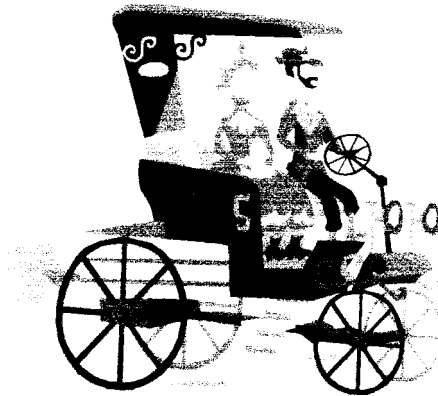


Are You Prepared?



**A RESOURCE BOOKLET
Of PERSONAL INFORMATION
For Members of the
Association of Independent Retirees (Inc)**

24 December 2011

Are You Prepared?

A Resource Booklet of Personal Information for ASSOCIATION OF INDEPENDENT RETIREES (INC)

It is an unfortunate fact of life that this year and indeed, every year some members of our AIR Branch will, through accident or disease, be seriously incapacitated or lose their lives.

In many instances a surviving partner, family member or friend will be in need of assistance to perform the myriad of tasks that must be undertaken immediately as well as the even more numerous duties that must be assumed in the longer term. The person (your *Advocate*) to whom these responsibilities have been delegated may have had little or no experience in many of the areas that must now be addressed: All this at a time when your illness or death causes great distress.

The committee of the Noosa Branch of the Association of Independent Retirees produced this *Are You Prepared* booklet as a resource of personal and public information. We believe that by entering information in this booklet you will minimize your *Advocate's* amount of searching and anguish by leading them to helpful sources of information and useful answers to difficult questions.

The booklet is designed so that it can be completed individually or with a partner. Should a partnership exist it is important that both members enter all the relevant people, locations, organizations, etc.

It is recommended that you complete the various sections first and then transfer details to the **Summary of Current Information** section.

Make the commitment to complete this booklet as soon as possible and remember to review your information annually.

REMEMBER, YOUR BOOKLET CONTAINS VERY SENSITIVE INFORMATION. MAKE SURE THAT YOU FILE YOUR COPY IN A SECURE PLACE AND THAT YOUR ADVOCATE IS INFORMED OF ITS LOCATION.

Acknowledgement

A number of members of the Noosa Branch AIR expressed the need for this type of document and a committee was formed to produce this comprehensive document. Noosa AIR would like to thank Dawn McMurtne, Jim Henwood, Susan Wright, Bob Wright (also of Dicksons Stockbrokers), Kathleen Kelly, Dulcie Beresford, Patricia Rowsell, Joan Fuller and Lorraine Bruin for their contributions.

Association of Independent Retirees (Inc), Noosa Branch, March 2001.

**THIS DOCUMENT REISSUED WITH MINOR MODIFICATIONS & ADDITIONS IN APRIL 2008 BY
MORETON BAY REGION BRANCH A.I.R.**

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Are You Prepared?
**A Resource Booklet of Personal Information
 for AIR Members**

INTRODUCTORY CHECK LIST

This booklet is designed to be suitable for one or two persons. If you are single you only need to complete the details for Person 1. If you have a spouse or a partner and you choose to complete the document together, you will need to designate Person 1 and Person 2.

Person 1

Person 2

<p>Name: _____</p> <p>Do you have an Advance Health Directive? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you appointed an Enduring Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you appointed a Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>My Advocate is: Name: _____</p> <p>Phone No. _____</p> <p>I am aware in completing this booklet that it is not a legal document but rather a statement of my wishes.</p> <p>Signed: _____</p> <p>Date: _____</p>	<p>Name: _____</p> <p>Do you have an Advance Health Directive? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you appointed an Enduring Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you appointed a Power of Attorney? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>My Advocate is: Name: _____</p> <p>Phone No. _____</p> <p>I am aware in completing this booklet that it is not a legal document but rather a statement of my wishes.</p> <p>Signed: _____</p> <p>Date: _____</p>
---	---

Should you make any changes when completing the document please initial each change!

