



Personal Information

Use this form to record the details of your insurance policies, superannuation accounts, bank accounts, car registration details, property and other assets, passwords and many others.

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.

PERSON COMPLETING THIS RECORD

Surname

Given names

Former name if applicable

Indicate any other names in which particular assets are held

.....

.....

.....

.....

DATES AND ATTACHMENTS

Date of initial completion

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
Family and friends

Doctor
Executor
Solicitor
Funeral director
Church
Bank
ComSuper
Centrelink	13 23 00
Veteran's Affairs	1800 555 254
Power of Attorney
Investments
Bank
Insurance company
Security/Alarm system
Superannuation funds

1. PERSONAL INFORMATION

Date of birth

Place of birth

Spouse's maiden 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

.....
.....
.....

Religion (and name of church attended if appropriate)

.....
.....

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

.....
.....
.....

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

.....
.....
.....
.....
.....
.....
.....
.....

List organisations and clubs of which you are a member

.....
.....
.....

List and attach to this Record significant positions/offices you have held as well as any degrees, diplomas, service medals, awards or attainments. This information is useful in preparing eulogies.....

.....
.....
.....
.....
.....

2. FUNERAL ARRANGEMENTS

Where death occurs in Australia

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

.....
.....

Funeral service to be conducted by

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

.....

Funeral director requested

Funeral type/price requested

Funeral benefit or mortality fund

Name and address of fund

.....

Location of papers

.....

Where death occurs overseas

See page 10 of the booklet.

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

.....

.....

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

.....

.....

.....

Codicils to Will

Dated

Where located

4. YOUR ENDURING POWER OF ATTORNEY

See pages 5-7 of the booklet.

To whom given – list name(s)

Name	Address	Phone number	Date given	Registered No.

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)

.....

Membership number

Table/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. COMSUPER RECORDS

Scheme(s), e.g. CSS, PSS, PSSap, 1922 Act , PNG

AGS number

ComSuper pension number(s)

PSSap 10 digit membership number

9. DEFENCE SERVICE RECORDS

Service number

Army/Navy/Air Force Unit

Rank at discharge

Where is your Discharge Certificate

10. VETERANS' AFFAIRS, DFRDB (FORMERLY DFRB) OR MSBS PENSIONS

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

If so, which type

Pension number

Where paid

Are you in receipt of a DFRDB or MSBS pension? Yes/No

If so, pension number

Where paid

Is your spouse or are your other dependants eligible for any Service benefits arising from either your Veterans' Affairs, DFRDB or MSBS pensions? Yes/No

If so, please specify

.....

.....

Expert assistance and advice can be obtained by your spouse from the DFRDB Staff within ComSuper or from the RSL, Legacy or the Defence Force Welfare Association, as may be appropriate.

11. OTHER SUPERANNUATION BENEFITS

Name	Address	Phone number	Membership number

Location of documents

Paid into account number held at

.....

Any further necessary information about these benefits

.....

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

12. COMPENSATION ARISING FROM WORK RELATED INJURY OR DISEASE

Payments received from

.....

Reference number and phone contact of paying organisation

.....

Determination details and dates

.....

.....

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

13. CENTRELINK 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

14. ANNUITIES

Source of payment(s)
.....
.....

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

Location of documentation
.....

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
.....
.....

15. OTHER REGULAR INCOME (NOT INCLUDED IN ITEMS 8-14 ABOVE)

Please give details
.....
.....
.....
.....

16. 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) ...

.....
.....

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

.....
.....

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

.....
.....

17. ASSETS (WHERE NOT APPLICABLE WRITE N/A)

ACCOUNTS

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

Bank/credit union	Branch	Account number	Passbook location

TERM DEPOSITS

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

.....
.....
.....

TERM INSURANCE POLICY (DEATH ONLY)

Company insured with, amount, policy number and location

.....
.....

LIFE INSURANCE

Company, beneficiary, policy number and location

.....
.....

DEBENTURES

Name of company, amount, location of Certificate of Title

.....
.....

UNIT TRUSTS

Invested with, face value, Certificate number and location

.....
.....

BONDS

Invested with, face value, Certification number and location

.....
.....

APPROVED DEPOSIT FUNDS (ROLL-OVER FUNDS)

Invested with, face value, Certificate number and location

.....
.....

SHARES

Please list (or attach as appropriate) details of current/updated portfolio, location of script or certificates and name and address of brokers. List on a separate sheet as an attachment if insufficient space here:

.....
.....
.....

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

.....
.....
.....
.....

MOTOR VEHICLES, CARAVANS, BOATS, TRAILERS ETC.

Type, registration number, certificate location, expiry date

.....
.....
.....
.....
.....

LOANS YOU HAVE MADE THAT ARE NOT REPAYED

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

.....
.....
.....

JEWELLERY, FURS, COINS, STAMPS, ART, OFFICE EQUIPMENT (E.G. COMPUTERS, FAX MACHINES, PRINTERS, SCANNERS), MOBILE PHONES, DIGITAL CAMERA, BOOKS ETC OF VALUE

List item, location and insurance company if applicable

.....
.....

.....
.....
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

.....
.....
.....
.....

18. 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

.....
.....
.....
.....

19. 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

20. SAFE DEPOSITS OR SAFE CUSTODY DETAILS

Safe deposit box located at

Key located at

Duplicate located

Safe custody envelope with

.....

.....

Identity number

21. LIABILITIES

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

Mortgage

.....

.....

Personal loan

.....
.....

Hire purchase or lay-by

.....
.....

Overdraft

.....
.....

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

22. OTHER INFORMATION

Names and addresses of children

1)

2)

3)

4)

5)

