Record of Important Documents

Name	Date
Personal	
Indicate the location of each document.	
Birth Certificate	Marriage Certificate
Deed/Title to property	Automobile Title(s)
Passport	Social Security Card
Divorce Papers	Military Service Record(s)
Financial	
ndicate the bank name, address, telephone num	ber, and account number for each account.
Bank Account (Checking)	Bank Account (Saving)
Mortgage	Safe Deposit Box/Box Number/Keys
	telephone number, and policy number for each policy.
Life Insurance	Health Insurance
	Health Insurance
Life Insurance	Health Insurance
	Health Insurance
Automobile Insurance	Health Insurance Property Insurance
Automobile Insurance Legal Indicate the location of each document and, if ap	Health Insurance Property Insurance Property Insurance Piplicable, an authorized individual.
Automobile Insurance Legal Indicate the location of each document and, if ap Will	Health Insurance Property Insurance Property Insurance Image: Second Sec
Automobile Insurance Legal Indicate the location of each document and, if ap Will Trust	Health Insurance Property Insurance Property Insurance Image: Second Sec
Automobile Insurance Legal Indicate the location of each document and, if ap Will Trust Power of Attorney	Health Insurance Property Insurance Property Insurance Image: Splicable, an authorized individual.
Automobile Insurance Legal Indicate the location of each document and, if ap Will Trust Power of Attorney Other	Health Insurance Property Insurance plicable, an authorized individual.
Automobile Insurance Legal Indicate the location of each document and, if ap Will Trust Power of Attorney Other TRS/ERS/RSA-1 Designation of Beneficiary Forms	Health Insurance Property Insurance plicable, an authorized individual.
Automobile Insurance Legal Indicate the location of each document and, if ap Will Trust Power of Attorney Other TRS/ERS/RSA-1 Designation of Beneficiary Forms Keys and Combinations Social Media Accounts	Health Insurance Property Insurance plicable, an authorized individual.
Automobile Insurance Legal Indicate the location of each document and, if ap Will Trust Power of Attorney Other TRS/ERS/RSA-1 Designation of Beneficiary Forms	Health Insurance Property Insurance plicable, an authorized individual.

Credit Card(s)/Debit Card(s)

Circle Credit or Debit

Circle Credit or Debit	
Credit / Debit Card	Credit / Debit Card
lssuer	lssuer
Account No	Account No.
Expiration Date Security Code:	Expiration Date Security Code:
Customer Service Phone ()	Customer Service Phone ()
Online Account ID	
Password	Password
Credit / Debit Card	Credit / Debit Card
lssuer	lssuer
Account No	Account No
Expiration Date Security Code:	Expiration Date Security Code:
Customer Service Phone ()	Customer Service Phone ()
Online Account ID	Online Account ID
Password	
Credit / Debit Card	Credit / Debit Card
Issuer	
Account No.	Account No
Expiration Date Security Code:	Expiration Date Security Code:
Customer Service Phone (Customer Service Phone (
Online Account ID	
Password	Password
Utilities	
Electricity	Natural Gas / Propane
Utility Company Name	Utility Company Name
Account No	
Payment Address	Payment Address
Customer Service Phone ()	Customer Service Phone ()
Online Account ID	Online Account ID
Password	Password
Water	Trash
Utility Company Name	Utility Company Name
Account No	Account No
Payment Address	Payment Address
Customer Service Phone ()	Customer Service Phone ()
Online Account ID	
Password	Password
Cable / Satellite	Phone / Mobile Phone
Utility Company Name	Utility Company Name
Account No.	Account No.
Payment Address	
	Customer Service Phone ()
Customer Service Phone ()	
Payment Address Customer Service Phone () Online Account ID Password	Online Account ID



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