Personal Details: Person 1

Surname: _____

Given names: _____

Maiden name: _____

Residential Address: _____

Postal Address: _____

Date of birth: _____ Place of birth: _____

Marital Status: _____ Date of Marriage: _____

Place of Marriage: _____

Name of Spouse (Maiden Name): _____

If spouse deceased – date of death: _____

Fathers Name _____

Fathers Address _____

Fathers Place of Birth _____ Date of Birth _____

Fathers Place of Death _____ Date of Death _____

Mothers Maiden Name _____

Mothers Address _____

Mothers Place of Birth _____ Date of Birth _____

Mothers Place of Death _____ Date of Death _____

Location of certificates - birth, marriage, etc: _____

Name of Personal medical attendant: _____

Phone No. _____

Tax File No: _____ ABN: _____

Passport No: _____ Expiry Date: _____

Location of Passport: _____

Preuptial Agreements

Personal Details: Person 2

Surname: _____

Given names: _____

Maiden name: _____

Residential Address: _____

Postal Address: _____

Date of birth: _____ Place of birth: _____

Marital Status: _____ Date of Marriage: _____

Place of Marriage: _____

Name of Spouse (Maiden Name): _____

If spouse deceased – date of death: _____

Fathers Name _____

Fathers Address _____

Fathers Place of Birth _____ Date of Birth _____

Fathers Place of Death _____ Date of Death _____

Mothers Maiden Name _____

Mothers Address _____

Mothers Place of Birth _____ Date of Birth _____

Mothers Place of Death _____ Date of Death _____

Location of certificates - birth, marriage, etc: _____

Name of Personal medical attendant: _____

Phone No. _____

Tax File No: _____ ABN: _____

Passport No: _____ Expiry Date: _____

Location of Passport: _____

Preuptial Agreements

CHILDREN - PERSON 1 AND PERSON 2

Note – if child deceased note date of death

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

OTHER PERSONAL INFORMATION REGARDING FAMILY MATTERS (e.g. adoption)

DETAILS OF ANY BROTHERS AND SISTERS PERSON 1 AND PERSON 2

Note – if sibling deceased note date of death

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

Name:	Date of Birth:
Current address:	
Relationship to existing marriage/ partnership	

OTHER PERSONAL INFORMATION REGARDING BROTHERS & SISTERS

BURIAL AND FUNERAL ARRANGEMENTS

Person 1 - Burial and Funeral Wishes

Preferred type of service: Burial or Cremation

Type of Service: Religious or Celebrant or Other

If Religious, state religion:

Preferred Location of service:

Preferred priest, celebrant or other:

Other arrangements (e.g. Flowers, Music):

Do you have a Prepaid Funeral or a Funeral Plan? Yes No

If YES write details here:

Are you a willing to be an organ donor? Yes No

If YES write details here:

Is there a special person/confidant/advocate whom you wish to invite to assist your family with funeral arrangements etc.? Yes No

Name:

Phone No:

My Advanced Health Directive is located with:

Name:

Phone No.

My Enduring Power of Attorney/Power of Attorney located with:

Name:

Phone No:

ADDITIONAL COMMENTS:

BURIAL AND FUNERAL ARRANGEMENTS

Person 2 - Burial and Funeral Wishes

Preferred type of service: Burial or Cremation

Type of Service: Religious or Celebrant or Other

If Religious, state religion:

Preferred Location of service:

Preferred priest, celebrant or other:

Other arrangements (e.g. Flowers, Music):

Do you have a Prepaid Funeral or a Funeral Plan? Yes No

If YES write details here:

Are you a willing to be an organ donor? Yes No

If YES write details here:

Is there a special person/confidant/advocate whom you wish to invite to assist your family with funeral arrangements etc.? Yes No

Name:

Phone No:

My Advanced Health Directive is located with:

Name:

Phone No.

My Enduring Power of Attorney/Power of Attorney located with:

Name:

Phone No:

ADDITIONAL COMMENTS:

MEDICAL INSURANCE COVER

PERSON 1

Medicare No: _____

Do you have Private Health Insurance: Yes No If YES state:

Provider's Name: _____ Phone No: _____

Membership Number: _____

Method of Payment: Cash/Cheque Direct Debit

Details of any direct debit: _____

Do you subscribe to the Queensland Ambulance Yes No

If YES state membership number: _____

PERSON 2

Medicare No: _____

Do you have Private Health Insurance: Yes No If YES state:

Provider's Name: _____ Phone No: _____

Membership Number: _____

Method of Payment: Cash/Cheque Direct Debit

Details of any direct debit: _____

Do you subscribe to the Queensland Ambulance Yes No

If YES state membership number: _____

ADDITIONAL COMMENTS:

