



**NACHMAN NORWOOD & PARROTT**  
WEALTH MANAGEMENT CONSULTANCY

# Life Planner

Courtesy of:

**Nachman Norwood & Parrott**  
**Wealth Management Consultancy**

1116 South Main Street  
Greenville, SC 29601

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Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member SIPC. Nachman Norwood & Parrott is a separate entity from WFAFN.

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The information you provide for this organizer does not supersede the information on your account statements, and/or trade confirmation, which are considered to be the official and accurate records of your account activity. The information you provide in this profile may not reflect all holdings or transactions, their cost, or proceeds in your account. Furthermore, if personal information on your account profile needs to be revised, please address this with your Financial Advisor. Please contact your Financial Advisor for further information.

Wells Fargo Advisors does not provide tax or legal advice. Be sure to consult with your own tax or legal advisors before taking any action that would have tax or legal implications.

**Part 1: Personal Data****Self**

**Full legal name:** \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_ Organ donor:  Yes  No  Undecided  
 Primary care physician name & phone: \_\_\_\_\_  
 Health insurance plan name & ID #: \_\_\_\_\_  
 Medicare #: \_\_\_\_\_ Medigap #: \_\_\_\_\_  
 Blood type: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Medications and dosage: \_\_\_\_\_  
 Dentist name & phone: \_\_\_\_\_  
 Employer & address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 HR contact name & phone: \_\_\_\_\_  
 Supervisor name & phone: \_\_\_\_\_

**Spouse**

**Full legal name:** \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_ Organ donor:  Yes  No  Undecided  
 Primary care physician name & phone: \_\_\_\_\_  
 Health insurance plan name & ID #: \_\_\_\_\_  
 Medicare #: \_\_\_\_\_ Medigap #: \_\_\_\_\_  
 Blood type: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Medications and dosage: \_\_\_\_\_  
 Dentist name & phone: \_\_\_\_\_  
 Employer & address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 HR contact name & phone: \_\_\_\_\_  
 Supervisor name & phone: \_\_\_\_\_

**Emergency Contact List**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

## Children

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**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female  
School name / Work place: \_\_\_\_\_ School / Work phone: \_\_\_\_\_  
Health insurance plan name & ID #: \_\_\_\_\_  
Medications & dosage: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Blood type: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female  
School name / Work place: \_\_\_\_\_ School / Work phone: \_\_\_\_\_  
Health insurance plan name & ID #: \_\_\_\_\_  
Medications & dosage: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Blood type: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female  
School name / Work place: \_\_\_\_\_ School / Work phone: \_\_\_\_\_  
Health insurance plan name & ID #: \_\_\_\_\_  
Medications & dosage: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Blood type: \_\_\_\_\_

**Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female  
School name / Work place: \_\_\_\_\_ School / Work phone: \_\_\_\_\_  
Health insurance plan name & ID #: \_\_\_\_\_  
Medications & dosage: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Blood type: \_\_\_\_\_

Doctor name & phone: \_\_\_\_\_  
Dentist name & phone: \_\_\_\_\_  
Specialist name & phone: \_\_\_\_\_  
Daycare provider & phone: \_\_\_\_\_

## Pets

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Veterinarian name & phone: \_\_\_\_\_  
**Pet name:** \_\_\_\_\_ Pet type: \_\_\_\_\_  
Special considerations: \_\_\_\_\_

**Pet name:** \_\_\_\_\_ Pet type: \_\_\_\_\_  
Special considerations: \_\_\_\_\_

## Heirs

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**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

## Charities

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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Street address: \_\_\_\_\_ City, State & ZIP Code: \_\_\_\_\_

## Part 2: Financial Data

### Advisors

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#### Protection

Insurance company name: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Life insurance policy #: \_\_\_\_\_ Disability policy #: \_\_\_\_\_

