Eustace



Key Information File for

<Name>

<Date>

**CONTAINS SENSITIVE AND PERSONAL INFORMATION**

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# KEY INFORMATION FILE BACKGROUND

We recommend all clients develop a Key Information File as part of their Estate Plan.

The Key Information File (KIF) will include:

1. A copy of key legal documents, including Wills, Powers of Attorney, Health Care Directives, HIPPA Authorization Forms, Deeds, and Trusts. The KIF should also note where the original copies of these documents are located.
2. Insurance account information, including insurer, agent, policy number and policy information. You should include employer-sponsored and self-funded insurance accounts.
3. Credit card account information, including card issuer and account number.
4. Bank account and Brokerage account information, including institution name, type of account, account number and TOD/beneficiary info for each account.
5. Retirement account information, including institution name, type of account, account number and beneficiary info for each account.
6. Balance Sheet (list of assets and liabilities). The client may need to add account specifics (institutions holding the asset or liability, account numbers, named beneficiaries, loan numbers, etc.), if not included in their standard Balance Sheet.
	* For any real estate assets, include information on tenants, lease details, deed location and other relevant information.
7. A listing of tangible property such as vehicles, RVs, boats, furniture, collectibles. This is often referred to as a Personal Property Inventory and is also used for Insurance purposes. In the context of insurance coverage, the Personal Property Inventory will include details on your insured items that are covered by your homeowner's insurance policy.
8. Business Ownership details and contacts.
9. Health Care contacts and associated information.
10. Information on Digital Assets and On-Line accounts, which someone may need to oversee in case the client is incapacitated or dies.

A thorough, written inventory of your property is crucial to help you or your agents:

1. Have a concise summary of all relevant insurance, banking, credit card and investment accounts.
2. Know where key documents and assets are located, and how to access them.
3. Estimate the value of your estate by confirming your assets and debts. This information can be used to determine whether Estate Taxes may be applicable.
4. Identify any properties that have shared ownership, which may impact estate settlement.
5. Be prepared in the event that professional legal/accounting/insurance advice is needed.
6. Ensure that beneficiary statements in your insurance and investment/banking accounts are defined as needed to complement your will/trusts.

We recommend you review this Information File at least once per year, and upon any significant change in contents (directive change, insurance policies, investments, sale of real estate, etc.).

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# Personal DAta

|  |  |
| --- | --- |
| Name |   |
| Home Address |   |
| Primary Phone |   |
| E-mail address |   |
| Date of Birth |   |
| Social Security Number |   |
| Medicare Number |  |

## FAMILY INFORMATION

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone/Email Contact Info |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional information about me and my family:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# KEY CONTACTS

ACCOUNTANT / TAX PLANNER

Check this box if you do not have an accountant / tax return preparer [ ]

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |

ATTORNEY

Check this box if you do not have an attorney [ ]

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Email |  |

EMPLOYER

Check this box if you are not currently employed [ ]

|  |  |
| --- | --- |
| Company Name |  |
| Key Contact Name |  |
| Address |  |
| Phone |  |
| Email |  |

FINANCIAL PLANNER

Check this box if you do not have a financial planner [ ]

|  |  |
| --- | --- |
| Company Name |  |
| Key Contact Name |  |
| Address |  |
| Phone |  |
| Email |  |

# ESTATE PLAN AND LEGAL DOCUMENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Document Type | Established? | Date Established | Location of Document |
| Birth Certificate | YES | N/A |  |
| Passport | YES / NO |  |  |
| Will | YES / NO |  |  |
| Driver’s License | YES / NO |  |  |
| Letter of Wishes/Instructions | YES / NO |  |  |
| Living Will / Advance Directive | YES / NO |  |  |
| Power of Attorney | YES / NO |  |  |
| Health Care Power of Attorney | YES / NO |  |  |
| Trust | YES / NO |  |  |
| HIPPA Authorization | YES / NO |  |  |
| 529 Education Plan | YES / NO |  |  |
| Pre-Nuptial Agreement | YES / NO |  |  |
| Post-Nuptial Agreement | YES / NO |  |  |
| Divorce Decree or Settlement | YES / NO |  |  |
| Burial Agreement | YES / NO |  |  |
| Employment Contract | YES / NO |  |  |
| Business Agreement | YES / NO |  |  |
| Most recent Tax Return | - | - |  |
| Other (describe) | YES / NO |  |  |
| Other (describe) | YES / NO |  |  |

Additional information re: Legal Documents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# INSURANCE INFORMATION

PLEASE TAKE SPECIAL NOTE OF ANY INSURANCE POLICIES THAT HAVE PAYMENTS MADE DIRECTLY FROM CREDIT CARDS OR BANK ACCOUNTS. CLOSING THE BANK OR CREDIT CARD ACCOUNT OR HALTING PAYMENTS TO THE INSURANCE COMPANIES FROM THOSE ACCOUNTS MAY TERMINATE THE POLICY.

