

# Executors' and attorneys' cheat sheet



Updated on

By

## How to use this form

- This comprehensive document is designed to capture all the information your executor/s and attorney/s need. There are lots of prompts, and also free text fields so you can explain whatever you need to.
- You do not need to complete every section, only what applies to you, so follow the regular 'skip to' directions.
- If you have already recorded details about some matters, use the Notes fields to direct your readers to the information.
- If you need just a little more space, use the Notes field in that section.
- To add more items, print an extra sheet and add it in.
- The final version will be able to be filled in on your computer, saved, and updated regularly. Clicking a 'skip to' link will jump straight to the next relevant part. And buttons at the end of each section will remind you to save and/or print often.

## 1 Personal details

Legal name

Known as

Prior names (i.e. maiden name)

Date of birth

Place and country of birth

Citizenship

Current relationship status

Current partner (if applicable)

*Previous relationship history*

Date/s

Previous partner/s

Separated / divorced / deceased

*Notes on previous relationships*

Current residential address

Mobile phone number

Email address

## Personal documentation

If you have certified copies, list this in the notes field.

|                        |                              |                      |
|------------------------|------------------------------|----------------------|
| Birth certificate      | Issue date (state / country) | Location of original |
|                        |                              |                      |
| Passport               | Issue date (country)         | Location of original |
|                        |                              |                      |
| Ciizenship certificate | Issue date (country)         | Location of original |
|                        |                              |                      |
| Drivers licence        | Issue date (state / country) | Location of original |
|                        |                              |                      |
| Medicare card          |                              | Location of original |
|                        |                              |                      |
| Marriage certificate   | Issue date (state / country) | Location of original |
|                        |                              |                      |
| Divorce order          | Issue date (state / country) | Location of original |
|                        |                              |                      |

Notes about personal documents

### 1.1 Family of origin

---

#### Parents

|               |                            |
|---------------|----------------------------|
| Father's name |                            |
|               |                            |
| Date of birth | Place and country of birth |
|               |                            |

|               |                            |
|---------------|----------------------------|
| Mother's name |                            |
|               |                            |
| Date of birth | Place and country of birth |
|               |                            |

*continued over ...*

**Siblings** *If you have no siblings, skip to 1.2 Current partner*

Add a separate sheet if you have more than three siblings.

|                      |   |
|----------------------|---|
| Name                 |   |
| <input type="text"/> |   |
| Date of birth        | Relationship (i.e. brother / sister / step-sibling) |
| <input type="text"/> | <input type="text"/>                                |
| Mobile phone number  | Email address                                       |
| <input type="text"/> | <input type="text"/>                                |

|                      |   |
|----------------------|---|
| Name                 |   |
| <input type="text"/> |   |
| Date of birth        | Relationship (i.e. brother / sister / step-sibling) |
| <input type="text"/> | <input type="text"/>                                |
| Mobile phone number  | Email address                                       |
| <input type="text"/> | <input type="text"/>                                |

|                      |   |
|----------------------|---|
| Name                 |   |
| <input type="text"/> |   |
| Date of birth        | Relationship (i.e. brother / sister / step-sibling) |
| <input type="text"/> | <input type="text"/>                                |
| Mobile phone number  | Email address                                       |
| <input type="text"/> | <input type="text"/>                                |

Notes about siblings

**1.2 Current partner** *If you are currently single, skip to 1.3 Descendents*

|                             |                                |
|-----------------------------|--------------------------------|
| Legal name                  |                                |
| <input type="text"/>        |                                |
| Known as                    | Prior names (i.e. maiden name) |
| <input type="text"/>        | <input type="text"/>           |
| Date of birth               |                                |
| <input type="text"/>        |                                |
| Place and country of birth  | Citizenship                    |
| <input type="text"/>        | <input type="text"/>           |
| Current residential address |                                |
| <input type="text"/>        |                                |
| <input type="text"/>        |                                |
| Mobile phone number         | Email address                  |
| <input type="text"/>        | <input type="text"/>           |

