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Taking Control of Financial Records

A.) FAMILY INFORMATION

Name: _____ Date of Birth: _____
Partner's Name: _____ Date of Birth: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____ Fax: _____
Cell Phone: _____
Partner's Work Phone: _____ Fax: _____
Partner's Cell Phone: _____
Email: _____ Partner's Email: _____
Social Security #: _____ Partner's Social Security #: _____
Employer: _____ Position: _____
Human Resource Contact Name: _____ Phone Number: _____

Partner's Employer: _____ Position: _____
Human Resource Contact Name: _____ Phone Number: _____
Children / Dependents
Names: _____ DOB: _____ SS#: _____
Names: _____ DOB: _____ SS#: _____
Names: _____ DOB: _____ SS#: _____
Accountant Name: _____ Number: _____
Attorney Name: _____ Number: _____

Where are the keys to the Safety deposit box, or cash box or are there any secret hiding places?

B.) PERSONAL INVESTMENTS

a. Non-Retirement

i. Safety Deposit Box

Financial Institution: Box #: Key Location:

ii. Cash – Checking / Savings / Money Market

Financial Institution 1:	Type of Account:
Account #:	Approximate Balance:
Financial Institution 2:	Type of Account:
Account #:	Approximate Balance:
Financial Institution 3:	Type of Account:
Account #:	Approximate Balance:

iii. Fixed Income / CD / Bonds

Institution 1:	Type:	Account #:	Rate:
Approximate Balance:			
Institution 2:	Type:	Account #:	Rate:
Approximate Balance:			
Institution 3:	Type:	Account #:	Rate:
Approximate Balance:			

iv. Equities / Mutual Funds

Institution 1:	Type:	Account #:
Cost Basis:	Date Purchased:	Approx. Balance:
Institution 2:	Type:	Account #:
Cost Basis:	Date Purchased:	Approx. Balance:
Institution 3:	Type:	Account #:
Cost Basis:	Date Purchased:	Approx. Balance:
Institution 4:	Type:	Account #:
Cost Basis:	Date Purchased:	Approx. Balance:

v. Annuities

Company 1: Owner:
Date Purchased: Approx. Balance:
Company 2: Owner:
Date Purchased: Approx. Balance:
Company 3: Owner:
Date Purchased: Approx. Balance:
Company 4: Owner:
Date Purchased: Approx. Balance:

vi. Other Assets (Businesses, etc.)

Type: Approx. Market Value:
Contact Info:
Tax ID: EIN:
Type: Approx. Market Value:
Contact Info:
Tax ID: EIN:
Type: Approx. Market Value:
Contact Info:
Tax ID: EIN:

b. Retirement

Are You Presently Participating in an Employer Sponsored Plan?

Type of Plan: % You Contribute: Approx. Value:

Is Your Partner Presently Participating in an Employer Sponsored Plan?

Type of Plan: % You Contribute: Approx. Value:

Do You or Your Partner have Retirement Plans in Company Plans of Former Employers?

Company Name 1: Co. Address:
Contact Person: Approx. Balance:
Company Name 2: Co. Address:
Contact Person: Approx. Balance:

Company Name 3:

Co. Address:

Contact Person:

Approx. Balance:

Company Name 4:

Co. Address:

Contact Person:

Approx. Balance:

Are You or Your Partner Participating in Self-Directed Plans such as IRA'S, ROTH IRA's, etc.?

(Have you checked the beneficiary to be certain this information is current?)

Institution 1:

Type:

Account #:

Approx. Balance:

Institution 2:

Type:

Account #:

Approx. Balance:

Institution 3:

Type:

Account #:

Approx. Balance:

i. REAL ESTATE

Do You Own Your Home?

Do You Have a Mortgage?

If so Name of Financial Institution:

Account #:

Address Where Bill Is Paid:

Interest Rate:

Fixed or Variable:

Mortgage Term remaining:

Jointly Held (Y/N):

Approx. Balance:

Approx. Value:

Second Home

Financial Institution:

Account #:

Address Where Bill Is Paid:

Interest Rate:

Fixed or Variable:

Mortgage Term remaining:

Jointly Held (Y/N):

Approx. Balance:

Approx. Value:

ii. Other Real Estate

If so Name of Financial Institution:

Account #:

Address Where Bill Is Paid:

Interest Rate: Fixed or Variable: Mortgage Term remaining:
Jointly Held (Y/N): Approx. Balance: Approx. Value:

C.) ESTATE PLANNING

a. Will / Living Trust / Advanced Directive

Do You Have a Will / Living Trust: Where is a Copy Kept?
Date of Last Review: Attorney's Name: Address:
City: State:
Phone Number: Fax:
Is Property Held in Trust? Dose It Have Power of Attorney?

Does Your Partner have a Will/Living Trust?

Do You Have a Living Will/ Advanced Directive? Where is it kept?

Does Your Partner Have a Will/Advanced Directive? Where is it kept?

b. Life Insurance

Agent: Company:
Type: Policy #: Death Ben.:
Annual premium:

c. Disability Insurance

Agent: Company:
Type: Policy #: Annual premium:

d. Health Insurance

Agent: Company:
Type: Policy #: Annual premium:

e. Long-term Care Insurance

Agent: _____ Company: _____
Type: _____ Policy #: _____ Annual premium: _____

D.) LIABILITIES

- a. Credit Cards (Who, Acct Number, Contact Info):

- b. Utilities (Who, Acct Number, Contact Info):

- c. Other Debt/ Loans / Liens (Who, Acct Number, Contact Info):

E.) Funeral / Burial Arrangements

Have You Pre-Paid Funeral Arrangement?

Name of Funeral Home: _____ Contact Name: _____
Address: _____
City: _____ State: _____
Phone: _____

Pre-Paid Cemetery Lot? _____ Name of Cemetery: _____
Address: _____
City: _____ State: _____

Contact Name: _____
Phone #: _____ Fax #: _____

Pre-Paid Memorial? _____ Name of Monument shop: _____
Contact Name: _____ Phone #: _____
Address: _____ City: _____ State: _____

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