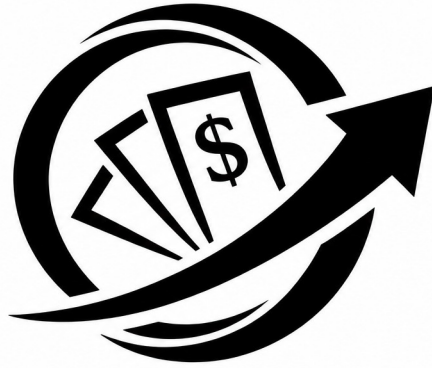




MY PERSONAL FINANCE COACH

MyPersonalFinanceCoach.com

Your Personal/Financial Diary

An Aid for Your Family

This is the personal financial diary of _____

Social Security Number _____

This diary was last updated on _____

We strongly suggest this diary be completed in pencil so it can be updated whenever necessary. We also suggest storing the book in a storage bag in your freezer so in case of fire in your residence, the diary will remain safe.

“YOUR PERSONAL/ FINANCIAL DIARY”

This handbook was developed in November 1995 to be used as an educational tool for Concerns of Police Survivors’ national training sessions. These training sessions were planned to help agencies address the emotional aftermath following a law enforcement officer’s death.

Concerns of Police Survivors, Inc., gives permission for this handbook to be copied by any person, agency, or organization. COPS would request, however, a credit line be given in the reproduced document.

This **Your Personal/Financial Diary** is a project of Concerns of Police Survivors, Inc. Printing and distribution of the document are funded through a grant from the U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, grant #95-PS-CX-0001.

Production of this handbook was made easy by modeling it after the “Critical Incident Booklet” published by the Grand Lodge Fraternal Order of Police Auxiliary. Our thanks to them for taking on the task of producing such a booklet for law enforcement families.

INTRODUCTION

This personal financial diary was planned with the specific intention of giving law enforcement officers, who serve in a high-risk profession, the opportunity to organize their financial business so their families will have this information in an organized fashion should that officer be killed in the line of duty or die at an early age. However, this diary can be used by anyone to organize their personal/financial affairs.

Every day law enforcement officers tend to tedious paperwork. Writing detailed reports can make the difference in court cases, civil cases, and truly affect the outcome of occurrences in peoples' lives. Paperwork is a major part of the law enforcement officer's job.

Having worked with thousands of families that have lost officers in the line of duty, it has become apparent to Concerns of Police Survivors, Inc., that while law enforcement officers handle paperwork every day on the street, they are extremely lax at handling personal paperwork. You see, each year during National Police Week, a time when the law enforcement profession gathers to honor its fallen, we hear of 20 or more families whose officers forgot to up date their beneficiary forms. Imagine finding out after your law enforcement officer spouse has died that you're not listed as the beneficiary on insurance forms! Imagine finding out that although you've been married to this officer for seven years, the former spouse is still listed as beneficiary!

This is a hurt no family should have to suffer. This handbook is designed to address this violation of law enforcement officers' dependents. The diary also encourages those who take the time to organize their affairs to leave a letter stating why the spouse was not their beneficiary if that was their intent. It will eliminate many family traumas and will help the surviving family understand why the deceased left benefits to various individuals other than the spouse.

Take time with your spouse to sit down and complete **Your Personal/Financial Diary**. It will save you or your survivors hundreds of hours searching for legal and financial documents at some time in the future.

If you're a law enforcement officer, it's the least you can do for the family that loves you and supports you in your profession.

For additional copies, contact:

Concerns of Police Survivors, Inc.
P. O. Box 3199
Camdenton, MO 65020
573-346-4911 -- 573-346-1414 (fax)

