



CFSB
COMMUNITY FINANCIAL SERVICES BANK

“\$ecurity Matters”



Financial Emergency Kit

Experience teaches us that life can change in a moment when you least expect it. Whether it be a tornado, a flood, a fire, an accident, or a health condition; any of these situations may require that we access important financial information immediately. That is the purpose of this \$ecurity Matters Financial Emergency Kit.

We have tried to include all the important documents you would need in the event of a personal or regional emergency. We recommend one Financial Emergency Kit per household. If you have joint as well as separate accounts we encourage you to include both in this kit and to keep it somewhere safe like a safe deposit box or a fireproof box (in which case you will also need to place it in a waterproof bag).

If you need assistance in completing your Financial Emergency Kit, come in to any CFSB location or call 527-8616 or toll free 1-888-226-5669. We are here to help you.

For more information on how you can better prepare for emergencies visit www.citizencorps.gov, www.hopecoalitionamerica.org, or www.ready.gov.

Table of Contents

Instructions	3
Household Information.....	4
Important Legal Document Checklist	5
Helpful Hints for Securing Your Important Legal Documents.....	6
Ledger of Your Important Legal Documents	8
Emergency Assistance Numbers	9
Emergency Numbers	10
School Contact Information	12
Financial Account Relationships.....	13
Credit/Debit Card Relationships	14
Investment Account Relationships.....	15
Insurance Policy Relationships	16
Financial Obligations.....	17
Notes	18

Instructions

1. Complete all sections of the Financial Emergency Kit (FEK) and obtain copies of any documents marked “NO” on the Important Legal Documents Checklist.
2. In an off-site safety deposit box, store the following important documents:
 - A copy of your FEK and legal documents
 - Photographs or video of all valuables
 - A computer backup file on diskette of any financial records stored on your computer (remember to update these records quarterly).
3. At home in a fireproof safe or file cabinet, store the following important documents:
 - Your FEK and other important documents in a waterproof bag
 - Keep \$10 and \$20 bills; ATM and credit card access may not be available
 - A writing tablet and two sharpened pencils
 - A copy of your off-site safety deposit box key
 - An extra copy of financial records from your computer backup file on diskette.
4. Within reach of your home fireproof safe or file cabinet, have the following items stored in a durable bag:
 - AC charger for your mobile phone
 - AC adapter that can be plugged into a car cigarette lighter
 - Required prescription medications
 - Battery-charged flashlight
5. Mail a copy of your FEK and legal documents to your attorney in an envelope to be opened with your approval or in the event your become incapacitated.

Helpful Hints for Securing Your Important Legal Documents

These helpful hints provide direction in identifying the best resources for gathering the documents listed on the checklist (previous page).

- 1-2. You can obtain copies of birth, death, marriage, divorce and adoption certificates from your state health or social services administrations for a minimal fee.
3. If your income is reported to the IRS, you must have a Social Security card. Call your local Social Security office for assistance in obtaining new/replacement cards, or refer to the SSN FAQ Web page (<http://www.cpsr.org/cpsr/privacy/ssn/sn.faq.html>) for further assistance.
4. If you are a veteran, obtain copies of your Military DD214 – the documents for veterans' benefits and enhanced Social Security entitlements. Copies may be obtained by contacting the U.S. National Archives & Records Administration at 1-866-272-6272 or 1-86-NARA-NARA or by accessing Veterans Records online at: http://www.archives.gov/research_room/vetrecs/index.html.
5. Obtain a copy of your Health Insurance ID Cards. These cards are invaluable if the original card is lost or destroyed.
6. If applicable, make a copy of your military ID and copy both sides. A copy of this ID will expedite obtaining a replacement if needed.
- 7-10. Call the claims number on the policy to verify that the number is current and write the number on the first page of the policy. With your policy number in-hand, you will be able to verify coverage.
11. A Power of Attorney document will allow your spouse or trusted responsible relative to handle your affairs in the event you become incapacitated.
12. A Will is a helpful document that can help reduce family conflicts, probate, time and expenses.
13. An Advance Medical Directive (AMD) or Living Will tells your doctors and family what level of care you would like when your death is imminent and inevitable.
14. A passport will expedite obtaining a replacement passport if needed and is an excellent form of identification if a driver's license is lost or destroyed.
15. A Real Estate Deed of Trust may be required to verify ownership in order to receive assistance.