Long-term care policy #: \_\_\_\_\_ Other: \_\_\_\_\_

#### Household

Insurance company name: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Homeowner policy #: \_\_\_\_\_ Auto policy #: \_\_\_\_\_

Umbrella policy #: \_\_\_\_\_ Other: \_\_\_\_\_

### Financial

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**Financial Advisor name:** \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Financial Advisor name:** \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Financial Advisor name:** \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Account #: \_\_\_\_\_ Account Title: \_\_\_\_\_ Current Value \$: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

### Other Professionals

Attorney name: \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accountant name: \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

### Assets

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Here is a list of all my other investments including real property. I have listed a contact person and telephone number for each item, as well as the location of any documentation.

Investment / Description: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Title / Documents are located: \_\_\_\_\_

Investment / Description: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Title / Documents are located: \_\_\_\_\_

Investment / Description: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Title / Documents are located: \_\_\_\_\_

Investment / Description: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Title / Documents are located: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Loan is in a signed writing:  Yes  No Documents are located: \_\_\_\_\_

Money is owed to us by: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Loan is in a signed writing:  Yes  No Documents are located: \_\_\_\_\_

**Loaned and Stored Assets**

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I have assets stored at the following locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have loaned the following personal property (furniture, art, collectibles etc.):

<b>Objects</b>	<b>Person Holding Them</b>
_____	_____
_____	_____
_____	_____
_____	_____

Other Assets Not Mentioned: \_\_\_\_\_

## Bank

Bank name: \_\_\_\_\_ Branch address \_\_\_\_\_ Phone: \_\_\_\_\_

Checking #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Savings #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Certificates of Deposit:

Amount: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Maturity: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Amount: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Maturity: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Bank name: \_\_\_\_\_ Branch address: \_\_\_\_\_ Phone: \_\_\_\_\_

Checking #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Savings #: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Certificates of Deposit:

Amount: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Maturity: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Amount: \_\_\_\_\_ Interest rate: \_\_\_\_\_ Maturity: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

## Insurance & Benefits

### Life Insurance Coverage

Type	Owner	Beneficiary	Face	Loans	Cash Value	Carrier	Policy Number	Annual Premium

### Disability Insurance Policies

Carrier	Policy Located At	Policy Number	Annual Premium	Premium Paid By

If I'm disabled, my disability insurance policy  allows  does not allow you to stop making premium payments.

### Health Insurance Policies

Carrier	Policy Located At	Policy Number	Annual Premium	Premium Paid By

I have the following other policies:

Type	Carrier	Policy Location	Policy Number	Annual Premium
Auto				
Umbrella				
Home				
Boat/Airplane				
Long Term Care				
Jewelry				
Other				

The following insurance premiums are paid automatically from my bank account. Please make sure you do not close my account without making sure the premiums are still being paid.

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## Employment Benefits

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I have the following disability and/or death benefits where I work or worked:

Retirement Plan(s): \_\_\_\_\_

Military Retirement Benefits: \_\_\_\_\_

Military Survivor Benefits: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Long Term Care Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Deferred Compensation: \_\_\_\_\_

Stock Ownership: \_\_\_\_\_

Cafeteria Plan: \_\_\_\_\_

Flexible Spending Accounts: \_\_\_\_\_

Other: \_\_\_\_\_

# Loans and Credit

**Mortgage holder:** \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Second mortgage holder:** \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Home equity loan holder:** \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Car loan:** \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Car loan:** \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ Phone: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ Phone: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ Phone: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Other loan:** \_\_\_\_\_ Phone: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

## Part 3: Personal Document Locator

Document	Location	Other information/Who to contact
<b>Personal Papers</b>		
My will (original)	_____	_____
Spouse's will	_____	_____
Trust agreements	_____	_____
Power of attorney	_____	_____
Living will/medical POA	_____	_____
Birth certificate	_____	_____
Passports	_____	_____
Social Security card	_____	_____
Marriage certificate	_____	_____
Divorce/separation papers	_____	_____
Adoption papers	_____	_____
Military papers	_____	_____
Family death certificates	_____	_____
Employment record	_____	_____

