

Be prepared for emergencies

The best way to handle any emergency situation is to have trusted resources at the ready. Use this worksheet to catalog your most important contacts and account numbers so that if and when a crisis arises, you'll know exactly what to do. Print a paper copy for easy reference in your home, or type in the blue boxes and save an electronic copy that you can email to family members. To add additional information, see page 2.

Emergency services

Police _____ Phone _____
Fire _____ Phone _____
Hospital _____ Phone _____
Urgent care clinic _____ Phone _____
Primary physician _____ Phone _____
Pediatrician _____ Phone _____
Dentist _____ Phone _____
Veterinarian _____ Phone _____
Attorney _____ Phone _____
Town/city hall _____ Phone _____
Mechanic/AAA/towing _____ Phone _____

Utility providers

Plumber _____ Phone _____
Electrician _____ Phone _____
Electric company _____ Phone _____
Natural gas/oil _____ Phone _____
Cable _____ Phone _____
Phone carrier _____ Phone _____

Nearest neighbors

Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____

Key information

Full legal name _____ Email _____

Primary address _____ Mobile _____

Social Security # _____ Passport # _____ Home phone _____

Driver's license # _____ License plate # _____

Primary care physician _____ Phone _____

Specialist physician _____ Phone _____

Dentist _____ Phone _____

Health insurer _____ Policy # _____

Blood type _____ Allergies _____

Employer _____ Phone _____

Spouse's/partner's legal name _____ Email _____

Primary address _____ Mobile _____

Social Security # _____ Passport # _____ Home phone _____

Driver's license # _____ License plate # _____

Primary care physician _____ Phone _____

Specialist physician _____ Phone _____

Dentist _____ Phone _____

Health insurer _____ Policy # _____

Blood type _____ Allergies _____

Employer _____ Phone _____

Notes _____

Family member information

Dependent's full legal name _____ Email _____

Primary address _____ Mobile _____

Social Security # _____ Passport # _____ Home phone _____

Driver's license # _____ License plate # _____

Primary care physician _____ Phone _____

Specialist physician _____ Phone _____

Dentist _____ Phone _____

Health insurer _____ Policy # _____

Blood type _____ Allergies _____

Employer _____ Phone _____

Dependent's full legal name _____ Email _____

Primary address _____ Mobile _____

Social Security # _____ Passport # _____ Home phone _____

Driver's license # _____ License plate # _____

Primary care physician _____ Phone _____

Specialist physician _____ Phone _____

Dentist _____ Phone _____

Health insurer _____ Policy # _____

Blood type _____ Allergies _____

Employer _____ Phone _____

Dependent's full legal name _____ Email _____

Primary address _____ Mobile _____

Social Security # _____ Passport # _____ Home phone _____

Driver's license # _____ License plate # _____

Primary care physician _____ Phone _____

Specialist physician _____ Phone _____

Dentist _____ Phone _____

Health insurer _____ Policy # _____

Blood type _____ Allergies _____

Employer _____ Phone _____

Financial information

Financial professional name _____ Phone _____

Address _____ Email _____

Accountant _____ Phone _____

Address _____ Email _____

Attorney _____ Phone _____

Address _____ Email _____

Checking account _____ Account # _____

Savings account _____ Account # _____

401(k) provider _____ Account # _____

IRA provider _____ Account # _____

529 plan provider _____ Account # _____

Life insurance provider _____ Policy # _____

Home insurance provider _____ Policy # _____

Other _____ Account # _____

Other _____ Account # _____

Other _____ Account # _____

Second home _____ Phone _____

Address _____ Email _____

Maintenance name _____ Phone _____

Address _____

Maintenance name _____ Phone _____

Address _____

Neighbor name _____ Phone _____

Address _____

Neighbor name _____ Phone _____

Address _____

Other _____

Second home insurance policy # _____

Second home umbrella policy # _____

Estate planning information

Estate planning attorney _____ Phone _____

Address _____ Email _____

Power of attorney _____ Phone _____

Address _____ Email _____

Healthcare proxy _____ Phone _____

Address _____ Email _____

Heirs _____ Phone _____

Address _____ Email _____

Location of wills _____

Loans

Mortgage holder

Second mortgage holder

Home equity loan holder

Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____

Account # _____ Account # _____ Account # _____

Car loan

Car loan

Miscellaneous loan

Holder _____ Holder _____ Holder _____

Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____

Account # _____ Account # _____ Account # _____

Credit card

Credit card

Credit card

Billing address _____ Billing address _____ Billing address _____

Phone _____ Phone _____ Phone _____

Account # _____ Account # _____ Account # _____

Social Security Administration
800-772-1213
ssa.gov

IRS
800-829-1040
irs.gov

**Federal Emergency
Management Association**
800-621-FEMA (3362)
fema.gov

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John Hancock Investment Management is a premier asset manager with a heritage of financial stewardship dating back to 1862. Helping our shareholders pursue their financial goals is at the core of everything we do. It's why we support the role of professional financial advice and operate with the highest standards of conduct and integrity.

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