CS TOMASI
WEALTH MANAGEMENT
Registered Investment Advisor

Your Assets Record

Name: Name:

D.O.B: D.O.B:

SS #: SS #:

Employer: Employer:

Employer Contact: Employer Contact:

Emergency Contact: Emergency Contact:

CHECKING, SAVINGS & CDs

Description	Name on Account	Account #	Location	Rep Name/#

INVESTMENT ASSETS:

RETIREMENT ACCOUNTS

DESCRIPTION (401k, Roth, IRA, Etc.)	Company	Account #	Location	Rep Name/#

NON-RETIREMENT ACCOUNTS

DESCRIPTION (Individual, Joint, Trust, Etc.)	Name on Account	Account #	Location	Rep Name/#

ANNUITIES

DESCRIPTION	Company	Account #	Location	Rep Name/#

INSURANCE- Life, Health, Long Term Care

DESCRIPTION	Company	Account #	Location	Rep Name/#

REAL ESTATE ASSETS

DESCRIPTION (Principal Residence, Vacation Home, Rental Property, Land)	Name of Owner(s)	Address

MISCELLANEOUS ASSETS- Safe Deposit Box, Safes, Etc.

DESCRIPTION	Name on Account	Account #/Password	Location	Contact #

IMPORTANT DOCUMENTS- Trusts, Birth Certificates, Deeds, Etc.

DESCRIPTION	Location