



Personal and Financial Organizer

Solutions

Date:

SELF

Full legal name	Cell phone
Email	
Address	
Birth date	SIN #
Driver's licence #	Passport #
Health card #	
Blood type	Allergies
Medications and dosages	
Primary care physician name	Phone
Dentist name	Phone
Specialist name, address	Phone
Employer name, address	Phone
Supervisor name	Phone
Car ownership and registration #	

SPOUSE

Full legal name	Cell phone
Email	
Address	
Birth date	SIN #
Driver's licence #	Passport #
Health card #	
Blood type	Allergies
Medications and dosages	
Primary care physician name	Phone
Dentist name	Phone
Specialist name, address	Phone
Employer name, address	Phone
Supervisor name	Phone
Car ownership and registration #	

EMERGENCY CONTACT LIST

Name Relationship Home phone Cell phone
Name Relationship Home phone Cell phone

CHILDREN

Name Birth date
Cell phone Email
SIN # Passport #
School/employer name
Address
Teacher/supervisor name Health card #
Blood type Allergies
Medications and dosages

Name Birth date
Cell phone Email
SIN # Passport #
School/employer name
Address
Teacher/supervisor name Health card #
Blood type Allergies
Medications and dosages

Name Birth date
Cell phone Email
SIN # Passport #
School/employer name
Address
Teacher/supervisor name Health card #
Blood type Allergies
Medications and dosages

OTHER IMPORTANT CONTACTS (i.e., daycare provider, specialist, dentist, veterinarian)

Name Profession
Address Phone

Name Profession
Address Phone

Name Profession
Address Phone

Name Profession
Address Phone

INVESTMENTS

RRSP account # Company Phone

RESP account # Company Phone

Non-registered account # Company Phone

TFSA account # Company Phone

RRIF/LIF account # Company Phone

Pension/DPSP account # Company Phone

Other

INSURANCE

Personal

Life insurance policy # Company Phone

Term insurance policy # Company Phone

Health care benefits policy # Company Phone

Disability policy # Company Phone

Long-term care policy # Company Phone

Critical illness policy # Company Phone

Household and Auto

Home insurance company/agent name

Homeowner policy # Phone

Auto insurance company/agent name

Auto policy # Phone

PROFESSIONAL CONTACTS

Advisor's name Phone

Firm name and address

Account #1 Account #2

Other Contacts

Lawyer's name Phone

Firm name and address

Accountant's name Phone

Firm name and address

Other professional Phone

Firm name and address

Executor's name Phone

Power of Attorney (personal care) name Phone

Power of Attorney (property) name Phone

BANK

Bank name, address Phone
Chequing # Savings #
Safety deposit box #

Bank name, address Phone
Chequing # Savings #
Safety deposit box #

LOANS AND CREDIT

Mortgage holder name
Address Phone
Account #

Second mortgage holder name
Address Phone
Account #

Home equity loan/line of credit holder name
Address Phone
Account #

Car loan firm name
Address Phone
Account #

Credit card type Company name
Billing address Phone
Account #

Credit card type Company name
Billing address Phone
Account #

This document should be kept in a safe and private location. Do not write PINs or passwords on this form.

