



Entrust
FINANCIAL LLC®

**FOR A BETTER
EXPERIENCE.**

PERSONAL INFORMATION

Date _____

Name _____

Date of Birth _____

SSN _____

Primary Home Address

Secondary Home Address

Email Address _____

Telephone Numbers

h _____

w _____

c _____

Citizenship _____

State of Residence _____

PROFESSIONALS WITH WHOM YOU WORK

INVESTMENT ADVISOR

Name _____

Name of Firm _____

Address _____

Phone Number _____

Email _____

ATTORNEY

Name _____

Name of Firm _____

Address _____

Phone Number _____

Email _____

TAX RETURN PREPARER

Name _____

Name of Firm _____

Address _____

Phone Number _____ Email _____

RETIREMENT PLANS

If you have a qualified retirement plan (i.e. 401k) at a current or former employer, what are the name and address of the employer?

Name _____

Address _____



BANKING RELATIONSHIP

Bank Name _____

Contact Person _____ Phone No _____

Are automatic deposits (i.e. social security) made to an account at this bank?

Yes No

Are automatic payments made from an account at this bank?

Yes No

LOCATION OF IMPORTANT PAPERS

Name of Lawyer/Firm _____

In your Safe Deposit Box? Yes No At Residence? Yes No

If yes, where in residence? _____

In Client Portal? _____

If yes, Credentials _____

SAFE DEPOSIT BOX

Safe Deposit Box Yes No

Location _____

Who besides you has access to the SDB? _____

Where is your key to the SDB located? _____

If there is a safe at your residence how can someone find the combination?

ACCESS TO DIGITAL INFORMATION

What is your primary digital device? Where is it located? (i.e. laptop/cell)

What is the easiest way to find out the username and password for the device listed above?

Are your usernames/passwords in one location/device/file?

Yes No

Which location/device/file?

If a device, what username/password can be used to gain access?

Other important digital information



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PRIMARY CARE PHYSICIAN

Name _____
Name of Practice/Hospital _____
Address _____
Phone Number _____ Email _____

SECONDARY PHYSICIAN

Name _____
Name of Practice/Hospital _____
Address _____
Phone Number _____ Email _____

HEALTH INSURANCE

Type of Coverage _____ Identification No. _____
Location of where you can find my card(s) _____

Health Insurance Co. _____ Phone No _____
Address _____

SECONDARY INSURANCE CARRIER

Health Insurance Co. _____ Phone No _____
Address _____

LIFE, DISABILITY and/or LONG-TERM CARE

Insurance Agent/Broker Name _____
Name of Company/Firm _____
Address _____
Phone Number _____ Email _____

HOME OWNERS and/or UMBRELLA INSURANCE

Insurance Agent/Broker Name _____
Name of Company/Firm _____
Address _____
Phone Number _____ Email _____

NOTES



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FREQUENT FLYER MILES AND REWARD POINTS

Airline _____

Rewards Number _____

Airline _____

Rewards Number _____

Hotel _____

Rewards Number _____

Hotel _____

Rewards Number _____

Credit Card _____

Card or Rewards No. _____

Credit Card _____

Card or Rewards No. _____

Other Important Information _____

CREDITOR INFORMATION

Mortgage Lender _____ Account No. _____

Name/Address of creditor _____

Mortgage Lender _____ Account No. _____

Name/Address of creditor _____

Type of credit card _____ Account No. _____

Name/Address of creditor _____

Type of credit card _____ Account No. _____

Name/Address of creditor _____

Type of credit card _____ Account No. _____

Name/Address of creditor _____

Type of credit card _____ Account No. _____

Name/Address of creditor _____

Type of credit card _____ Account No. _____

Name/Address of creditor _____



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BENEFITS

VETERANS – Survivors of a veteran should contact the local Veterans Administration Office regarding benefits. They should also contact the Veterans Service Officer for the country in which the veteran last resided to inquire about county and/or municipal allowances.

Military Serial No. _____

Selective Service Number _____

My discharge papers may be found _____

SOCIAL SECURITY – Survivors should contact the local Social Security Office regarding payments that may be due.

Social Security No. _____

My Social Security Card may be found _____

PENSION – In the event you are receiving a pension or may be eligible for one at the time of your death, please complete the following...

Name of Pension Company _____

Address _____

Identification No. _____

Source of pension benefits (i.e. employer) _____

FUNERAL, BURIAL AND CREMATION INSTRUCTIONS

Do you want to be cremated? Yes No

Do you have a burial plot? Yes No Name/City/State of cemetery _____

If you have a burial plot, where is the deed located? _____

If you have written funeral, burial, and/or cremation instructions, where are they located? _____

Funeral Home you prefer _____

City and State _____

Have you prepaid for your Funeral? Yes No Burial? Yes No

I am registered as an organ donor. Please contact...

Name _____ Telephone No. _____

Address _____

Note: If you are an organ donor, you must make sure your medical records held by all attending physicians and you must be kept alive on life support until the designated organs are removed. If you wish to be an organ donor and have not notified the proper authorities, you may express your request to your family members. It is best to do so in writing and make sure that each family member receives a copy. The original request should be kept in a fireproof container or given to your Executor/Alternate Executor.

