TEMPLATE C

Money Map Inventory and Bill Calendar

Income

Source	Amount/month	Deposit account	Day of month	Online access set up?
Social Security				
Pension				
Annuity / individual retirement account (IRA) distributions				
Department of Veterans Affairs (VA) benefits				
Other				

Accounts and assets

Institution	Type	Last 4	Ownership / payable-on-death (POD) / transfer-on-death (TOD) beneficiary	power of attorney (POA) registered?	Alerts on?

Insurance

Policy type	Company	Policy #	Premium/frequency	Paid from	Agent/phone
Medicare supplement / Medicare Advantage (MA)					
Part D (prescription drugs)					
long-term care (LTC)					
Life					
Homeowners/renters					
Auto					

Bill calendar

Payee	Typical amount	Due day	Autopay? (Y/N, from which account)	Paperless?	Owner

Care credit card (Chapter 4.4): issuer ____ · last 4 ____ · authorized users ____ · autopay full balance from ____ on day ____.