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**IN CASE OF EMERGENCY,
THESE PEOPLE MUST BE NOTIFIED**

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

IMPORTANT BUSINESS/PERSONAL CONTACTS

My Immediate Supervisor: _____

Employer: _____

Address: _____

Phone: _____

Spouse's Immediate Supervisor: _____

Employer: _____

Address: _____

Phone: _____

Personal Physician: _____

Phone: _____

Clergyman: _____

Church Affiliation: _____

Phone: _____

Attorney: _____

Phone: _____

Dentist: _____

Phone: _____

Accountant: _____

Phone: _____

Insurance Agent: _____

Insurance Company: _____

Phone: _____

Banker: _____

Bank Name: _____

Phone: _____

Broker: _____

Investment Company: _____

Phone: _____

PERSONAL DOCUMENTS/INFORMATION

My birth date is: _____

My birth certificate is located at: _____

I was born in: _____

My social security number: _____

I was married in: _____

To: _____

On: _____

Children from this marriage: _____

I was divorced on: _____ State of: _____

I was married in: _____

To: _____

On: _____

Children from this marriage: _____

I was divorced on: _____ State of: _____

Marriage certificate(s) are located at: _____

Divorce decree(s) are located at: _____

Children's birth certificates are located at: _____

Children's adoption papers are located at: _____

Children's Names

Date of Birth

Residence

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I served in the Armed Forces: _____ Branch: _____

Service Serial

Number: _____

Enlisted

At: _____

on: _____

Discharge

Discharge papers located at: _____

Date: _____

Personal Information (Continued)

Husband's relatives and addresses: (If deceased, indicate after their name)

1. Mother: _____

2. Father: _____

3. _____

4. _____

5. _____

6. _____

Wife's relatives and addresses: (If deceased, indicate after their name)

1. Mother: _____

2. Father: _____

3. _____

4. _____

5. _____

6. _____

Personal Information (Continued)

Grandchildren:

Name

Date of Birth

Their Parents

People who have special meaning to me:

BENEFITS THROUGH EMPLOYMENT

My employer is: _____

Address: _____

Phone Number of Benefits Division: _____

I began employment on: _____

The following benefits are provided through my employer:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Health Care Coverage Provider: _____

Phone: _____ Policy #: _____

Dental Care Provider: _____

Phone: _____ Policy #: _____

Eye Care Provider: _____

Phone: _____ Policy #: _____

Disability Insurance Provider: _____

Phone: _____ Policy #: _____

Files bearing employment documents are located at: _____

BANK ACCOUNTS AND INVESTMENTS

Checking Account #: _____ Bank: _____

Signatories are: _____

Checkbook is kept at: _____

Checking Account #: _____ Bank: _____

Signatories are: _____

Checkbook is kept at: _____

Savings Account #: _____ Bank: _____

Signatories are: _____

Passbook is kept at: _____

Savings Account #: _____ Bank: _____

Signatories are: _____

Passbook is kept at: _____

Savings Account #: _____ Bank: _____

Signatories are: _____

Passbook is kept at: _____

Certificate of Deposit #: _____ Bank: _____

Signatories are: _____

Certificate is kept at: _____

Certificate of Deposit #: _____ Bank: _____

Signatories are: _____

Certificate is kept at: _____

Safe Deposit Box #: _____ Bank: _____

Safe Deposit Box is accessible to: _____

Key is kept at: _____

Investment/Stock portfolio is located at: _____

Bonds portfolio is located at: _____

IRA certificate and file is located at: _____

401(k) Retirement file is located at: _____

Pension (company funded) file is located at: _____

MEDICAL AND DISABILITY INSURANCE

Medical Insurance is provided to me through my work. Yes _____ No _____

This is the name of the office/person at my place of employment regarding medical insurance issues: _____

Phone: _____

I have personally acquired medical insurance through the following companies:

Location of policies: _____

You may need to talk with the State Workers' Compensation office at:

Phone: _____

CREDIT CARDS

I have credit cards with the following companies:

<u>Name</u>	<u>Account Number</u>	<u>Location of Statements</u>	<u>Is Insurance Provided?</u>
-------------	-----------------------	-------------------------------	-------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TAX RETURNS

Copies of my income tax returns are located at: _____

Current withholding tax forms and receipts received from my employer at located at:

All worksheets and evidence in support of the returns are attached to the returns:

Yes _____ No _____ Worksheets are located at: _____

MY PERSONAL BUSINESS VENTURES

I own or have an interest in (name of business): _____

Address: _____

In partnership/co-ownership with: _____

Address: _____ Phone: _____

The contract concerning the business arrangement is located at: _____

Percentage of my share of the business is: _____

Tax papers for the business are located at: _____

REAL ESTATE

My residence address is: _____

I own my own residence: Yes _____ No _____

My landlord is: _____

Ownership Title bears the names of: _____

The mortgage on the property is held by: _____

The mortgage payment records are located at: _____

The mortgage agreement carried life insurance coverage: Yes _____ No _____

Homeowners insurance papers are located at: _____

The insurance broker is: _____

Tax paperwork on my residence are located at: _____

I own other real estate at: (list addresses)

Deeds, mortgage information, tax documents and payment records are located at:

TRUST FUNDS

I have established a living trust for the benefit of: _____

It was established on: _____

The Trust Agreement is located at: _____

The Trustees are: _____

The attorney who drew up the Agreement is: _____

I am a beneficiary under a trust established by: _____

Papers are located at: _____

If I die, my heirs are beneficiaries of trust funds established by: _____

Papers are located at: _____

PERSONAL DEBTORS AND CREDITORS

The following owe money to me: _____

Exclusive of secured loans, I owe to the following: _____

I have the following loans covered by borrowers' life insurance: _____

Copies of notes, loan agreements and receipts are located at: _____

Are there any law suits you are involved in either as the plaintiff or defendant?

Yes _____ No _____

Name of Attorney: _____ Phone: _____

HOMEOWNER'S AND MORTGAGE INSURANCE

Company

Contact

Phone

Location of Paperwork

AUTOMOBILES AND AUTO INSURANCE

Make
Ownership

Model

Year

Registered to

Status of

Company name of auto insurer _____
Agent's Name _____ Phone _____

BOATS, TRAILERS, OR OTHER MOTOR CRAFTS AND INSURANCE

Make
Ownership

Model

Year

Registered to

Status of

OTHER INSURANCE

Often credit cards, credit unions, travel agencies, etc. carry insurance policies on clients.
List various sources that provide this benefit:

MY LIVING WILL

Individuals may execute a “living will” that instructs family members and physicians to not take extraordinary steps to continue your life on life-support machines. You should investigate the legality of the “living will” within your state and take steps to execute the “living will” if you do not chose to be kept alive through mechanical means.

_____ I have not executed a “living will”

_____ I have executed a “living will”

Since copies of living wills may not be acceptable in some states, an **original, signed** copy of my living will is readily accessible at: _____

Additional copies of my “living will” are on file with my personal physician, attorney, and with my will.

MY WILL

Your will should address special requests on how you would like insurance money to be spent, who you would like to have your prized possessions, etc. By providing this information in a will, your wishes can be upheld in court. Otherwise, your primary beneficiary will have total control of your assets/possessions. However, if this information is not included in your will, there is a section in this handbook for that information to be provided.

I do not have a will. _____. (Often times families incur additional emotional, legal and financial burdens when a loved one dies without having executed a will. We strongly suggest this be a task that you address as soon as possible.)

I have a will that is located at: _____

The Attorney who handled my will is _____
at the law firm of _____

Phone number: _____

My last will is dated: _____

The Executor is: _____

ORGAN DONATION

_____ I do not want any of my organs donated.

_____ I would like to have organs donated for transplant.

_____ I would like to donate the following organs for transplant/research:

FUNERAL DETAILS

Church Preference: _____ Religious Affiliation: _____

Clergyman: _____ Phone: _____

Funeral Home to be used: _____

Phone: _____ I have a pre-paid burial plan. Yes _____ No _____

Contact: _____

(Some funeral homes provide free burial services to a law enforcement officer killed in the line of duty. Check on this benefit through your agency.)

Service to be held at:

Funeral Home _____ Name of Funeral Home: _____

Church _____ Name of Church: _____

I prefer: Interment _____ Entombment _____ Cremation _____

My choice of cemetery is : _____

_____ I have purchased a lot. _____ I have not purchased a lot.

Lot is in name of: _____

Section _____ Lot _____ Block _____

Location of deed for lot: _____

If interment is in another city, give information on the receiving funeral home:

Name: _____ Phone: _____

Address: _____

Pallbearers: _____

If cremated, what do you wish done with your ashes? _____

Funeral Details (Continued)

Obituary: Yes _____ No _____

Please list the following in my obituary: _____

I am entitled to Veterans Benefits: Yes _____

No _____

I entitled to Military Honors:

Yes _____

No _____

I would like a "Lodge" service:

Yes _____

No _____

By: _____

Flowers: Yes _____ No _____ Disposal of flowers: _____

Donations in lieu of flowers to: _____

Musical selections: _____

Special requests for service: _____

SPECIAL FINAL REQUESTS

As stated earlier in this handbook, special final requests should be addressed in one's will so your wishes will be upheld by a court of law. If you have not addressed these special final requests in a will, your primary beneficiary will have total control of your assets/possessions for final disposal. We strongly recommend addressing these issues in your will. If you choose not to, however, complete this section to alleviate your family of the decisions that might need to be made in your behalf.

This is how I would like insurance settlement money to be spent: _____

This is how I would like real estate to be handled: _____

This is how I would hope my family would continue/improve their relationships:

These are my prized possessions and how I would like them to be distributed:

<u>Item</u>	<u>Given to</u>

I would like my clothing and other general personal effects distributed in this manner:

Other special wishes: _____

LIFE INSURANCE POLICIES

To insure easy access to actual policies, beneficiaries, etc., all policies owned should be kept together in a safe place. Premium receipts, loan information, and settlement agreements on these policies should also be filed with the policy.

Location of policies: _____

I have made loans against the following policies: _____

I also own annuity contracts: Yes _____ No _____

Location of contracts: _____

My principal life insurance advisor is listed in "Important Business/Personal Contacts".

Other insurance advisors include:

Name: _____ Company: _____

Phone: _____

Name: _____ Company: _____

Phone: _____

The National Insurance Consumer Help Line can search 100 of the largest life insurance companies for policies of individuals. (Keep in mind there are over 2,000 insurance companies in existence.) There is a \$4.50 charge for this search and it may take up to six months to complete the search. Call 1-800-942-4242 for information.

I also belong to the various social/fraternal organizations that carry insurance for their membership:

Organization: _____ Contact: _____

Address: _____ Phone: _____

Organization: _____ Contact: _____

Address: _____ Phone: _____

Organization: _____ Contact: _____

Address: _____ Phone: _____

Organization: _____ Contact: _____

Address: _____ Phone: _____

OTHER CONSIDERATIONS

This handbook was planned to save as much heartache as possible immediately following the death of a loved one. All the planning and preparation in the world, however, won't save a family serious heartache if someone chooses to keep information about their life from family members. Often times after someone dies, family members are shocked to find out there are other children from outside the marriage and other significant others.

To save your spouse or other family members this heartache and torment, it is suggested that you write a letter to be opened upon your death that will tell your family about the issues you felt you could not discuss with them during your lifetime.

Additionally, we recommend that you discuss with your spouse the beneficiary listings you have chosen on various insurance policies. This will help alleviate the family upheavals that seriously effect the grief process when family members doubt that you meant to leave benefits to the people who received those benefits.

Be proactive and address these issues before it's too late.

AGENCY SHEET

If the person completing this booklet is a law enforcement officer, this page can be completed and filed with your enforcement agency in your personnel file.

Officer's Name: _____
(Last) (First)

(Badge/ID Number)

Social Security Number: _____ Date of Birth: _____

In case of death or serious injury, have a department representative contact:

<u>Address</u>	<u>Phone</u>	<u>Name</u>	<u>Day Address</u>	<u>Evening</u>
Spouse: _____				

Mother: _____

Father: _____

Closest Relative: _____

Former Spouse(s): _____

My best friend on the department is _____ and I would like him (her) to accompany anyone sent to give injury/death notice to my family. My best friend's address is:

Phone number _____

I want _____ to serve as the liaison officer with my family.

The following members of my family have health concerns that the department should be aware of:

My family is aware of the beneficiaries listed on all my department insurance forms.

Yes _____ No _____

I have a letter written to my family explaining why I have named certain beneficiaries on my policies. Yes _____ No _____

I would like full law enforcement honors if killed in the line of duty. Yes _____ No _____

Suggested pallbearers:

_____	_____
_____	_____
_____	_____