



**Financial Information Document -
Keeping Family Informed**

ONE SMALL THING
CAN GO A LONG WAY!



DID YOU KNOW?

As much as **Rs 11,302 crore** belonging to over three crore account holders is **lying unclaimed** with 64 banks, data from the Reserve Bank of India has revealed. This could be because the family is not aware of the account. Hence it is important to keep your family informed

As much as **Rs 15,167 crore** of policyholder's money was lying unclaimed with 23 life insurers as on March 31, 2018. The amount of **unclaimed insurance money** has been increasing. Here too these cases may have happened because the family members are not informed about it

Hence, it is very important that you fill this document properly so that your family is well informed of all your financial assets and liabilities

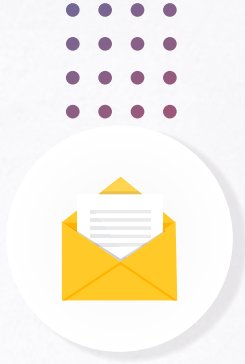




We understand how crucial and imperative it is to keep track of valuable information.

Therefore, we have organized this repository to keep track of you and your family's data, which contains all your essential and financial information. We hope it will come in handy when you need it





Letter to my loved one's

Dear _____

Lots of Love,





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PERSONAL DETAILS

| | |
|------------------------|--|
| PAN | |
| UID No. (Aadhaar Card) | |
| Ration Card No. | |
| Blood Group | |

| | |
|------------------------------|--|
| Passport No . | |
| Driving License No. | |
| Voters ID Card No. | |
| EPF Account No. / UAN | |
| PPF Account No. | |
| Telephone/Mobile No. | |
| Mobile Service Provider | |
| Gas Consumer No. | |
| Gas Service Provider | |
| Electricity Account No. | |
| Electricity Service Provider | |
| Water Account No. | |





EMERGENCY CONTACT DETAILS

| Person | Name | Phone No. |
|---|------|-----------|
| My Boss | | |
| My Colleague | | |
| My Friend 1 | | |
| My Friend 2 | | |
| Family Doctor | | |
| Other Doctor Whose Treatment is Being Taken | | |
| Hospitalisation Process Representative | | |
| Medical Insurance Advisor | | |
| Others | | |





CONTACT DETAILS OF MY ADVISORS

1. Advocate / Legal Advisor

Name:

Address:

..... Contact No.:

Email:

2. Chartered Accountant & Tax Consultant

Name:

Address:

..... Contact No.:

Email:

3. Share Broker

Name:

Address:

..... Contact No.:

Email:

4. Investment Advisor

Name:

Address:

..... Contact No.:

Email:

5. Investment Advisor

Name:

Address:

..... Contact No.:

Email:

6. Life Insurance Agent

Name:

Address:

..... Contact No.:

Email:

7. Life Insurance Agent

Name:

Address:

..... Contact No.:

Email:

8. Health Insurance Agent

Name:

Address:

..... Contact No.:

Email:



CONTACT DETAILS OF MY ADVISORS

9. Health Insurance Agent

Name:

Address:

..... Contact No.:

Email:

10. General Insurance Agent

Name:

Address:

..... Contact No.:

Email:

11. Physician / Dentist

Name:

Address:

..... Contact No.:

Email:

12. Physician / Dentist

Name:

Address:

..... Contact No.:

Email:

13. Real Estate Agent

Name:

Address:

..... Contact No.:

Email:

14. Bank Relationship Manager

Name:

Address:

..... Contact No.:

Email:

15. Bank Relationship Manager

Name:

Address:

..... Contact No.:

Email:



BANK LOCKER DETAILS

| Bank Locker 1 | |
|------------------|--|
| Name of the Bank | |
| Address | |
| Locker No. | |
| Keys located at | |
| List of Contents | |
| | |

| Bank Locker 2 | |
|------------------|--|
| Name of the Bank | |
| Address | |
| Locker No. | |
| Keys located at | |
| List of Contents | |
| | |





LOCATION OF IMPORTANT DOCUMENT & RECORDS

| Type of Document | Location |
|---|----------|
| Cheque Book(s) / Passbook(s) | |
| Public Provident Fund (PPF) Passbook(s) | |
| Fixed Deposit Certificate(s) | |
| Tax Files (Income Tax / Wealth Tax / Gift Tax) | |
| Educational / Domicile / Marriage Certificates | |
| Court Decisions / Judgements / Pending Litigation | |
| Insurance Files (Life / Mediclaim / General) | |
| Property Ownership Document(s) | |
| Loan related Document(s) (e.g. Loan agreements etc.) | |
| Shares / Bonds / Units Certificates | |
| Rent Receipts, Tenancy Agreements (Correspondence with Landlord / Tenants) | |
| Receipts of Telephone / Gas / Electricity etc. | |
| Will(s) | |
| Others: | |



BANK DETAILS

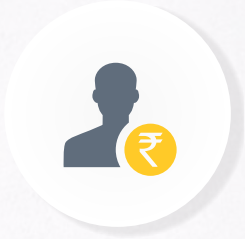
| Account No. | Name of First Holder | Name of Second Holder | Bank Name | Bank Address |
|-------------|----------------------|-----------------------|-----------|--------------|
| | | | | |
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PERSONAL PROPERTY DETAILS

| Address | Date Acquired | Bank Name | Joint Owners | Returns or Income, if any |
|---------|---------------|-----------|--------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |





DEPOSITS WITH BANKS / POST OFFICES

| Name | Name and Address of Bank / Post Office | Nominee | Amount | Date of Maturity |
|------|--|---------|--------|------------------|
| | | | | |
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INSURANCE DETAILS

Please mention details of your life insurance

| Name | Insurance Provider | Policy No. | Sum-Assured | Premium Amount | Due date |
|------|--------------------|------------|-------------|----------------|----------|
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HEALTH INSURANCE DETAILS

| Name | Relationship | Policy No. | Coverage | Health Conditions | Allergy to Any Medicines |
|------|--------------|------------|----------|-------------------|--------------------------|
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Comments - _____





STOCK, MUTUAL FUNDS & DEMAT ACCOUNT

| Company / Bank Name | Account Number | Nominee |
|---------------------|----------------|---------|
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Comments -

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CREDIT CARD DETAILS

| Credit Card Number | Name of Bank | Name on Card | Expiry Date |
|--------------------|--------------|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |



LOAN DETAILS

| Type of Loan | Loan A/c No. | Amount | Bank | EMI | Start Date | End Date |
|--------------|--------------|--------|------|-----|------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Comments -

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ADDITIONAL DETAILS

A series of 18 horizontal dashed lines for writing details.



NOTE: Take a print out, fill details, and create a physical file. Also, these details should not be shared with any unsolicited person