WILL - PERSON 1

My latest will dated _____ is held at _____

with a copy held at _____

My Executor is: _____ Phone No: _____

My Solicitor is: _____ Phone No: _____

My Accountant is: _____ Phone No: _____

Powers of Attorney

I have executed an **Enduring Power of Attorney** in favour of:

Name: _____ Phone No: _____

And / or

I have executed a **Power of Attorney** in favour of:

Name: _____ Phone No: _____

FAMILY WILLS AND POWER OF ATTORNEY

WILL - PERSON 2

My latest will dated _____ is held at _____

with a copy held at _____

My Executor is: _____ Phone No: _____

My Solicitor is: _____ Phone No: _____

My Accountant is: _____ Phone No: _____

Powers of Attorney

I have executed an **Enduring Power of Attorney** in favour of:

Name: _____ Phone No: _____

And / or

I have executed a **Power of Attorney** in favour of:

Name: _____ Phone No: _____

PERSONAL AND FAMILY ASSETS

Family Home

Address: _____

In the name of: _____

Is the Property Freehold? Leasehold?

Title deeds held at: _____

Is there a Mortgage? Yes No

If Yes, Name of Mortgagor: _____

Details: _____

Home Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Contents Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Other Real Estate and Investment Property

Property 1

Address: _____

In the name of: _____

Is the Property Freehold? Leasehold?

Title deeds held at: _____

Is there a Mortgage? Yes No

If Yes, Name of Mortgagor: _____

Details: _____

Home Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Contents Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Property 2

Address: _____

In the name of: _____

Is the Property Freehold? Leasehold?

Title deeds held at: _____

Is there a Mortgage? Yes No

If Yes, Name of Mortgagor: _____

Details: _____

Home Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Contents Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Property 3

Address: _____

In the name of: _____

Is the Property Freehold? Leasehold?

Title deeds held at: _____

Is there a Mortgage? Yes No

If Yes, Name of Mortgagor: _____

Details: _____

Home Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

Contents Insurance Policy No: _____ Renewal Date: _____

Insurer: _____

FINANCIAL INFORMATION

Person 1 - Bank Accounts

ACCOUNT 1 NAME/S	BANK	BRANCH	BSB	ACCOUNT No

DIRECT DEBITS:

TO	FREQUENCY	TO	FREQUENCY

ACCOUNT 2 NAME/S	BANK	BRANCH	BSB	ACCOUNT No

DIRECT DEBITS:

TO	FREQUENCY	TO	FREQUENCY

ACCOUNT 3 NAME/S	BANK	BRANCH	BSB	ACCOUNT No

DIRECT DEBITS:

TO	FREQUENCY	TO	FREQUENCY

ACCOUNT 4 NAME/S	BANK	BRANCH	BSB	ACCOUNT No

DIRECT DEBITS:

TO	FREQUENCY	TO	FREQUENCY

CREDIT CARDS NAME/S	TYPE	BANK	ACCOUNT No	EXPIRY DATE

Safe Deposit Box/Security Envelope:

Location		Access Details	

Financial Records:

Location		Access Details	

Other Notes	

FINANCIAL INFORMATION

Person 2 - Bank Accounts

ACCOUNT 1 NAME/S	BANK	BRANCH	BSB	ACCOUNT No
DIRECT DEBITS:				
TO	FREQUENCY	TO	FREQUENCY	
DIRECT DEBITS:				
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COLLECTABLES, JEWELLERY ETC.

Person 1

Detail of items:

Special Directives re Collectables And Jewellery Etc. Give details of bequests:

COLLECTABLES, JEWELLERY ETC.

Person 2

Detail of items:

Special Directives re Collectables And Jewellery Etc. Give details of bequests:

SUPERANNUATION, ANNUITIES, LIFE INSURANCE AND PENSIONS

Person 1

Superannuation: Yes No

Details:

Annuities: Yes No

Details:

Managed Funds: Yes No

Details:

Pension: Yes No Type: _____

Details: Card No: _____

Superannuation Pensions: Yes No

Details:

Life / Disability Insurance: Yes No

Policy Type	Insurer	Policy No	Policy Location	Face Value

Additional Details:

SUPERANNUATION, ANNUITIES, LIFE INSURANCE AND PENSIONS

Person 2

Superannuation: Yes No

Details:

Annuities: Yes No

Details:

Managed Funds: Yes No

Details:

Pension: Yes No Type: _____

Details: Card No: _____

Superannuation Pensions: Yes No

Details:

Life / Disability Insurance: Yes No

Policy Type	Insurer	Policy No	Policy Location	Face Value

Additional Details:

SHARES, ADVISORS AND OTHER INVESTMENTS

Person 1

Broker and/or Fund Manager

Name of Firm: _____

Contact Person: _____ Phone No. _____

Chess Sponsor: _____ Chess No. _____

*Notes re Shareholdings & Managed Funds:

Financial Advisor

Name of Firm: _____

Contact Person: _____ Phone No. _____

*Comment:

Accountant

Name of Firm: _____

Contact Person: _____ Phone No. _____

*Comment:

Other Investments, Holdings and Trusts:

SHARES, ADVISORS AND OTHER INVESTMENTS

Person 2

Broker and/or Fund Manager

Name of Firm: _____

Contact Person: _____ Phone No. _____

Chess Sponsor: _____ Chess No. _____

*Notes re Shareholdings & Managed Funds:

Financial Advisor

Name of Firm: _____

Contact Person: _____ Phone No. _____

*Comment:

Accountant

Name of Firm: _____

Contact Person: _____ Phone No. _____

*Comment:

Other Investments, Holdings and Trusts:

MOTOR VEHICLES, BOATS, TRAILERS, CARAVANS ETC.

Person 1

Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
DRIVERS LICENCE: No. _____ Renewal Date _____
RACQ MEMBERSHIP: No. _____ Renewal Date _____

Special instructions re cars, boats, trailers, caravans, etc:

MOTOR VEHICLES, BOATS, TRAILERS, CARAVANS ETC.

Person 2

Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
Car <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Caravan <input type="checkbox"/> Other: _____ Make: _____ Reg No: _____ Third Party Insurance: _____ Renewal date: _____ Comprehensive Insurance: _____ Renewal date: _____ Proof of Ownership location: _____
DRIVERS LICENCE: No. _____ Renewal Date _____ RACQ MEMBERSHIP: No. _____ Renewal Date _____

Special instructions re cars, boats, trailers, caravans, etc:

A Helpful List Of People/Organizations That May Require Notification

The following is a list of people/organizations that may need to be notified in case of serious illness or death. Please note that in the case of death, MANY will require a copy of the **DEATH CERTIFICATE**.

<ul style="list-style-type: none"> • Solicitor/Public Trustee • State Electoral Office • Department of Transport re drivers licence • Car/boat/trailer/caravan etc registrations • RACQ • Pension Funds • Department of Social Security • Department of Veterans' Affairs • Other pensions – e.g. Civil Service State or Federal etc. • Life Insurance company • Other Insurance companies • Local council re rates etc • Electricity / Gas Supplier • Banks and Credit Institutions • All direct debits 	<ul style="list-style-type: none"> • Financial Advisor • Stockbroker / Chess Sponsor • Accountant • Australian Taxation Office • Telephone & Internet Providers • Private Health Insurer • Medicare • Ambulance • Club Memberships • Passport Office • Volunteer Venues • Body Corporates • Rental Agencies
---	--

STOP PRESS

It has been brought to the attention of our committee, a problem that a couple of our members faced on the deaths of their husbands. In both cases they did not have a credit/debit card in their own names as primary cardholders, but had a secondary card. This meant that they could not access funds, even in joint accounts, from a terminal/store, etc. but had to make direct representation to their banks. This added stress at a time when they least needed it or could handle it. Could you be facing this situation?

In the case of death of a partner, the above list will also serve as a guide for the purpose of change of ownership and billing.

SUMMARY OF CURRENT INFORMATION — Page 1

Details	Person 1	Person 2
Name:		
Medicare No:		
Health Card No:		
Tax File No.		
ABN:		
Private Medical Insurance (If Joint complete under Person 1)		
Provider:		
Phone No:		
Policy No:		
Renewal date:		
Life Insurance Policy		
Company:		
Phone No:		
Policy No:		
Renewal Date:		
Banking Details		
Joint Accounts		
Bank Name:		
Branch:		
Phone No:		
Account No:		
Individual Accounts		
Bank Name:		
Branch:		
Phone No:		
Account No:		
Credit Cards		
Issuer:		
Phone No:		
Supplementary Cards? Yes/No:		

Details	Person 1	Person 2
Safety Deposit Box No:		
Financial Advisor:		
Name:		
Phone No:		
Motor Vehicle(s)		
Registration		
Registration No:		
Renewal Date:		
Insurance		
Company:		
Phone No:		
Policy No:		
Renewal Date:		
RACQ Membership		
Phone No:		
Membership No:		
Renewal Date:		