### 1.3 Descendents

---

#### **My children** *If you have no children, skip to 1.4 Other important people*

*Add a separate sheet if you have more than three children.*

|                      |   |
|----------------------|---|
| Name                 |   |
| <input type="text"/> |   |
| Date of birth        | Relationship: (son / daughter / step-child) |
| <input type="text"/> | <input type="text"/>                        |
| Mobile phone number  | Email address                               |
| <input type="text"/> | <input type="text"/>                        |

|                      |   |
|----------------------|---|
| Name                 |   |
| <input type="text"/> |   |
| Date of birth        | Relationship: (son / daughter / step-child) |
| <input type="text"/> | <input type="text"/>                        |
| Mobile phone number  | Email address                               |
| <input type="text"/> | <input type="text"/>                        |

|                      |   |
|----------------------|---|
| Name                 |   |
| <input type="text"/> |   |
| Date of birth        | Relationship: (son / daughter / step-child) |
| <input type="text"/> | <input type="text"/>                        |
| Mobile phone number  | Email address                               |
| <input type="text"/> | <input type="text"/>                        |

*Notes about children*

**My grandchildren** *If you have no grandchildren, skip to 1.4 Other important people*

Add a separate sheet if you have more than five grandchildren.

|                      |  |
|----------------------|--|
| Name                 |  |
| <input type="text"/> |  |
| Date of birth        | Relationship: (grandson / granddaughter) |
| <input type="text"/> | <input type="text"/>                     |
| Mobile phone number  | Email address                            |
| <input type="text"/> | <input type="text"/>                     |

|                      |  |
|----------------------|--|
| Name                 |  |
| <input type="text"/> |  |
| Date of birth        | Relationship: (grandson / granddaughter) |
| <input type="text"/> | <input type="text"/>                     |
| Mobile phone number  | Email address                            |
| <input type="text"/> | <input type="text"/>                     |

|                      |  |
|----------------------|--|
| Name                 |  |
| <input type="text"/> |  |
| Date of birth        | Relationship: (grandson / granddaughter) |
| <input type="text"/> | <input type="text"/>                     |
| Mobile phone number  | Email address                            |
| <input type="text"/> | <input type="text"/>                     |

|                      |  |
|----------------------|--|
| Name                 |  |
| <input type="text"/> |  |
| Date of birth        | Relationship: (grandson / granddaughter) |
| <input type="text"/> | <input type="text"/>                     |
| Mobile phone number  | Email address                            |
| <input type="text"/> | <input type="text"/>                     |

|                      |  |
|----------------------|--|
| Name                 |  |
| <input type="text"/> |  |
| Date of birth        | Relationship: (grandson / granddaughter) |
| <input type="text"/> | <input type="text"/>                     |
| Mobile phone number  | Email address                            |
| <input type="text"/> | <input type="text"/>                     |

Notes about grandchildren

**1.4 Other important people** *If you have no-one to add here, skip to 2 Health Matters.*

Add a separate sheet if needed.

|                         |                      |
|-------------------------|----------------------|
| Name                    |                      |
| <input type="text"/>    |                      |
| Date of birth           | Relationship to you  |
| <input type="text"/>    | <input type="text"/> |
| Mobile phone number     | Email address        |
| <input type="text"/>    | <input type="text"/> |
| Notes about this person |                      |
| <input type="text"/>    |                      |

|                         |                      |
|-------------------------|----------------------|
| Name                    |                      |
| <input type="text"/>    |                      |
| Date of birth           | Relationship to you  |
| <input type="text"/>    | <input type="text"/> |
| Mobile phone number     | Email address        |
| <input type="text"/>    | <input type="text"/> |
| Notes about this person |                      |
| <input type="text"/>    |                      |

|                         |                      |
|-------------------------|----------------------|
| Name                    |                      |
| <input type="text"/>    |                      |
| Date of birth           | Relationship to you  |
| <input type="text"/>    | <input type="text"/> |
| Mobile phone number     | Email address        |
| <input type="text"/>    | <input type="text"/> |
| Notes about this person |                      |
| <input type="text"/>    |                      |

|                         |                      |
|-------------------------|----------------------|
| Name                    |                      |
| <input type="text"/>    |                      |
| Date of birth           | Relationship to you  |
| <input type="text"/>    | <input type="text"/> |
| Mobile phone number     | Email address        |
| <input type="text"/>    | <input type="text"/> |
| Notes about this person |                      |
| <input type="text"/>    |                      |

## 2 Health matters

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### Private health insurance

[see 12.1 Private health insurance](#)

### 2.1 My health record

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Do you use MyGov 'Health Record'?      YES      NO      [If no, skip to 2.2 GP](#)

Have you nominated a representative?      YES      NO      [If no, skip to 2.2 GP](#)

*If yes, who is appointed?*

*Notes about My Health Record*

### 2.2 General practitioner (GP)

---

Do you have a GP?      YES      NO      [If no, skip to 2.3 Specialists](#)

Name of GP

Name of medical practice

Address of medical practice

Phone number

Email address

Fax number

*Notes about GP*

*Anything else you'd like to mention?*

## 2.3 Specialists

Do you have any health specialist/s?

YES

NO

[If no, skip to 2.4 ACD](#)

|                               |                      |
|-------------------------------|----------------------|
| Name of specialist            | Medical role         |
| <input type="text"/>          | <input type="text"/> |
| Name of medical practice      |                      |
| <input type="text"/>          |                      |
| Address of medical practice   |                      |
| <input type="text"/>          |                      |
| <input type="text"/>          |                      |
| Phone number                  | Email address        |
| <input type="text"/>          | <input type="text"/> |
| Fax number                    |                      |
| <input type="text"/>          |                      |
| Notes about this practitioner |                      |
| <input type="text"/>          |                      |

|                               |                      |
|-------------------------------|----------------------|
| Name of specialist            | Medical role         |
| <input type="text"/>          | <input type="text"/> |
| Name of medical practice      |                      |
| <input type="text"/>          |                      |
| Address of medical practice   |                      |
| <input type="text"/>          |                      |
| <input type="text"/>          |                      |
| Phone number                  | Email address        |
| <input type="text"/>          | <input type="text"/> |
| Fax number                    |                      |
| <input type="text"/>          |                      |
| Notes about this practitioner |                      |
| <input type="text"/>          |                      |

*If you have more than two specialists, attach a separate sheet, or add details in the notes field below.*

*Notes about specialists*



## 2.4 Advance Care Directive (ACD)

---

Do you have a current ACD?                      YES                      NO                      [If no, skip to 3 Legal matters](#)

Date of ACD

Location of the original, current ACD

|  |  |
|--|--|
|  |  |
|--|--|

Who is appointed?

|  |
|--|
|  |
|--|

If there are alternate substitute decision-maker/s list them here:

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

Is the ACD already active?

YES                      NO

*If no, what triggers it?*

|  |
|--|
|  |
|--|

*Notes about ACD*

|  |
|--|
|  |
|--|

*Anything else you'd like to mention?*

|  |
|--|
|  |
|--|

### 3 Legal matters

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#### 3.1 Solicitor

---

Do you have a solicitor? YES NO [If no, skip to 3.2 EPA](#)

Name of legal firm

Address of legal firm

Your contact/s there

Phone number

Email address

Notes about solicitor

#### 3.2 Enduring Power of Attorney (EPA)

---

Do you have a current EPA? YES NO [If no, skip to Previous EPAs](#)

Date of EPA

Location of original, current EPA

Who has certified copies of the current EPA?

Who is appointed EPA?

How are their powers exercised?

If there are joint or alternate attorneys list them here:

Is the EPA already active?

YES

NO

*If no, what triggers it?*

Notes about EPA

## Previous EPAs

Have you appointed an EPA before the current one?

YES

NO

[If no, skip to 3.3 Will](#)

Date executed, location of these documents (if they are still in existence) and revocation details.

## 3.3 Will

Do you have a current will?

YES

NO

[If no, skip to Previous wills](#)

Date of current will

Location of the original, current will

Who has certified copies of the current will?

Who is appointed executor?

How are their powers executed?

If there are joint or alternate executors list them here:

Are the people listed above aware of their role?

YES

NO

Notes about will

Anything else you'd like to mention?

### Will beneficiaries

Add a separate sheet if you have more than three beneficiaries.

|  |  |    |
|--|--|----|
| Name   |  |    |
| <div style="background-color: #cccccc; height: 15px;"></div> |  |    |
| Mobile phone number  | Email address  |    |
| <div style="background-color: #cccccc; height: 15px;"></div> | <div style="background-color: #cccccc; height: 15px;"></div> |    |
| Aware they will benefit?                                     | YES  | NO |

continued over ...

|                          |                      |    |
|--------------------------|----------------------|----|
| Name                     |                      |    |
| <input type="text"/>     |                      |    |
| Mobile phone number      | Email address        |    |
| <input type="text"/>     | <input type="text"/> |    |
| Aware they will benefit? | YES                  | NO |

|                          |                      |    |
|--------------------------|----------------------|----|
| Name                     |                      |    |
| <input type="text"/>     |                      |    |
| Mobile phone number      | Email address        |    |
| <input type="text"/>     | <input type="text"/> |    |
| Aware they will benefit? | YES                  | NO |

Notes about will beneficiaries

Anything else you'd like to mention?

### Previous wills

Have you executed any wills  
before the current one?

YES

NO

[If no, skip to 4 Financial contacts](#)

Location of these documents (if they are still in existence)

## 4 Financial contacts

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### 4.1 Accountant

---

Do you have an accountant?                      YES                      NO                      [If no, skip to 4.2 Bookkeeper](#)

*If yes, for what? (Personal / business / superannuation fund)*

Name of the accounting firm

Address of the accounting firm

Your contact/s there

Phone number

Email address

*Notes about accountant*

### 4.2 Bookkeeper

---

Do you have a bookkeeper?                      YES                      NO                      [If no, skip to 4.3 Financial adviser](#)

*If yes, for what? (Personal / business / superannuation fund)*

Name of the bookkeeping firm (if applicable)

Address of the bookkeeper

Your contact/s

Phone number

Email address

*Notes about bookkeeper*

### 4.3 Financial adviser

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Do you have a financial adviser?      YES      NO      [If no, skip to Previous financial adviser](#)

*If yes, for what? (Personal / business / superannuation fund)*

Name of the financial advice firm

Address of the financial advice firm

Your contact/s there

Phone number

Email address

Who is responsible for recording your investment details?

*Many financial advisers offer a system that takes care of this, particularly if using wrap accounts, separately managed accounts, and platforms such as Praemium.*

Where are the records located?

*Notes about the financial adviser*

*Anything else you'd like to mention?*

#### **Previous financial adviser**

Did you once have a financial adviser who you no longer use?      YES      NO      [If no, skip to 4.4 Stockbroker](#)

*Is there anything you need to share about that?*

## 4.4 Stockbroker

---

Do you have a stockbroker?

YES

NO

[If no, skip to 5 Taxation](#)

If yes, for what? (Personal / business / superannuation fund)

Name of the stockbroking firm

Address of the stockbroking firm

Your contact/s there

Phone number

Email address

Who is responsible for recording your investment details?

*Many stockbrokers offer a system that takes care of this, particularly if using wrap accounts (such as Macquarie Wrap, Hub, Acclaim, Morgans Wealth and Panorama BT).*

Where are the records located?

Notes about the stockbroker

# 5 Taxation

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## 5.1 Tax returns

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Are you filing Australian tax returns each year?

