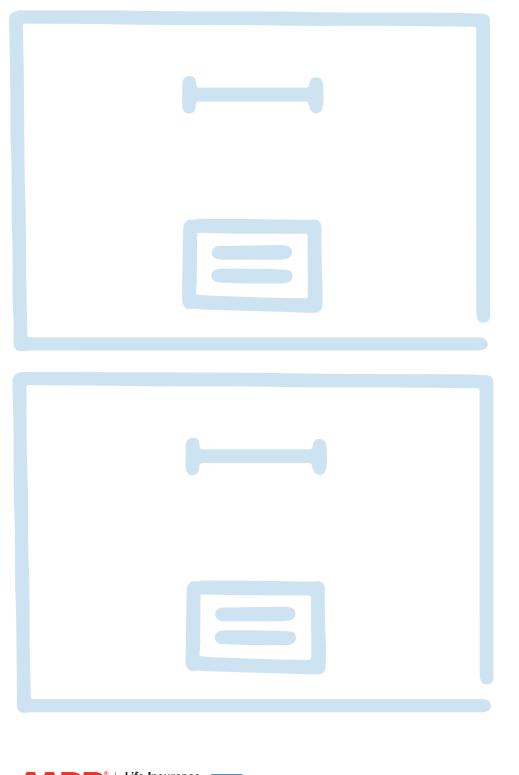
Life Organizer











Using this organizer

Your Life Organizer is an easy way to record personal information, such as financial details, medical data, and the location of your important documents.

In the event that you are incapacitated or someone should make decisions on your behalf, this organizer can be a critical resource for your family and professional advisors.

- Remember to review and update your information periodically.
- Keep this document stored in a secure place such as a fireproof safe or a safety deposit box.
- Share the document location with a trusted family member or advisor who would need access to your records.

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Last Updated:			
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New York Life Insurance Company, AARP, and their affiliates are not responsible for the loss, theft, or misuse of this document. This resource can help store important information. Any information recorded in this document does not take the place of the set up of these accounts, trusts, or final wishes.

Personal information

Full name					
Street address			City	State	Zip
Home phone	Mobile	phone	Email ad	ddress	
Employer name			Phone		
Safety deposit box and key location					
Veteran: □yes □no	Veteran's service r	number			
ocation of discharge papers					
Branch of service				Dates s	erved
Pets: □yes □no				Phone	
Emergency contact					
Home phone		Mobile phone			
Ourable power of attorney for I	nealth care decisio	ons			
Designated agent		Date			
Document location		Date issued			
Living will: □Yes □No		If yes, does your prir	mary care physician have a	a copy of document: 🗆 Ye	s □ No
Document location		Date issued			
Do not resuscitate: □Yes □N	0	If yes, does your prir	mary care physician have a	a copy of document: 🗆 Ye	s □No
Document location					
Organ donation: ☐ Yes ☐ No		If yes, does your prir	mary care physician have a	a copy of document: 🗆 Ye	s □ No
Document location					

Medical information

Health insurance provider

Provider name	Customer service phone
Medicare	
Medicaid	
Prescription coverage	
Health care professionals	
Primary care physician	
Address	Phone
Eye doctor	
Address	Phone
Dentist	
Address	Phone
Specialist	
Address	Phone
Specialist	
Address	Phone
Specialist	
Address phone	

Medical information (continued)

Pharmacy and allergies

Pharmacy			
Address		Phone	
Allergies (medications, food, etc.)			
Medications (prescription a	nd over the counter)		
Medication name	Dosage	Medication name	Dosage
Prescribing physician		Prescribing physician	
Medication name	Dosage	Medication name	Dosage
Prescribing physician		 Prescribing physician	
Medication name	Dosage	Medication name	Dosage
		_	
Prescribing physician		Prescribing physician	
		_	
Medication name	Dosage	Medication name	Dosage
Prescribing physician		Prescribing physician	

Financial information

Financial professionals and contacts

Accountant	
Name	Email
Firm/company	
Address	Phone
Financial advisor	
Name	Email
Firm/company	
Address phone	
Bank/credit union/savings and loan accounts	Institution name
Address	Address
Institution name	Institution name
Address	Address
Institution name	Institution name
Address	Address
Institution name	Institution name
Address	Address

🏅 Financial information (continued)

Stocks, bonds, mutual funds, certificates of deposit, pension funds

Institution name			
Address			
Contact	Phone		
Type of account			
Institution name			
Address			
Contact	Phone		
Type of account			
Insurance policies (auto, life, health, disab		Disasse	
Company	Agent	Phone	
Type of insurance	Amount of coverage		
Beneficiary			
Company	Agent	Phone	
Type of insurance	Amount of coverage		
Beneficiary			
Company	agent	phone	
Type of insurance	amount of coverage		
Beneficiary			

$\stackrel{>}{lpha}$ Financial information (continued)

Insurance policies (auto, life, health, dis	Insurance policies (auto, life, health, disability, long-term care, etc.) (continued)				
Company	Agent	Phone			
Type of insurance	Amount of coverage				
Beneficiary					
Company	Agent	Phone			
Type of insurance	Amount of coverage				
Beneficiary					
Company	Agent	Phone			
Type of insurance	Amount of coverage				
Beneficiary					
Company	Agent	Phone			
Type of insurance	Amount of coverage				
Beneficiary					

Financial information (continued)

Financial professionals and contacts

Stockbroker	Lawyer
Name	Name
Firm/company	Firm/company
Address	Address
Phone	Phone
Email	Email
Trust officer	Executor of estate
Name	Name
Firm/company	Firm/company
Address	Address
Phone	Phone
Email	Email
Durable power of attorney	
Name	
Firm/company	-
Address	
Phone	
Email	-

Final arrangements

Making your own final arrangements assures the fulfillment of your personal wishes and spares your family from making decisions that can be emotionally and financially difficult. The following information is normally needed when making these arrangements, no matter who makes them.

Your biographical information

Full name (first, middle, last)			
Address	Phone	Resident since	
Place of birth (city, county, state/province/country)			
Occupation	Employed by or re	etired from	
Marital status	Spouse's/partner	's name	
Education (elementary, high school, college)			
Religious affiliation			
Children			
Child			
Address	Phone		
Child			
Address	Phone		
Child			
Address	Phone		

Messages to your loved ones	

▶ Notes	