

PERSONAL INFORMATION

The purpose of this document is to help keep your personal information up-to-date.

This is not a legal document and it is essential that an up-to-date Will is completed as well as this document.

Keep this document in a safe place at home and lodge a copy with your solicitor. In addition, ensure that your next-of-kin knows of its existence and location.

PERSONAL DETAILS

Full Name			
Previous or Other Name(s)			
Date & Place of Birth			
Date & Place of Marriage			
Profession/Occupation			
Religion & Local Church			
Power of Attorney granted to			
Enduring Power of Attorney granted to			
Driver's Licence	No.	Expiry Date	
Passport	No.	Expiry Date	
Tax File Number			
Safe Custody Packet/Security Packet with			
PO Box No. and Location			
Father's Name & Occupation			
Mother's Name & Maiden Name			

NATIONALITY

By Birth	By Naturalization	Date of Naturalization	Resident in Australia Since

PARTNER

Full Name	Date of Birth	Place of Birth	Date of Death (if applicable)

DETAILS OF PREVIOUS MARRIAGE(S)

Full Name	Date of Birth	Place of Birth	Date of Death (if applicable)

CHILDREN

Full Name	Date of Birth	Place of Birth	Fax/Phone No.

BROTHERS/SISTERS (in order of age)

Full Name	Living/ Deceased	Fax/Phone No.

OTHER RELATIVES (if no partner or children)

Full Name	Relationship	Fax/Phone No.

OTHER CONTACTS

Contact	Name	Fax/Phone No.
Accountant		
Bank Manager		
Family Doctor		
Executor(s)		
Solicitor		

IN THE EVENT OF DEATH OR SERIOUS ILLNESS PLEASE NOTIFY THE FOLLOWING PERSON(S) IMMEDIATELY

Name	Relationship	Fax/Phone No.

BUSINESS, EMPLOYMENT & MEMBERSHIP OF PROFESSIONAL BODIES, CLUBS, ETC.

Name of Organisation	Office/Position Held	Fax/Phone No.

INSURANCE POLICIES

Name of Insurer and Contact No.	Policy No.	Property Insured	Type of Policy and Date Due
		Residence	Homeowners Building, Public Liability & Workers Comp. due on _____
		Contents	Household Contents due on _____
		Motor Vehicle	Comprehensive or Third Party due on _____

ASSETS STATEMENT OF _____

PROPERTIES OWNED

Address	Owned as Joint Tenants/Tenants in Common with	Mortgaged to or Title Deeds with (include contact no.)

PROPERTIES - LEASED

Address	Owner or Agent/Occupier & Contact No.	Rent per month

MOTOR VEHICLES

Make of Vehicle	Registration No.	Chassis/Engine No. (VIN)

PROPERTY NOT BELONGING TO ME BUT IN MY POSSESSION

Description	Location	Owned by	Owner's Contact No.

INVESTMENTS - BONDS, DEBENTURES, STOCKS, SHARES etc

Name & Contact No. of Company	Description of Holding	Amount of Holding	Maturity Date (if applicable)

MONEY LENT/DEBTS DUE

Name & Contact No. of Borrower	Date of Loan	Amount of Loan	Rate of Interest	Security, if any

OTHER ASSETS (Antiques, Paintings, Jewellery, etc)

Item	Description/ Location	Estimated Value	Notes/Contact No.
Leave Entitlements			
Tax Credits			

BUSINESS AND PARTNERSHIP INTEREST

Business/Partnership Name	Name & Contact No. of Partner(s)	Location of Books & Records

FAMILY COMPANIES

Name of Company and A.C.N.	Directors	Location of Books & Records

FAMILY TRUSTS

Trustee	Name of Trust	Location of Books & Records

BENEFICIARY IN ESTATE (List estates in which you are a beneficiary but which have not yet been completed)

Name of Estate	Name & Contact No. of Executor(s)	Name and Contact No. of Solicitor

PENSION(S) RECEIVED FROM

Repatriation Pension No. & Service No.	
Centrelink No./Reference	
Other	

HOSPITAL BENEFITS, FRIENDLY SOCIETY, BENEVOLENT PROFESSIONAL OR TRADE ASSOCIATION

Name of Association/Society & Contact No.	Membership No.	Table	Nature of Benefits

LIABILITIES STATEMENT OF _____

UNSECURED BORROWINGS/DEBTS (Credit Cards, Bankcard, Personal Loans etc)

Owed to & Contact No.	Account or Card No.	Amount Due \$	Date Due
Tax Liabilities			

Lease or Hire Purchase Agreements

Nature of Goods	Financier & Contact No.	Repayments Due	Last Payment Due

Secured Loans

Lender & Contact No.	Amount Due	Date Due	Security Held

FUNERAL WISHES OF _____

Burial/Cremation Location
(Name of Cemetery/Crematorium/Plot or Niche No.)

Flowers/No Flowers - if no flowers, donation to:

Obituary Notices to be inserted in:

Service at:
(ie. Church, Parlour, Home or Other)

Funeral Service to be given by:

Type of Services required
(funeral/thanksgiving):

Hymns to be used:

Name of Hymn Book & No:

Name, address & telephone number of funeral company
with whom basic details have been lodged:

FUNERAL PAID: YES/NO

Name of Fund:

Membership/Contract No:

LOCATION OF DOCUMENTS, DEEDS, ETC OF _____

Type of Document	Location/Deposited With or Held by
Power of Attorney	
Enduring Power of Attorney	
Last Will and its date	
Birth Certificate	
Marriage Certificate	
Passport	
Keys to PO Box etc.	
Title Deed for home	
Title Deed(s) for other properties	
Motor Vehicle Registration Papers & Insurance	
Cheque Book(s) and Statements	
Savings/Credit Union Statements	
Superannuation Papers	
Life Trauma & Disability Insurance Policies	
Insurance Policies for Home Contents etc.	
Other Securities	
Bonds, Debentures, Shares Certificates etc.	
Loan and other Legal Agreements	
Taxation Returns	
Capital Gains Tax Register	
Medical Benefits/Friendly Society/Medicare Card	
Cemetery Or Cremation Deed	
Service Record & Discharge Certificate	
Pensioner Card (Centrelink Reference)	
Other Documents (Specify)	
Special Instructions re Funeral Service	
Special Instructions re Donation of Body or Organs	

ANY OTHER NOTES/COMMENTS

DATE INFORMATION RECORDED

DATED

UPDATED

Signature