YES

NO

[If no, skip to 5.2 Tax residency](#)

*If yes, for what? (Personal, business, superannuation fund)*

Tax file number / ABN / ACN

Name of entity (your name, business name, company name)

*If there are more than three entities, attach a separate sheet.*

Who is responsible for preparing your tax returns?

Where are the records located?

*Notes about tax and tax returns*

## 5.2 Tax residency

---

Have you ever been a non-resident of Australia (for tax)?

YES

NO

[If no, skip to 5.3 Family trust](#)

*If yes, where are the travel records located?*

Are you currently a resident of another jurisdiction for tax purposes?

YES

NO

*If yes, what jurisdiction?*

*Notes about residency and travel records*



### 5.3 Family trust

---

Is there a family trust?

YES

NO

[If no, skip to 6 Superannuation](#)

Name of trust

Type of trust? (Discretionary, fixed, unit)

Your interest in that trust

Details of trustee

Location of trust deed

Notes about family trust

## 6 Superannuation

### 6.1 Industry or retail superannuation fund

Do you have a superannuation fund?      YES      NO      [If no, skip to 6.2 SMSF](#)

Fund name

Insurance inside the fund?      YES      NO      [If yes, record details in 12 Insurances](#)

Binding death benefit nomination (BDBN)?      YES      NO      [If no, skip to 6.2 SMSF](#)

*if yes, is it lapsing?*

YES      NO

*If yes, date BDBN will lapse*

Notes about superannuation fund

### 6.2 Self managed superannuation fund (SMSF)

Is there an SMSF?      YES      NO      [If no, skip to 6.3 Superannuation beneficiaries](#)

Fund name

Who is the trustee?

Location of the trust deed

Member name/s

Binding death benefit nomination (BDBN)?      YES      NO      [If no, skip to 6.3 Superannuation beneficiaries](#)

*if yes, is it lapsing?*

YES      NO

*If yes, date BDBN will lapse*

Who handles the administration and paperwork for the fund?

*If this is done externally, such as by an administration company or by your accountant, include the name and address of the firm and your contact/s below.*

*continued over ...*

Name of the firm that manages your SMSF

Address of the firm that manages your SMSF

Your contact/s there

Phone number

Email address

Where are the records located?

Notes about the SMSF

### 6.3 Superannuation beneficiaries

---

*Add a separate sheet if you have more than two beneficiaries.*

Name

Mobile phone number

Email address

Aware they will benefit?

YES

NO

Name

Mobile phone number

Email address

Aware they will benefit?

YES

NO

Notes about superannuation beneficiaries

## 7 Your home

---

Your residential address

Do you own your home?

YES

NO

[If yes, skip to 7.2 Own home](#)

Do you rent?

YES

NO

[If yes, skip to 7.1 Rental home](#)

*If no, explain your living situation*

### 7.1 Rental home

---

Name of the property management firm (or owner)

Address of the property management firm (or owner)

Your contact/s there

Phone number

Email address

|  |  |
|--|--|
|  |  |
|--|--|

Where are the records located?

*Notes about the rental situation*

[Skip to 7.5 Home Insurance](#)

### 7.2 Own home

---

Owner/s

% share

Ownership type (Sole owner, joint tenants, tenants in common)

| Owner/s | % share | Ownership type (Sole owner, joint tenants, tenants in common) |
|---------|---------|---|
|         |         |   |
|         |         |   |
|         |         |   |

*Notes about home owner situation*

### 7.3 Home loan

---

Do you have a home loan? YES NO [If no, skip to 7.4 Equity release](#)

Bank / financial institution

BSB

Account no

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Loan amount

Mortgage security

|  |  |
|--|--|
|  |  |
|--|--|

Where are the records located?

|  |
|--|
|  |
|--|

*Notes about the home loan*

|  |
|--|
|  |
|--|

### 7.4 Equity release

---

*Equity release includes reverse mortgages or a partial sale, as offered by Domacom or Bendigo bank.*

