



Where My Assets Are

Name: _____

Retirement System
Registration No: _____ Social Security No: _____

My valuable papers and assets are stored in these locations (*address plus where to look*):

- A. Residence: _____
- B. Safe-deposit Box: _____
- C. Other: _____

	Item Location				Item Location		
	A	B	C		A	B	C
My Will (original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporate Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powers of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deferred Compensation; IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burial Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income & Gift Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's Will (original)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Titles and Deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes, (mortgages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists of Stored & Loaned Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto Ownership Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military Discharge Papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childrens' Birth Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce/Separation Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of Checking, Savings, Accts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brokerage Accounts Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important Names, Addresses and Phone Numbers

New York State and Local Employees' Retirement System, 110 State Street, Albany 12244
(518) 474-7736

Insurance Agent: _____

Attorney: _____

Broker: _____

Accountant: _____

Date Prepared: _____ Copies Given To: _____

NOTE: Please be sure to tell your beneficiary or beneficiaries to contact the Retirement System upon your death to determine what benefits may be due.