16. Tax returns from the previous year may be required to apply for new loans and verify qualification for income-restricted entitlements.

17. Name and phone number of your attorney:

Ledger of Your Important Legal Documents

Create a quick reference ledger of all personal legal documents you have included with your Security Matters FEK.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Emergency Assistance Numbers:

Emergency 9-1-1

Keep in mind that for local emergencies, 9-1-1 is an important resource to consider.

The Poison Control Center

If you have a poisoning emergency, call 1-800-222-1222.

The American Red Cross (ARC)

Call the American Red Cross at 1-866-438-4636 and request contact information for your local American Red Cross office, including phone number and address.

Record This Information:

Local Number for the ARC:

Address:

Federal Emergency Management Agency (FEMA)

FEMA may be able to provide emergency assistance when there is a presidentially declared disaster in your area. People in the affected disaster area can register with FEMA through the tele-registration number. Because each case is reviewed individually, eligibility may vary from applicant to applicant.

School Contact Information

Name of Child: _____ Birth Date: _____

Name of School/Daycare:

Contact Person: _____ Phone: _____

Address:

Name of Child: _____ Birth Date: _____

Name of School/Daycare:

Contact Person: _____ Phone: _____

Address:

Name of Child: _____ Birth Date: _____

Name of School/Daycare:

Contact Person: _____ Phone: _____

Address:

Name of Child: _____ Birth Date: _____

Name of School/Daycare:

Contact Person: _____ Phone: _____

Address:

**Make additional copies as required.*

Financial Account Relationships
(Banks, Credit Unions, etc.)

Name of Institution:

Name of Account Holder:

Account Number:

Institution Contact Person:

Online Access Information:

Website:

Name of Institution:

Name of Account Holder:

Account Number:

Institution Contact Person:

Online Access Information:

Website:

**Make additional copies as required.*

Credit/Debit Card Relationships

Card Type (MasterCard, Visa, AMEX, etc.):

Issuer of Card:

Account Number:

Expiration Date: _____ Member Services Number: _____

Online Access Information:

Web site:

Card Type (MasterCard, Visa, AMEX, etc.):

Issuer of Card:

Account Number:

Expiration Date: _____ Member Services Number: _____

Online Access Information:

Web site:

**Make additional copies as required.*

Investment Account Relationships

Firm/Institution Name:

Phone Number: _____ Fax Number: _____

Address:

Contact Person: _____ Account Number: _____

Name of Account Holder: _____ Type of Investment: _____

Online Access Information:

Web site:

Firm/Institution Name:

Phone Number: _____ Fax Number: _____

Address:

Contact Person: _____ Account Number: _____

Name of Account Holder: _____ Type of Investment: _____

Online Access Information:

Web site:

**Make additional copies as required.*

Insurance Policy Relationships

Firm/Institution Name:

Phone Number: _____ Fax Number: _____

Address: _____

Contact Person: _____ Account Number: _____

Name of Account Holder: _____

Type of Investment:

Online Access Information:

Web site:

Firm/Institution Name:

Phone Number: _____ Fax Number: _____

Address: _____

Contact Person: _____ Account Number: _____

Name of Account Holder: _____

Type of Investment:

Online Access Information:

Web site:

**Make additional copies as required.*

Financial Obligations
(Annual, Quarterly and Monthly Payments)

Payee:

Account/Policy Number:

Name of Account Holder:

Contact Person: _____ Phone: _____

Payment Address:

Payment Amount: _____ Due Date(s): _____

Date of Final Payment: _____

Payee:

Account/Policy Number:

Name of Account Holder:

Contact Person: _____ Phone: _____

Payment Address:

Payment Amount: _____ Due Date(s): _____

Date of Final Payment: _____

**Make additional copies as required.*

Notes: