Important Legal Documents and Financial Statements

Organizing your legal and financial documents is an important step in retirement and estate planning. Should the unexpected happen, your loved ones and legal and financial advisors will have all the necessary information in one useful list.

The New York State Teachers' Retirement System (NYSTRS) provides the following guideline for organizing your records. To protect your confidential information, keep this document in a secure place and share it with only those whom you trust to carry out your wishes.

| Nar | me: | |
|-----|-----------|---|
| Dat | e of Birt | h: |
| Soc | cial Secu | urity Number: |
| Vi | tal P | apers and Other Important Information |
| 1. | Will | |
| | a) | Location |
| | b) | Location of copies |
| | c) | Date of last update |
| | d) | Prepared by |
| | e) | Name and address of executor or executrix |
| | f) | Guardian(s) of children |
| 2. | Dura | ble Power of Attorney |
| | a) | Location |
| | b) | Location of copies |
| | c) | Date of last update |
| | d) | Name and address of representative(s) |

| _ | | | | | | | | | | | |
|----|----------|---------------------------------------|--------------------------------|-------------|----------------------|--|--|--|--|--|--|
| 3. | Health | Health Care Proxy | | | | | | | | | |
| | a) | Location | | | | | | | | | |
| | b) | Location of copie | es | | | | | | | | |
| | c) | Date of last update | | | | | | | | | |
| | d) | Name and address of representative(s) | | | | | | | | | |
| 4 | Living | L AACH | | | | | | | | | |
| 4. | | ving Will | | | | | | | | | |
| | a) | Location | | | | | | | | | |
| | b) | Location of copie | es | | | | | | | | |
| | c) | Names of those | who have copies | | | | | | | | |
| | | | | | | | | | | | |
| 5. | Life In | isurance | | | | | | | | | |
| | a) | Company | Policy # | Beneficiary | Type of Insurance | | | | | | |
| | | | | | Location of policies | | | | | | |
| | b) | | | | | | | | | | |
| | b) c) | Location of polic | ies | | | | | | | | |
| | · | Location of polic | ies | | | | | | | | |
| б. | c) | Location of polic | ies | | | | | | | | |
| б. | c) | Location of policing Name, address, a | ies | | | | | | | | |
| 6. | c) | Location of police Name, address, a | ies and telephone # of agen | t(s) | | | | | | | |
| 6. | c) | Location of police Name, address, a | ies and telephone # of agen | t(s) | | | | | | | |
| 6. | c) | Name, address, a | ies and telephone # of agen | t(s) | Type of Insurance | | | | | | |

b)

|) | Company | Policy # | Beneficiary | Type of Insurance |
|-------------|----------------------------|-----------------------|------------------|-------------------|
| o) | | | | |
| c) | | | ., | |
| Auto | mobile Insuranc | e | | |
|) | Company | Policy # | Collision? | Comprehensive? |
| o) | Location of polici | es | | |
| c) | Name, address, a | nd telephone # of age | nt(s) | |
| Liabi a) | lity and Property Company | Insurance Policy # | Property Insured | |
| o) | Location of polici | es | | |
| c) | | nd telephone # of age | | |
| | | | | |
| Birth | Certificate | | | |
| a) | Location of origin | als | | |
| o) | Location of copie | s | | |
| Marr | iage License/Div | vorce Documents | | |
| a) | Location of origin | als | | |

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Location of copies _____

| | Deposit Box | Box # | t. # Record Lo | Location of Keys | | | | | |
|--------------|-----------------------|---|----------------|------------------|--|--|--|--|--|
| afe I | Deposit Box | | | | | | | | |
| | | et. Type Acct | t. # Record Lo | ocation | | | | | |
| Name/ | Address of Bank Acc | et. Type Acct | t. # Record Lo | ocation | | | | | |
| Name/ | Address of Bank Acc | et. Type Acct | t. # Record Lo | ocation | | | | | |
| Name/ | Address of Bank Acc | t. Type Acct | t. # Record Lo | ocation | | | | | |
| | | Name/Address of Bank Acct. Type Acct. # Record Location | | | | | | | |
| Bank Records | | | | | | | | | |
| | 2) Location of copie | es | | | | | | | |
| , | | | | | | | | | |
| c) | Other property or rea | | | | | | | | |
| | · | | | | | | | | |
| b) | Car: 1) Location | | | | | | | | |
| | 2) Location of copie | es | | | | | | | |
| ۵) | | | | | | | | | |
| a) | House: | perty | | | | | | | |
| Titles | and Deeds to Pro | nerty | | | | | | | |
| b) | Location of copies _ | | | | | | | | |
| | Location of originals | · | | | | | | | |
| | Location of originals | | | | | | | | |

| Type | ID/Acct. # | Location of Papers | Agent or Broker | | | |
|--|--------------------------------|---|-----------------|--|--|--|
| Credit Cards and Cha Name of Card/Store | rge Accounts ID/Acct. # | Who to Contact if Lost/Sto | blen | | | |
| | | | | | | |
| Debts | Debts | | | | | |
| Type | Owed to Whom | Payment Amount [| Due Date | | | |
| Income Tax Informati | on | | | | | |
| Location of current tax year documents | | | | | | |
| Location of prior year tax | returns | | | | | |
| NYSTRS Retirement Benefit Information | | | | | | |
| NYSTRS EmplID (i.e., membership number): | | | | | | |
| Location of Profile Statem | Location of Profile Statement: | | | | | |
| | | ble extension to report the death Active Member: ext. 6110 | n of a: | | | |

22. Other Retirement Benefit Information

| | | | Location of Statemen | ıt | Beneficiary | Contact # |
|-----|---------|--------------------------|----------------------|---------|-------------|-----------|
| | a) | Social Security | | | | |
| | b) | Other | | | | |
| | c) | Other | | | | |
| 23. | Profes | ssional or Financial | Advisors | | | |
| | - | , | | Address | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 24. | Funera | al and Burial Arrang | gements | | | |
| | Funera | l Home: | | | | |
| | Special | Instructions: | | | | |
| | Cemete | ery or Other Burial Arra | ngements: | | | |