

# Personal information record

**Note: this record has no legal standing and is not a substitute for your Will.**

It is a good idea to keep similar details for your spouse/partner by filling in a second copy.

This record should identify the location of all your important papers. A clearly marked envelope containing this completed Record and any other information your spouse and/or family will need on your demise should be readily available in a place known to your family or to a close friend. It should not be stored in a safe deposit box nor located with your solicitor.

Your Will and other valuable documents such as Birth and Marriage Certificates, property deeds, life insurance policies, share certificates should be in a safe place, in safe custody with a bank, with your solicitor, in a safe or fireproof container. If you use a safe, make sure that the combination and/or a second key is held by someone else.

If you are storing confidential information/documents on your computer make sure someone else knows the passwords and where to locate the files.

The following check-list will guide you and can be used to record much of the required information.

*It is a good idea to review this record annually and enter the date of revision on the Record and ensure you provide a copy of the revised record to those holding a copy of the original record.*

**This document was adapted with permission based on the Personal Details Planner by the Superannuated Commonwealth Officers Association.**

## Person completing this record

Surname .....

Given names .....

Former name if applicable .....

Indicate any other names in which particular assets are held .....

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## Dates and attachments

Date you completed this Record .....

Last update/review .....

Attachments to your Personal Information Record:

1) .....

2) .....

3) .....

4) .....

5) .....

6) .....

7) .....

8) .....

9) .....

10).....

## Fill in your own useful phone numbers

Category	Name	Phone number
<b>Family and friends</b>		
<b>Doctor</b>		
<b>Executor</b>		
<b>Solicitor</b>		
<b>Funeral director</b>		
<b>Church</b>		
<b>Bank</b>		
<b>Centrelink</b>		13 23 00
<b>Veteran's Affairs</b>		1800 555 254
<b>Investments</b>		
<b>Bank</b>		
<b>Insurance company</b>		
<b>Security/Alarm system</b>		
<b>Superannuation funds</b>		
<b>Power of Attorney</b>		
<b>Advanced Care Plan</b>		

# 1. Personal information

Date of birth .....

Place of birth .....

Spouse's family name and given names .....

Father's family name and given names .....

Mother's maiden name and given names .....

Name, address and phone number of next of kin .....

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Religion (and name of church attended if appropriate) .....

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Name, address, and phone number(s) of doctor(s) .....

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Name, addresses and phone numbers of children and/or close friends .....

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List organisations and clubs of which you are a member .....

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List and attach significant positions/offices you have held as well as any degrees, diplomas, service medals, awards, or attainments.

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## 2. Funeral arrangements

Burial  Yes  No      Cremation  Yes  No

Church Service  Yes  No      Flowers  Yes  No

Do you have a Cemetery Lot or niche for ashes?  Yes  No

If so, which and where is it .....

And where is the Deed to it .....

Have you already arranged a prepaid funeral?  Yes  No

Are other arrangements in place, if so what are they .....

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Funeral service to be conducted by .....

If special service (Lodge, RSL, etc.) then by .....

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Funeral director requested .....

Funeral type/price requested .....

Funeral benefit or mortality fund .....

Name and address of fund .....

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Location of papers .....  
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### 3. Your will

What is the date of your last Will .....

Location of Original .....

And any copies .....

Name, address and phone number of your solicitor .....

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Name(s), address(es) and phone number(s) of your executor(s) .....

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Codicils to Will .....

Dated .....

Where located .....

### 4. Your enduring power of attorney

See the Public Trustee and Guardian's [Power To Choose](#) booklet for more information.

Copies given to:

Name	Address	Phone number	Date given

Where is/are the original(s) located .....

## 5. Bequest of organs

Are you a registered organ donor?       Yes       No

Do you wish to bequeath your body, eyes or kidneys or other organs to a hospital or university?     Yes       No

*If so, the bequest should be detailed in your Will and your next-of-kin, your doctor, and the institutions to receive the donation notified at the time you complete this Record.*

## 6. Health and hospital insurance

Medicare number .....

Location of Medicare card .....

Name of private health insurance (including ambulance cover if applicable) .....

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Membership number .....

Tier/level under which insured .....

How payments are made .....

Location of membership card and documents .....

## 7. Family records

*Where do you keep the following documents?*

Marriage Certificate(s) .....

Birth Certificate .....

Birth Certificate(s) of spouse .....

Of children .....

Divorce (decree absolute) if applicable .....

Passport number ..... Date of expiry .....

Country of issue .....

Citizenship Certificate if applicable .....

Certificate number .....

Date of Naturalisation .....

## 8. Defence service records

Service number .....

Army/Navy/Air Force Unit .....

Rank at discharge .....

Where is your Discharge Certificate? .....

## 9. Other superannuation benefits

Name	Address	Phone number	Membership number

Location of documents .....

