



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 &amp; address \_\_\_\_\_ Email \_\_\_\_\_

Account type/Account # \_\_\_\_\_ / \_\_\_\_\_

Account type/Account # \_\_\_\_\_ / \_\_\_\_\_

Financial professional name \_\_\_\_\_ Phone \_\_\_\_\_

Firm name &amp; address \_\_\_\_\_ Email \_\_\_\_\_

Account type/Account # \_\_\_\_\_ / \_\_\_\_\_

Account type/Account # \_\_\_\_\_ / \_\_\_\_\_

**Legal & tax**

Attorney name \_\_\_\_\_ Phone \_\_\_\_\_

Firm name &amp; address \_\_\_\_\_ Email \_\_\_\_\_

Tax professional name \_\_\_\_\_ Phone \_\_\_\_\_

Firm name &amp; 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 \_\_\_\_\_



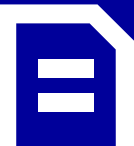




**My top 10**

Some of the things I hope to accomplish and experience

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
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10. \_\_\_\_\_  
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\_\_\_\_\_



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](mailto:advice@johnancock.com)

🌐 [www.johnancock.com/advice](http://www.johnancock.com/advice)





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