



CONSOLIDATE YOUR LIFE

PERSONAL DOCUMENTS ALL IN ONE PLACE



TRANSAMERICA®



KEEP YOUR LIST IN A SECURE LOCATION

Make sure a trusted family member knows where the list is, or provide a copy to your executor and/or your attorney.

Remember to update your public document locator at least once a year to help ensure its accuracy.



This personal document locator (PDL) stores your important records, papers, and primary contacts on a detailed list. It is designed to assist your loved ones if you die or become disabled.

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PERSONAL DOCUMENT LOCATOR

QUICK REFERENCE

SAFETY DEPOSIT BOX

Location of keys _____

Financial institution _____

Branch _____

Box number _____

Who has access? _____

PERSONAL SAFE LOCATION

EMERGENCY NUMBERS

Police _____

Fire _____

Hospital _____

HOUSEHOLD UTILITY NUMBERS

Heat _____

Electric _____

Water _____

Telephone _____

Cable/Satellite _____

Other _____

Other _____

INSURANCE

Company _____

Agent _____

Address _____

Phone _____



NEIGHBORS

Name _____

Phone _____

Street address _____

City/State/ZIP _____

Name _____

Phone _____

Street address _____

City/State/ZIP _____

Name _____

Phone _____

Street address _____

City/State/ZIP _____

Name _____

Phone _____

Street address _____

City/State/ZIP _____

Name _____

Phone _____

Street address _____

City/State/ZIP _____

PERSONAL DOCUMENT LOCATOR

BIOGRAPHICAL DATA

Religious institution _____

Phone _____

Address _____

Clergy _____

Education _____

Civic affiliations _____

Military service _____

Honors/Awards/ _____

Achievements _____

Employment highlights _____



PERSONAL DOCUMENT LOCATOR

PERSONAL INFORMATION - SELF

Legal name (first, middle, last) _____

Previous name or alias _____

Street address _____

City/State/ZIP _____

Email address _____

Internet provider/acct number _____

Date of birth _____

Place of birth _____

Organ donor Yes No

Primary care physician _____

Phone _____

Health insurance _____

Plan name and ID number _____

Medicare number _____

Medigap number _____

Blood type _____

Allergies _____

Medications/Dosage _____

Pharmacy _____

Phone _____

Veterans affairs _____



Dentist _____
Phone _____

Employer _____
Supervisor name _____
Phone _____
HR contact _____
Phone _____

Social Security number _____
Military service number _____
Date/Location of discharge _____

PERSONAL DOCUMENT LOCATOR

PERSONAL INFORMATION - SPOUSE/PARTNER

Legal name (first, middle, last) _____

Previous name or alias _____

Street address _____

City/State/ZIP _____

Email address _____

Date of birth _____

Place of birth _____

Organ donor Yes No

Primary care physician _____

Phone _____

Health insurance
Plan name and ID number _____

Medicare number _____

Medigap number _____

Blood type _____

Allergies _____

Medications/Dosage _____

Pharmacy _____

Phone _____



Dentist _____
Phone _____

Employer _____
Supervisor name _____
Phone _____
HR contact _____
Phone _____

Social Security number _____
Military service number _____
Date/Location of discharge _____

