



In Case of an Emergency

No one can predict when an emergency will happen, but everyone can be prepared “in case of an emergency.” This checklist is designed to help you take care of your family and your financial responsibilities in the event you cannot. It will provide your loved ones easy and immediate access to the critical financial information they need during an emotional and stressful time.



HER WEALTH

Who to Call for Help

Legal & Financial Advisors:

☐ Financial Advisor

Name: _____

Firm: _____

Phone: _____

Email: _____

☐ Estate Planning Attorney

Name: _____

Firm: _____

Phone: _____

Email: _____

☐ Accountant/CPA

Name: _____

Firm: _____

Phone: _____

Email: _____

Designated Agents

☐ Health Care Power of Attorney

Name: _____

Phone: _____

Email address: _____

Location of document: _____

☐ Financial Power of Attorney

Name: _____

Phone: _____

Email: _____

Location of document: _____

☐ Executor of Estate

Name: _____

Phone: _____

Email: _____

Location of document: _____

Other:

☐ _____

Name: _____

Firm Name: _____

Phone: _____

Email: _____

☐ _____

Name: _____

Firm Name: _____

Phone: _____

Email: _____

☐ _____

Name: _____

Firm Name: _____

Phone: _____

Email: _____

What You Need to Know

Social Security Numbers

☐ Name: _____

Number: _____

☐ Name: _____

Number: _____

☐ Name: _____

Number: _____

☐ Name: _____

Number: _____

☐ Name: _____

Number: _____

Insurance Policies

Life Insurance:

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Death Benefit Amount: _____
 Location of Policy: _____

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Death Benefit Amount: _____
 Location of Policy: _____

Accidental Death & Dismemberment (AD&D) Insurance:

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Accident Benefit Amount: _____
 Location of Policy: _____

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Accident Benefit Amount: _____
 Location of Policy: _____

Home and Auto Insurance:

☐ Name of carrier: _____
 Name of insurance agent: _____
 Policy Number: _____
 Phone: _____
 Location of Policy: _____
 Owner Name: _____

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Location of Policy: _____
 Owner Name: _____

Umbrella Insurance:

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Coverage Amount: _____
 Location of Policy: _____

Medical Insurance:

☐ Name of Carrier: _____
 Policy Number: _____
 Phone: _____
 Location of Policy: _____
 Primary Care Physician: _____
 Phone of PCP: _____

☐ Name of Carrier: _____
 Policy Number: _____
 Phone: _____
 Location of Policy: _____
 Primary Care Physician: _____
 Phone of PCP: _____

Long-Term Care:

☐ Name of Carrier: _____
 Name of Insurance Agent: _____
 Policy Number: _____
 Phone: _____
 Location of Policy: _____

Financial Accounts

☐ Checking: _____
Bank/Financial Institution: _____
Name on Account(s): _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Savings: _____
Bank/Financial Institution: _____
Name on Account(s): _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Bill Paying: _____
Bank/Financial Institution: _____
From Account Number: _____
Username: _____
Password: _____
Phone: _____

Retirement/IRA Accounts:

☐ Employer: _____
Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Employer: _____
Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Employer: _____
Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

Brokerage/Investment Accounts:

☐ Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

☐ Custodian: _____
Name on Account: _____
Account Number: _____
Username: _____
Password: _____
Phone: _____

Mortgage:

- ☐ Name of Bank/Lending Institution: _____
 Account Name: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

- ☐ Name of Bank/Lending Institution: _____
 Account Name: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

Credit Cards:

- ☐ Institution: _____
 Name on Card: _____
 Phone: _____

- ☐ Institution: _____
 Name on Card: _____
 Phone: _____

- ☐ Institution: _____
 Name on Card: _____
 Phone: _____

- ☐ Institution: _____
 Name on Card: _____
 Phone: _____

- ☐ Institution: _____
 Name on Card: _____
 Phone: _____

- ☐ Institution: _____
 Name on Card: _____
 Phone: _____

Important Documents

- ☐ Safe Deposit Box: _____
 Location: _____
 Box Number: _____
 Location of Access: _____
 Name of Person with Access: _____

Estate Documents Locations:

- ☐ Last Will and Testament: _____
☐ Trust Documents: _____
☐ Advanced Medical Directive: _____
☐ Health Care POA: _____
☐ Financial POA: _____

Other Document Locations:

- ☐ Tax Returns: _____
☐ Birth Certificates: _____
☐ Marriage Certificates: _____
☐ Pre-Nuptial Agreements: _____
☐ Divorce Settlements: _____
☐ Death Certificates: _____
☐ Passports: _____
☐ Military Records: _____
☐ Deeds: _____
☐ Titles: _____
☐ Notes: _____
☐ Life Insurance Policies: _____
☐ Pensions and Survivor Benefits: _____
☐ Social Security: _____
☐ Worker's Compensation: _____
☐ Business Documents: _____

Home Utilities/Services

☐ Phone: _____
 Name on Account: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

☐ Gas: _____
 Name on Account: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

☐ Electric: _____
 Name on Account: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

☐ Water/Sewer: _____
 Name on Account: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

☐ Cable: _____
 Name on Account: _____
 Account Number: _____
 Phone: _____
 Auto-Debit Info: _____

Other Automatic Debits:

☐ Company: _____
 Amount/Frequency: _____
 Account Number: _____
 Phone: _____

☐ Company: _____
 Amount/Frequency: _____
 Account Number: _____
 Phone: _____

☐ Company: _____
 Amount/Frequency: _____
 Account Number: _____
 Phone: _____

☐ Company: _____
 Amount/Frequency: _____
 Account Number: _____
 Phone: _____

☐ Company: _____
 Amount/Frequency: _____
 Account Number: _____
 Phone: _____

Other Services:

List all services such as house cleaning, yard maintenance, etc.

☐ Company: _____
 Phone: _____

☐ Company: _____
 Phone: _____

☐ Company: _____
 Phone: _____

☐ Company: _____
 Phone: _____

☐ Company: _____
 Phone: _____

Other Online Accounts

Include all online banking, bill paying, insurance policies, mobile phone, social media accounts, online retail accounts such as Amazon that may have your credit card information on file or any accounts that charge a regular subscription fee.

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

☐ Account: _____
Username: _____
Password: _____

Empowering women with the financial
confidence and resources they need to take
control of their money and wealth.

