



Compliments of John Hancock Advice

My InfoTracker

One place to keep all of your
important *details*

- Completed by _____ Date ____ / ____ / ____
- Annual update completed by _____ Date ____ / ____ / ____
- Annual update completed by _____ Date ____ / ____ / ____
- Annual update completed by _____ Date ____ / ____ / ____
- Annual update completed by _____ Date ____ / ____ / ____





Need a place to jot down all of your *essential information*?

My InfoTracker helps you gather your most important details and save them in an easy-to-manage format. Preparing now means having all of your information organized and at your fingertips whenever you need it —

so you're not in the position of having to track down documents or contact numbers during a stressful moment.

Make life simpler for *yourself!*

Set aside time to complete the details that apply to your situation. As you experience life events such as getting married, having children, moving or changing jobs, be sure to update your InfoTracker. Then review your details once a year to make sure everything is current. Keep your InfoTracker booklet in a secure but accessible place inside your home, and keep a second copy locked up somewhere safe outside your home, just in case.

Self

Full legal name _____
Address _____
Email _____ Cell phone _____
Social Security # _____ Birthdate _____
Driver's license # _____ Passport # _____

Primary care physician name, address & phone _____

Health insurance plan name, address, phone & ID # _____

Pharmacy name, address & phone _____

Allergies _____

Blood type _____

Medications & dosage _____

Dentist name & phone _____

Dental insurance plan name & ID # _____

Vision insurance plan name & ID # _____

Employer name _____ Work phone _____

Employer address _____

HR contact name, phone & email _____

Supervisor name, phone & email _____

Will

I/we have completed my/our will and my/our durable power of attorney for financial and health care matters.

These documents are located here _____

Safe Deposit Box

My/our safe deposit box is located here _____



Spouse/partner

Full legal name _____

Email _____ Cell phone _____

Social Security # _____ Birthdate _____

Driver's license # _____ Passport # _____

Primary care physician name & phone _____

Health insurance plan name & ID # _____

Allergies _____ Blood type _____

Medications & dosage _____

Dentist name & phone _____

Employer name _____ Work phone _____

Employer address _____

HR contact name, phone & email _____

Supervisor name, phone & email _____

Emergency contacts

Name _____ Email _____

Home phone _____ Cell phone _____

Name _____ Email _____

Home phone _____ Cell phone _____

Name _____ Email _____

Home phone _____ Cell phone _____



Children

Name _____
Social Security # _____ Birthdate _____
School name _____ School phone _____
Health insurance plan name & ID # _____
Medications & dosage _____
Allergies _____ Blood type _____

Name _____
Social Security # _____ Birthdate _____
School name _____ School phone _____
Health insurance plan name & ID # _____
Allergies _____ Blood type _____
Medications & dosage _____

Name _____
Social Security # _____ Birthdate _____
School name _____ School phone _____
Health insurance plan name & ID # _____
Medications & dosage _____
Allergies _____ Blood type _____

Children's physician name & phone _____
Address _____
Specialist name & phone _____
Address _____
Dentist name & phone _____
Address _____
Daycare provider name & phone (if applicable) _____

Pets

Veterinarian name & phone _____
Pet name _____
Special considerations _____
Pet name _____
Special considerations _____



Insurance**Protection**

Insurance company name _____ Agent _____

Address _____ Phone _____

Life insurance policy # _____ Disability policy # _____

Long-term care policy # _____ Other _____

Home

Insurance company name _____ Agent _____

Address _____ Phone _____

Homeowner insurance policy # _____

Umbrella care policy # _____

Auto

Insurance company name _____ Agent _____

Address _____ Phone _____

Auto policy # _____ Other # _____

Copies of my/our policies are located here _____

Investments

Financial professional name _____ Phone _____

Firm name & address _____ Email _____

Account type/Account # _____ / _____

Account type/Account # _____ / _____

Financial professional name _____ Phone _____

Firm name & address _____ Email _____

Account type/Account # _____ / _____

Account type/Account # _____ / _____

Legal & tax

Attorney name _____ Phone _____

Firm name & address _____ Email _____

Tax professional name _____ Phone _____

Firm name & address _____ Email _____

Other _____

Bank

Bank name _____	Bank name _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Certificates of Deposit _____	Certificates of Deposit _____
Amount _____ Interest rate _____	Amount _____ Interest rate _____
Maturity _____	Maturity _____

Loans & credit

Mortgage holder _____

Address _____ Phone _____

Account # _____ Loan amount/Balance _____

Second Mortgage holder _____

Address _____ Phone _____

Account # _____ Loan amount/Balance _____

Home equity loan holder _____

Address _____ Phone _____

Account # _____ Loan amount/Balance _____

Car loan holder _____ Address _____

Phone _____ Account # _____ Loan amount/Balance _____

Car loan holder _____ Address _____

Phone _____ Account # _____ Loan amount/Balance _____

Car loan holder _____ Address _____

Phone _____ Account # _____ Loan amount/Balance _____

Credit card _____ Address _____

Phone _____ Card # _____ Exp. _____

Credit card _____ Address _____

Phone _____ Card # _____ Exp. _____

Credit card _____ Address _____

Phone _____ Card # _____ Exp. _____



First response

Local police _____

Local fire department _____

Local hospital _____

Family meeting place _____

Household emergency

Plumber _____ Phone _____

Electrician _____ Phone _____

Heating provider _____ Phone _____

Telephone company _____ Phone _____

Electric company _____ Phone _____

Cable company _____ Phone _____

Town hall _____ Phone _____

AAA/towing _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Other _____ Phone _____

Nearest neighbors

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parents

Primary care physician name & phone _____

Other care physician name, specialty & phone _____

Elder care provider name, address & phone _____

Grandparents

Primary care physician name & phone _____

Other care physician name, specialty & phone _____

Elder care provider name, address & phone _____



My top 10

Some of the things I hope to accomplish and experience

1. _____

2. _____

3. _____

4. _____

5. _____

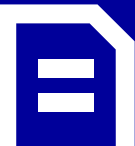
6. _____

7. _____

8. _____

9. _____

10. _____



Now that you've filled in your InfoTracker, remember to update it regularly so you can have peace of mind knowing your critical information is accessible whenever you need it.

Never forget - The John Hancock Advice team is here to *help!*

Our team of financial professionals are here to help you prepare for all stages of life. Let us build you a plan that can help you meet your personal goals and feel more confident about the future!

Call us to start planning today!

📞 1-888-955-5432

✉ advice@johnancock.com

🌐 www.johnancock.com/advice





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ANY DOCUMENT THAT CONTAINS YOUR PERSONAL INFORMATION SHOULD BE TREATED AS CONFIDENTIAL AND STORED IN A SAFE PLACE.

Advisory services offered through John Hancock Personal Financial Services, LLC, an SEC Registered Investment Adviser. Boston, MA 02116. 888-955-5432.

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