PERSONAL DOCUMENT LOCATOR

EMERGENCY CONTACTS

Name _____

Relationship _____

Home phone _____

Cell phone _____

Work phone _____

Street address _____

City/State/ZIP _____

Name _____

Relationship _____

Home phone _____

Cell phone _____

Work phone _____

Street address _____

City/State/ZIP _____

Name _____

Relationship _____

Home phone _____

Cell phone _____

Work phone _____

Street address _____

City/State/ZIP _____



Name _____

Relationship _____

Home phone _____

Cell phone _____

Work phone _____

Street address _____

City/State/ZIP _____

Name _____

Relationship _____

Home phone _____

Cell phone _____

Work phone _____

Street address _____

City/State/ZIP _____

Name _____

Relationship _____

Home phone _____

Cell phone _____

Work phone _____

Street address _____

City/State/ZIP _____

PERSONAL DOCUMENT LOCATOR

FAMILY INFORMATION - PARENTS/CHILDREN

Parent Child

Name _____

Home/cell phones _____

Work/school phone _____

Street address _____

City/State/ZIP _____

Date of birth _____

Primary care physician _____

Phone _____

Health insurance
Plan name & ID number _____

Medications/dosage _____

Allergies _____

Parent Child

Name _____

Home/cell phones _____

Work/school phone _____

Street address _____

City/State/ZIP _____

Date of birth _____

Primary care physician _____

Phone _____

Health insurance
Plan name & ID number _____

Medications/dosage _____

Allergies _____



Parent Child

Name _____

Home/cell phones _____

Work/school phone _____

Street address _____

City/State/ZIP _____

Date of birth _____

Primary care physician _____

 Phone _____

Health insurance
Plan name & ID number _____

Medications/dosage _____

Allergies _____

Parent Child

Name _____

Home/cell phones _____

Work/school phone _____

Street address _____

City/State/ZIP _____

Date of birth _____

Primary care physician _____

 Phone _____

Health insurance
Plan name & ID number _____

Medications/dosage _____

Allergies _____

PERSONAL DOCUMENT LOCATOR

FAMILY INFORMATION - PARENTS/CHILDREN (CONT.)

Parent Child

Name _____

Home/cell phones _____

Work/school phone _____

Street address _____

City/State/ZIP _____

Date of birth _____

Primary care physician _____

 Phone _____

Health insurance
Plan name & ID number _____

Medications/dosage _____

Allergies _____

Parent Child

Name _____

Home/cell phones _____

Work/school phone _____

Street address _____

City/State/ZIP _____

Date of birth _____

Primary care physician _____

 Phone _____

Health insurance
Plan name & ID number _____

Medications/dosage _____

Allergies _____



FAMILY INFORMATION - PETS

Name _____

Type _____

Veterinarian _____

Phone _____

Address _____

City/State/ZIP _____

Name _____

Type _____

Veterinarian _____

Phone _____

Address _____

City/State/ZIP _____

Name _____

Type _____

Veterinarian _____

Phone _____

Address _____

City/State/ZIP _____

Kennel _____

Phone _____

Address _____

City/State/ZIP _____

PERSONAL DOCUMENT LOCATOR

BUSINESS CONTACTS

ATTORNEY

Name/firm name _____

Address _____

City/State/ZIP _____

Phone number(s) _____

TAX PREPARER/CPA

Name/firm name _____

Address _____

City/State/ZIP _____

Phone number(s) _____

INSURANCE AGENT

Name/company name _____

Address _____

City/State/ZIP _____

Phone number(s) _____

Homeowners policy number _____

Auto policy number _____

Umbrella policy number _____

Other _____

Other _____

Other _____

Other _____



FINANCIAL ADVISOR

Name/company name _____

Address _____

City/State/ZIP _____

Phone number(s) _____

EXECUTOR

Name/company name _____

Address _____

City/State/ZIP _____

Phone number(s) _____

PERSONAL DOCUMENT LOCATOR

LOANS AND CREDIT

Mortgage holder _____

Address _____

City/State/ZIP _____

Phone _____

Account number _____

Interest rate _____

Second mortgage holder _____

Address _____

City/State/ZIP _____

Phone _____

Account number _____

Interest rate _____

Home equity loan holder _____

Address _____

City/State/ZIP _____

Phone _____

Account number _____

Interest rate _____

Car loan _____

Holder _____

Address _____

City/State/ZIP _____

Phone _____

Account number _____

Interest rate _____



Credit card _____

Phone _____

Account number _____

Credit card _____

Phone _____

Account number _____

Credit card _____

Phone _____

Account number _____

Credit card _____

Phone _____

Account number _____

Credit card _____

Phone _____

Account number _____

Credit card _____

Phone _____

Account number _____

Credit card _____

Phone _____

Account number _____

PERSONAL DOCUMENT LOCATOR

ONLINE ACCOUNTS

Website address (URL)

Username

Password

Website address (URL)

Username

Password

Website address (URL)

Username

Password

Website address (URL)

Username

Password

Website address (URL)

Username

Password

Website address (URL)

Username

Password

Website address (URL)

Username

Password

Website address (URL)

Username

Password



PERSONAL DOCUMENT LOCATOR

LOCATION KEY

Please specify the location(s) where you keep your documents (e.g., home, office, safe, or safety deposit box). For each item under Document Location on the next page, check the letter that corresponds to the location entered on this page.