Document	Location	Other information/Who to contact
<b>Property Papers</b>		
Vehicle titles		
Property deeds		
Appraisals		
<b>Financial Papers</b>		
Bank accounts		
Credit card accounts		
Home & property loans		
Tax returns		
Previously filed Form 706		
<b>Insurance Policies</b>		
Home		
Health		
Vehicle		
<b>Retirement and Life Insurance</b>		
Pension benefit information		
IRAs, 401(k), 457, 403(b)		
Life insurance		
Social Security		
<b>Other</b>		

Document	Location	Other information/Who to contact

I  do  do not have a safe deposit box.

It can be found at: \_\_\_\_\_

The following people have signature authority on the box: \_\_\_\_\_

I  do  do not have a personal safe. The safe can be found: \_\_\_\_\_

## Part 4: General Information

My e-mail address is: \_\_\_\_\_

My Internet account is with: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Emergency numbers

Local police: \_\_\_\_\_

Local fire department: \_\_\_\_\_

Local hospital: \_\_\_\_\_

### Household emergency

Plumber: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Heating provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Telephone company: \_\_\_\_\_ Phone: \_\_\_\_\_

Electric company: \_\_\_\_\_ Phone: \_\_\_\_\_

Cable company: \_\_\_\_\_ Phone: \_\_\_\_\_

Town Hall: \_\_\_\_\_ Phone: \_\_\_\_\_

AAA/Towing: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

### Nearest neighbors

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Government organizations

**Social Security Administration**  
1-800-772-1213  
[www.ssa.gov](http://www.ssa.gov)

**IRS**  
1-800-829-1040  
[www.irs.gov](http://www.irs.gov)

**FEMA (Federal Emergency Management Agency)**  
1-800-621-FEMA (3362)  
[www.fema.gov](http://www.fema.gov)

## Part 5: Funeral Arrangements: Instructions for My Survivors

Religious affiliations, if any: \_\_\_\_\_

Place of worship, of any: \_\_\_\_\_

Clergy to contact: \_\_\_\_\_

Address: \_\_\_\_\_

I prefer:  Burial  Cremation  Bequeathal

I prefer:  Funeral Service  Memorial Service  No Ceremony

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Memorial Society: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bequeathal Arrangements with: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Arrangements: \_\_\_\_\_

### If Funeral

Cemetery preferred: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like the following pallbearers: \_\_\_\_\_

I prefer:  A Viewing  No Viewing  No Casket  
 Open Casket  Closed Casket  
 Embalming  No Embalming  
 Flowers  No Flowers  
 Donations (if any) to: \_\_\_\_\_

### If Service Will Be Held, I Prefer the Following:

Music: \_\_\_\_\_

Readings: \_\_\_\_\_

Participants: \_\_\_\_\_

### If Cremation:

I would like my ashes to be handled as follows:

I prefer no more than \$ \_\_\_\_\_ be spent on my funeral, if possible. Prepaid Funeral:  Yes  No

Burial Plot:  Yes  No Title is located: \_\_\_\_\_

**Biographical Data (for Obituaries and Death Notices)**

Educational: \_\_\_\_\_  
\_\_\_\_\_

Civic Affiliations: \_\_\_\_\_  
\_\_\_\_\_

Political Affiliations: \_\_\_\_\_  
\_\_\_\_\_

Religious Affiliations: \_\_\_\_\_  
\_\_\_\_\_

Military Service: \_\_\_\_\_  
\_\_\_\_\_

Honors/Awards/Achievements: \_\_\_\_\_  
\_\_\_\_\_

Employment Highlights: \_\_\_\_\_  
\_\_\_\_\_

Survivors (Immediate Family): \_\_\_\_\_  
\_\_\_\_\_