



ORGANIZING YOUR FINANCIAL LIFE

Last Updated _____
Month/Year

Building the life you always wanted takes careful planning and preparation. With this in mind, you may find it helpful to have all your important financial information in one place. This document is intended to be that place for you.

Family Information

Full Name: _____

Address: _____

Birthdate: _____ Social Security No.: _____ Birth City/State: _____

Occupation: _____ Employer: _____

Prior Marriages: _____

Prior State(s) of Residence: _____

Spouse's Full Name: _____

Address: _____

Birthdate: _____ Social Security No.: _____ Birth City/State: _____

Occupation: _____ Employer: _____

Prior Marriages: _____

Prior State(s) of Residence: _____



**SAINT FRANCIS
HEALTHCARE SYSTEM**

FOUNDATION

It is in Giving that We Receive

211 Saint Francis Drive, Cape Girardeau, Mo. 63703
Office: 573-331-5133 • Fax: 573-331-5075 • Email: foundation@sfmc.net

Child's Full Name: _____
Address: _____
Birth Date: _____ Social Security No.: _____ Birth City/State: _____
Child's Spouse's Name: _____ Birthdate: _____
Child's Children and Ages: _____

Child's Full Name: _____
Address: _____
Birth Date: _____ Social Security No.: _____ Birth City/State: _____
Child's Spouse's Name: _____ Birthdate: _____
Child's Children and Ages: _____

Child's Full Name: _____
Address: _____
Birth Date: _____ Social Security No.: _____ Birth City/State: _____
Child's Spouse's Name: _____
Child's Children and Ages: _____

Do you or your spouse have any children from a previous marriage or relationship?

You Yes No List Names: _____

Spouse Yes No List Names: _____

Have they been adopted? Yes, by whom: _____ No

Are your parents living?

Mother Yes No Name: _____

Father Yes No Name: _____

Are your spouse's parents living?

Mother Yes No Name: _____

Father Yes No Name: _____

Are any of your siblings living?

Yes No Names:

Are any of your spouse's siblings living?

Yes No Names:

List any dependents other than your immediate family:



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Financial Information

Advisors (include names and phone numbers):

Estate Planning Attorney: _____

Insurance Representative: _____

Trust Officer: _____

Accountant: _____

Banker: _____

Financial Advisor: _____

Banking (include bank name, account no., account type, authorized signatures, beneficiaries, etc.):

Ownership (include real estate deeds, motor vehicle title(s), other titles of ownership, appraisals, beneficiaries and inventory of valuable items):

Credit and Lending (include creditor name, account no., account type, authorized signatures, balances, beneficiaries, where you keep these types of documents, etc.):

Mortgage: _____

Home Equity: _____

Car Loans: _____

Student Loans: _____

Other Outstanding Loans: _____

Promissory Notes: _____

Credit Cards: _____

Rental and/or Lease Agreements: _____

Other: _____



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Tax Information (include prior year's federal and state tax returns, gift tax returns, property and school tax records, etc.):

Retirement & Investment Accounts (include names, advisor names, account no., account types, authorized signatures, balances, where you keep these types of documents, beneficiaries, etc.)

Bonds: _____

Company Retirement Plan: _____

IRA: _____

Mutual Funds: _____

Stocks: _____

Annuities: _____

Other: _____

Business Interests:

Name of Business: _____

Type of Business: _____

Ownership Structure: _____

Percent of Ownership: _____



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Estate Planning Information

Date of Last Review: _____

Estate (include contact information, where you keep these types of documents, names of Trustees and any pertinent information):

Last Will and Testament: _____

Living Trust: _____

Irrevocable Trust: _____

Charitable Trust: _____

Living Will/Healthcare Proxy: _____

Durable Power of Attorney: _____

Letter of Instruction to Executor/Executrix: _____

Certificates of Deceased Family Members: _____

Other: _____

Insurance (include contact information, where you keep these types of documents and any pertinent information):

Long-term Care: _____

Life Insurance: _____

Group Life: _____

Health and Accident: _____

Mortgage Insurance: _____

Travel Insurance: _____

Automobile Insurance: _____

Other: _____

Funeral and Burial Arrangements:

Funeral Home Preference: _____

Prepaid Funeral Plan: _____

Burial Instructions or Cemetery Plot Deed: _____



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Key Contacts

Personal (include contact information, account no., security codes and any pertinent information):

Family Member: _____

Family Member: _____

Friend: _____

Friend: _____

Primary Care Physician: _____

Other Physician: _____

Pediatrician: _____

Guardian or Emergency Contacts for Minor(s): _____

Home Health: _____

Primary Medical Insurance: _____

Secondary Medical Insurance: _____

Executor: _____

Power of Attorney: _____

Employer: _____

Dentist: _____

Veterinarian: _____

Telephone Provider: _____

Cellular Phone Provider: _____

Cable/Internet Provider: _____

Gas or Electric Company: _____

Other: _____



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Other Important Documents

Personal (include contact information, account no., security codes, where you keep these types of documents and any pertinent information):

Social Security Card: _____

Birth Certificates: _____

Passport: _____

Driver's License: _____

Adoption Papers: _____

Marriage Certificates: _____

Prenuptial Agreement: _____

Divorce or Separation Paperwork: _____

Military Discharge Papers: _____

Safe and Combination: _____

Safe Deposit Box and Key: _____

Prepaid Funeral Documents: _____

Please consider remembering Saint Francis Healthcare System Foundation in your will.



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