Paid into account number held at .....

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Any further necessary information about these benefits .....

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Is your spouse or are your dependent children eligible to receive any benefits from your superannuation scheme(s)?  Yes  No

## 10. Worker's Compensation payments

Payments received from .....

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Reference number and phone contact of paying organisation .....



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Determination details and dates .....

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Is your spouse or are your dependent children eligible for any continuing benefit or lump sum following your death?       Yes       No

## **11. Pensions**

Do you receive a pension from Centrelink?       Yes       No

If so which type .....

Number .....

How paid .....

Do you believe your spouse or dependent children are likely to be eligible for some continuing assistance from Centrelink?       Yes       No

Are you in receipt of a Veterans' Affairs pension?       Yes       No

If so, which type .....

Pension number .....

Where paid .....

## **12. Annuities**

Source of payment(s) .....

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Do/does it/they cease on your death?       Yes       No

Location of documentation .....

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Is your spouse or are your dependent children eligible to receive any money by way of continuing provisions or lump sum from any of these annuities?       Yes       No

Please give details .....

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**13. Other regular income (not included above)**

Please give details .....

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**14. Taxation**

Tax file number .....

Has all tax been paid?     Yes         No

Australian Tax Office where last Return lodged .....

Name, address and phone number of accountant or taxation agent (if used) ...

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Where are your duplicate Tax Returns, Tax Assessments, receipts for payment of tax for previous years? .....

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Where are the papers necessary for completing your Tax Return for the current year? .....

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**15. Assets (where not applicable write n/a)**

*Accounts*

Name (branch) of bank, credit union, etc, account number and passbook location:

<b>Bank/credit union</b>	<b>Branch</b>	<b>Account number</b>	<b>Passbook location</b>

*Term deposits*

Invested with, amount, maturity date and certificate/account number and location of papers .....

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*Term insurance policy (death only)*

Company insured with, amount, policy number and location .....

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*Life insurance*

Company, beneficiary, policy number and location .....

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*Debentures*

Name of company, amount, location of Certificate of Title .....

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*Unit trusts*

Invested with, face value, Certificate number and location .....

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*Bonds*

Invested with, face value, Certification number and location .....

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*Approved deposit funds (roll-over funds)*

Invested with, face value, Certificate number and location .....

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*Shares*

Please list (or attach as appropriate) details of current/updated portfolio, location of script or certificates or other documents showing the SRN/HIN for each shareholding, and the name and address of brokers. List on a separate sheet as an attachment if insufficient space here:

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Please note, if you get your dividend statements sent electronically, the SRN/HIN is not shown. However, you can find it on hard copy statements.

*Real estate*

List type (residence/holiday home/investment property/other), Title particulars, sole/joint owner or Tenant in Common and Title location and Managing Agent(s) if applicable .....

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*Motor vehicles, caravans, boats, trailers etc.*

Type, registration number, certificate location, expiry date .....

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*Loans you have made that are not repaid*

Name of loan recipient, address, phone number and amount of loan .....

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*Jewellery, furs, coins, stamps, art, office equipment (e.g. computers, fax machines, printers, scanners), mobile phones, digital cameras, books etc. of value)*

List items (including valuation certificate if any), location and insurance company if applicable .....

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*Other assets*

List here interest in any partnership, trust, livestock, crops, farming implements, furniture, rents, mortgages, plant, tools, debts due to you, stock in shop or business, goodwill, leaseholds and digital assets including photographs, music, manuscripts or other data stored digitally

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## 16. Property rates and charges

Have all current property rates and charges, including corporate body levies, been paid?

On your residence?       Yes  No    Up to (date) .....

On other properties?     Yes  No    Up to (date) .....

Where are the receipts and accounts for your rates and other charges .....

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## 17. Property insurances

*Residence/company*

Policy number	Where located	Renewal due

*Contents of residence/company*

Policy number	Where located	Renewal due

*Other properties/companies*

Policy number	Where located	Renewal due

*Contents of other properties/companies*

Policy number	Where located	Renewal due

*Car insurance*

Policy number	Where located	Renewal due

Other items insurance company

Policy number	Where located	Renewal due

## 18. Safe deposits or safe custody details

Safe deposit box located at

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Key located at .....

Duplicate located .....

Safe custody envelope with .....

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Identity number .....

## 19. Liabilities

Include information covering category, original debt, name of lender, security and termination date.

*Mortgage* .....

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*Personal loan* .....

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*Hire purchase or lay-by* .....

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Overdraft .....

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Credit card(s)

Name / type of card	Bank or financial institution

Guarantees (still current) given to any person or company

Person or company given to	Person or company guaranteed	Details of guarantee

## 20. Other information

*Names and addresses of children*

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....

*Names and addresses of brothers and sisters and other relatives*

- 1) .....
- 2) .....
- 3) .....
- 4) .....