## LIFE INSURANCE

Types: Auto, Business, Dental, Disability, Health, Home, Long-Term Care, Renters, Umbrella, Vision.

|  |  |
| --- | --- |
| Type of Policy |  |
| Employer Paid or Privately-funded? |  |
| Owner |  |
| Beneficiary |  |
| Carrier |  |
| Policy Number |  |
| Contact |  |
| Annual Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

|  |  |
| --- | --- |
| Type of Policy |  |
| Employer Paid or Privately-funded? |  |
| Owner |  |
| Beneficiary |  |
| Carrier |  |
| Policy Number |  |
| Contact |  |
| Annual Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

## DISABILITY INSURANCE

|  |  |
| --- | --- |
| Type of Policy | Long-Term or Short-Term |
| Employer Paid or Privately-funded? |  |
| Carrier |  |
| Policy Number |  |
| Contact |  |
| Annual Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |
| If I am disabled, my disability policy allows me to stop making premium payments YES/NO |

|  |  |
| --- | --- |
| Type of Policy | Long-Term or Short-Term |
| Employer Paid or Privately-funded? |  |
| Carrier |  |
| Policy Number |  |
| Contact |  |
| Annual Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |
| If I am disabled, my disability policy allows me to stop making premium payments YES/NO |

## LONG-TERM CARE INSURANCE

|  |  |
| --- | --- |
| Employer Paid or Privately-funded? |  |
| Carrier |  |
| Policy Number |  |
| Contact |  |
| Annual Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

## HEALTH/VISION/DENTAL INSURANCE

|  |  |
| --- | --- |
| Type of Policy | Health, Dental, Vision |
| Employer Paid, Privately-funded, Both? |  |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

|  |  |
| --- | --- |
| Type of Policy | Health, Dental, Vision |
| Employer Paid, Privately-funded, Both? |  |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

|  |  |
| --- | --- |
| Type of Policy | Health, Dental, Vision |
| Employer Paid, Privately-funded, Both? |  |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

## OTHER TYPES OF INSURANCE

|  |  |
| --- | --- |
| Type of Policy | Auto, Business, Home, Flood, Boat/RV, Umbrella, Other |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

|  |  |
| --- | --- |
| Type of Policy | Auto, Business, Home, Flood, Boat/RV, Umbrella, Other |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

|  |  |
| --- | --- |
| Type of Policy | Auto, Business, Home, Flood, Boat/RV, Umbrella, Other |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

|  |  |
| --- | --- |
| Type of Policy | Auto, Business, Home, Flood, Boat/RV, Umbrella, Other |
| Carrier |  |
| Policy Number |  |
| Monthly Premium |  |
| Payment Structure | Check or Direct Pay (CC or Bank Account) |

# EMPLOYER AND GOVERNMENT BENEFITS

I am eligible for the following benefits, as described below. Mark N/A for those benefits that don’t apply to you so that your executor/agent knows not to investigate those items further.

|  |  |
| --- | --- |
| Benefit Type | Description/Details |
| Pension Plan |  |
| Social Security |  |
| Social Security Survivor Benefits |  |
| Military Retirement Benefits |  |
| Military Survivor Benefits |  |
| Business Equity |  |
| Flexible Spending Account |  |
| Medicare/Medicaid |  |
| Other Employer Benefits |  |
| Other Government Benefits |  |

Additional information re: benefits:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FINANCIAL ACCOUNT INFORMATION

### ASSETS - BANK AND FINANCIAL ACCOUNTS

Bank accounts, Brokerage accounts, Deferred Compensation, Health Savings Account, Stock, Employer Stock Plan, Retirement Accounts (Roth/SEP/Simple/Traditional IRA, 401K, 403B, 457B), Tax-Deferred Savings Accounts (529 plans, UTMA/UGMA, Coverdell).

|  |  |  |
| --- | --- | --- |
| Type of Account | Institution/Info | Account Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

### OTHER TANGIBLE ASSETS

Annuities, Auto/Boat/RV, Businesses, Collectibles, , Firearms, Jewelry, Promissory Notes (Loans), Real Estate (Primary home, Vacation home, Investment Property, Land), Other.

|  |  |  |
| --- | --- | --- |
| Type of Asset | Location of Title/Deed/Asset | Details |
|  |  |  |
|  |  |  |
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|  |  |  |
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### LIABILITIES

Types: Home Mortgage, Auto/Business/Student Loans, Credit Card Balances, Home Equity Loan, Other Loans.

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Institution Owed | Loan/CC # | Balance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### SOURCES OF INCOME

Types: Annuity, Pension, Salary, Social Security, Self-Employment, Other.

|  |  |  |
| --- | --- | --- |
| Payer | Amount per Month | Check or Direct Deposit |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# housing

## LANDLORD INFORMATION

|  |  |
| --- | --- |
| Company / Contact |  |
| Location of Lease |  |
| Monthly Rent Amount |  |
| Paid via check or Direct Pay |  |

## UTILITIES

Types: Electric, Water/Sewer, Gas/Oil/Propane.

|  |  |  |
| --- | --- | --- |
| Company | Account # | Check or Direct Pay |
|  |  |  |
|  |  |  |
|  |  |  |

## TAXES, FEES AND MAINTENANCE CONTRACTS

Types: Property Taxes, HOA dues, Home Maintenance Contracts (HVAC, lawn care, etc.).

|  |  |  |
| --- | --- | --- |
| Company / Institution | Account # | Check or Direct Pay |
|  |  |  |
|  |  |  |
|  |  |  |

# Health care INFORMATION

|  |  |
| --- | --- |
| Primary Care Physician | Name: |
| Phone: |
| Address: |
| Dentist | Name: |
| Phone: |
| Address: |
| Pharmacy |  |
| Other Physicians/Specialists(Name / Type / Phone #) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# DIGITAL ASSETS AND ONLINE ACCOUNTS

Note: we do NOT recommend inserting passwords in this file, due to the sensitivity of that information. That information should be kept in a separate, secure file or maintained via an online Password Manager.

Rather than complete the tables below, you may elect to embed a list of your account User IDs and passwords directly into this file, or define how your executor/agent can locate that information, to ensure they can access your accounts on your behalf.

## PERSONAL

Types: Password Manager, Medical/Dental/Vision care portals, Banking/Investing Accounts, Credit Monitoring, Insurance, Social Security, IRS, Employer Benefits, etc.

|  |  |  |
| --- | --- | --- |
| Provider | URL | UserID |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

## SUBSCRIPTIONS AND SERVICES

Types: Shopping, Video/Audio Streaming, Gyms, Gambling Sites, Travel, etc.

|  |  |  |
| --- | --- | --- |
| Provider | URL | UserID |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## SOCIAL MEDIA

|  |  |  |
| --- | --- | --- |
| Provider | URL | UserID |
|  |  |  |
|  |  |  |
|  |  |  |

# OTHER INFORMATION

## KEY STORAGE LOCATIONS AND ACCESS

|  |  |
| --- | --- |
| HOME ACCESS INSTRUCTIONS (KEYPAD CODES, LOCATION OF KEYS, ETC) |  |
| SAFE DEPOSIT BOX LOCATION |  |
| SAFE DEPOSIT BOX KEY LOCATION AND ACCESS PERSONS |  |
| PERSONAL COMPUTER DESCRIPTION, LOCATION AND ACCESS INSTRUCTIONS |  |
| MOBILE PHONE DESCRIPTION, LOCATION AND ACCESS INSTRUCTIONS |  |
| PERSONAL SAFE/LOCKBOX/FILING\_CABINET LOCATIONS AND ACCESS INSTRUCTIONS |  |
| OTHER PLACES TO CHECK FOR CASH, PERSONAL DOCUMENTS, VALUABLES, COLLECTIBLES, FIREARMS, ETC. |  |

## INHERITANCES AND OBLIGATIONS

I am currently a beneficiary of the following Trusts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The Trust documents can be found at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I may receive an inheritance from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently an executor for the following estates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently a Trustee for the following Trusts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The Trust documents can be found at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the legal guardian of the following Persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The appointment documents can be found at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently on the Board of Directors or acting as an Officer for the following Institutions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_