LOCATION A: _____

LOCATION B: _____

LOCATION C: _____

LOCATION D: _____

LOCATION E: _____

LOCATION F: _____

LOCATION G: _____



DOCUMENT LOCATION

FAMILY RECORDS	LOCATION						
	A	B	C	D	E	F	G
Will							
Durable power of attorney							
Healthcare directives							
Letter of instruction							
Trust agreements							
Birth certificate							
Social Security card							
Other							
LEGAL DOCUMENTS	LOCATION						
	A	B	C	D	E	F	G
Marriage certificate							
Military papers							
Adoption papers							
Divorce/separation papers							
Proof of citizenship							
Passport							
Other							
DEED/TITLES/REGISTRATIONS	LOCATION						
	A	B	C	D	E	F	G
Vehicle titles							
Home inventory							
Deeds/property							
Title insurance							
Safety deposit box/keys							
Important keys							
Other							

PERSONAL DOCUMENT LOCATOR

DOCUMENT LOCATION (CONT.)

BANKING/INVESTMENT RECORDS	LOCATION						
	A	B	C	D	E	F	G
Bank Account Records							
Checking							
Savings							
Certificates of deposit (CDs)							
Other (describe)							
Mortgage and loan papers							
Investment Papers							
Securities							
Stocks							
Bonds							
Mutual funds							
Other							
INSURANCE POLICIES	LOCATION						
	A	B	C	D	E	F	G
Home and vehicles							
Property and casualty							
Life							
Health							
Burial							
Life insurance claims							
Other							
BUSINESS PAPERS	LOCATION						
	A	B	C	D	E	F	G
Incorporation papers							
Trademarks							
Patents							
Warranties							
Contracts							
Other							



RETIREMENT ACCOUNT PAPERS	LOCATION						
	A	B	C	D	E	F	G
401(k)							
IRA(s)							
403(b)							
Pension							
Deferred compensation							
Other							
PERSONAL BELONGINGS	LOCATION						
	A	B	C	D	E	F	G
Jewelry							
Appraisals							
Antiques/Art							
Cash							
Tax returns							
Other							
FUNERAL INSTRUCTIONS	LOCATION						
	A	B	C	D	E	F	G
Cemetery plot deed							
Burial instructions							
Other							

PERSONAL DOCUMENT LOCATOR

FINANCIAL INSTITUTIONS

Firm name _____
Address _____
City/State/ZIP _____
Phone number(s) _____
Accounts _____

Firm name _____
Address _____
City/State/ZIP _____
Phone number(s) _____
Accounts _____

Firm name _____
Address _____
City/State/ZIP _____
Phone number(s) _____
Accounts _____

Firm name _____
Address _____
City/State/ZIP _____
Phone number(s) _____
Accounts _____



ASSETS

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

Object description _____

Person holding them _____

PERSONAL DOCUMENT LOCATOR

MONEY OWED TO ME/US

Name _____

Address _____

City/State/ZIP _____

Phone _____

Amount _____

Document location _____

Name _____

Address _____

City/State/ZIP _____

Phone _____

Amount _____

Document location _____

Name _____

Address _____

City/State/ZIP _____

Phone _____

Amount _____

Document location _____

Name _____

Address _____

City/State/ZIP _____

Phone _____

Amount _____

Document location _____





TRANSAMERICA®

**When it comes to preparing for your future,
there's no time like the present.**

Let's get started today.

 **Visit:** transamerica.com

 **Contact:** 800-755-5801

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