SUMMARY OF CURRENT INFORMATION — Page 2

Home Insurance Policy
Company:
Phone No:
Policy No:
Renewal Date:
Home Contents Policy
Company:
Phone No:
Policy No:
Renewal Date:
Computer Details
The password for computer access is:
The password for computer access to financial records is:

SUPPLEMENTARY INFORMATION – PERSON 1

PERSONAL:

If not borne in Australia Year of Arrival in Australia: _____

If immigration documents other than Australian Passport held - list Country of Issue, Expiry Date etc.

PREVIOUS MARRIAGE? Yes No

1. Date of Marriage: _____

Place of Marriage: _____

Name of Spouse (Maiden Name): _____

Spouse deceased? Yes No Divorced? Yes No

If spouse deceased – date of death: _____ If divorced – date of divorce: _____

2. Date of Marriage: _____

Place of Marriage: _____

Name of Spouse (Maiden Name): _____

Spouse deceased? Yes No Divorced? Yes No

If spouse deceased – date of death: _____ If divorced – date of divorce: _____

EXECUTORSHIPS HELD? Yes No

If you are an appointed Executor or Trustee give details including location of records:

TAXATION FILES

List name, address and phone number of Tax Agent if applicable & location of files:

OTHER BUSINESS INTERESTS? Yes No

List interests in Business, Partnerships, Deceased Estates or Trusts (not listed elsewhere):

SUPPLEMENTARY INFORMATION – PERSON 1

PERSONAL (Continued):

DEBTORS OR CREDITORS? Yes No

List any significant amounts owed to you or by you to others (not listed elsewhere):

CLUB &/OR ASSOCIATION MEMBERSHIPS:

ADDITIONAL INFORMATION:

COMPUTER ACCESS DETAILS

Computer access is currently used extensively to deal with everyday transactions in our banking, investment and other activities. Authority to operate these activities includes logon password, PIN numbers, identification code etc. The inclusion of PIN numbers for bank accounts and similar should **NOT** be listed here! In any case these are invalid in the case of a person's death. However, computer access may be desirable to view statements and other activities in the management of an estate. The following table is provided to enter this information, but very careful and cautious consideration must be given to what is listed and the information included.

ITEM / PURPOSE	WEBSITE	LOGIN	PASSWORD

SUPPLEMENTARY INFORMATION – PERSON 2

PERSONAL:

If not borne in Australia Year of Arrival in Australia: _____

If immigration documents other than Australian Passport held - list Country of Issue, Expiry Date etc.

PREVIOUS MARRIAGE? Yes No

1. Date of Marriage: _____

Place of Marriage: _____

Name of Spouse (Maiden Name): _____

Spouse deceased? Yes No Divorced? Yes No

If spouse deceased – date of death: _____ If divorced – date of divorce: _____

2. Date of Marriage: _____

Place of Marriage: _____

Name of Spouse (Maiden Name): _____

Spouse deceased? Yes No Divorced? Yes No

If spouse deceased – date of death: _____ If divorced – date of divorce: _____

EXECUTORSHIPS HELD? Yes No

If you are an appointed Executor or Trustee give details including location of records:

TAXATION FILES

List name, address and phone number of Tax Agent if applicable & location of files:

OTHER BUSINESS INTERESTS? Yes No

List interests in Business, Partnerships, Deceased Estates or Trusts (not listed elsewhere):

SUPPLEMENTARY INFORMATION – PERSON 2

PERSONAL (Continued):

DEBTORS OR CREDITORS? Yes No

List any significant amounts owed to you or by you to others (not listed elsewhere):

CLUB &/OR ASSOCIATION MEMBERSHIPS:

ADDITIONAL INFORMATION:

COMPUTER ACCESS DETAILS

Computer access is currently used extensively to deal with everyday transactions in our banking, investment and other activities. Authority to operate these activities includes logon password, PIN numbers, identification code etc. The inclusion of PIN numbers for bank accounts and similar should **NOT** be listed here! In any case these are invalid in the case of a person's death. However, computer access may be desirable to view statements and other activities in the management of an estate. The following table is provided to enter this information, but very careful and cautious consideration must be given to what is listed and the information included.

ITEM / PURPOSE	WEBSITE	LOGIN	PASSWORD