Have you entered into any equity release arrangements? YES NO [If no, skip to 7.5 Home insurance](#)

Name of provider

Approximate amount owing

|  |  |
|--|--|
|  |  |
|--|--|

Location of records

|  |
|--|
|  |
|--|

*Notes about equity release*

|  |
|--|
|  |
|--|

### 7.5 Home insurance

---

Is your home insured? YES NO [If no, skip to 8 Other property](#)

Insurer

|  |
|--|
|  |
|--|

Policy number

Type of policy (e.g. Building / contents / landlords)

|  |  |
|--|--|
|  |  |
|--|--|

Location of most recent renewal document

|  |
|--|
|  |
|--|

*Notes about home insurance*

|  |
|--|
|  |
|--|

## 8 Other property [If you don't own any other property, skip to 9 Motor vehicles](#)

If you have more than one other property, add a separate sheet.

Your property address

| Owner/s              | % share              | Ownership type (Sole owner, joint tenants, tenants in common) |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  |

Notes about the property ownership situation

Is this property income-producing?      YES      NO      [If no, skip to 8.1 Property loan](#)

If yes, complete the property management details below

Name of the property management firm (or owner)

Address of the property management firm (or owner)

Your contact/s there

Phone number      Email address

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Where are the records for rent and expenses located?

Notes about the property management situation

## 8.1 Property loan

---

Do you have a loan secured against this property?

YES

NO

[If no, skip to 8.2 Property insurance](#)

Bank / financial institution

BSB

Account no

Loan amount

Mortgage security

Where are the records located?

*Notes about the other property loan*

## 8.2 Property insurance

---

Is your property insured?

YES

NO

[If no, skip to 9 Motor vehicles](#)

Insurer

Policy number

Type of policy (e.g. Building / contents / landlords)

Location of most recent renewal document

*Notes about property insurance*



## 9 Motor vehicles

This includes motorcycles, caravans, boats and trailers. If you have more than two vehicles, attach a separate sheet.

Do you have any vehicles registered in your name?

YES

NO

[If no, skip to 10 Shares](#)

|  |                     |
|--|---------------------|
| Vehicle registration                                       | Vehicle description |
|  |                     |
| Owner/s  | % share             |
|  |                     |
|  |                     |
| Where is the vehicle stored?                               |                     |
|  |                     |
| Location of most recent registration and service documents |                     |
|  |                     |

|  |                     |
|--|---------------------|
| Vehicle registration                                       | Vehicle description |
|  |                     |
| Owner/s  | % share             |
|  |                     |
|  |                     |
| Where is the vehicle stored?                               |                     |
|  |                     |
| Location of most recent registration and service documents |                     |
|  |                     |

Notes about motor vehicles

### 9.1 Motor vehicle loan

If you have more than one loan, attach a separate sheet.

Do you have a motor vehicle loan?

YES

NO

[If no, skip to 9.2 Motor vehicle insurance](#)

Bank / financial institution

BSB

Account no

Loan amount

Loan security

Where are the records located?

Notes about the motor vehicle loan



## 9.2 Motor vehicle insurance

---

*This includes motorcycle, caravan, boat and trailer insurance.*

Do you have any motor vehicle insurance policies in your name?      YES      NO      [If no, skip to 10 Shares](#)

*If you have more than two vehicle insurance policies, attach a separate sheet.*

|                      |   |
|----------------------|---|
| Insurer              |   |
| <input type="text"/> |   |
| Policy number        | Type of policy (e.g. comprehensive, third party property) |
| <input type="text"/> | <input type="text"/>                                      |

|                      |   |
|----------------------|---|
| Insurer              |   |
| <input type="text"/> |   |
| Policy number        | Type of policy (e.g. comprehensive, third party property) |
| <input type="text"/> | <input type="text"/>                                      |

Location of most recent policy documents

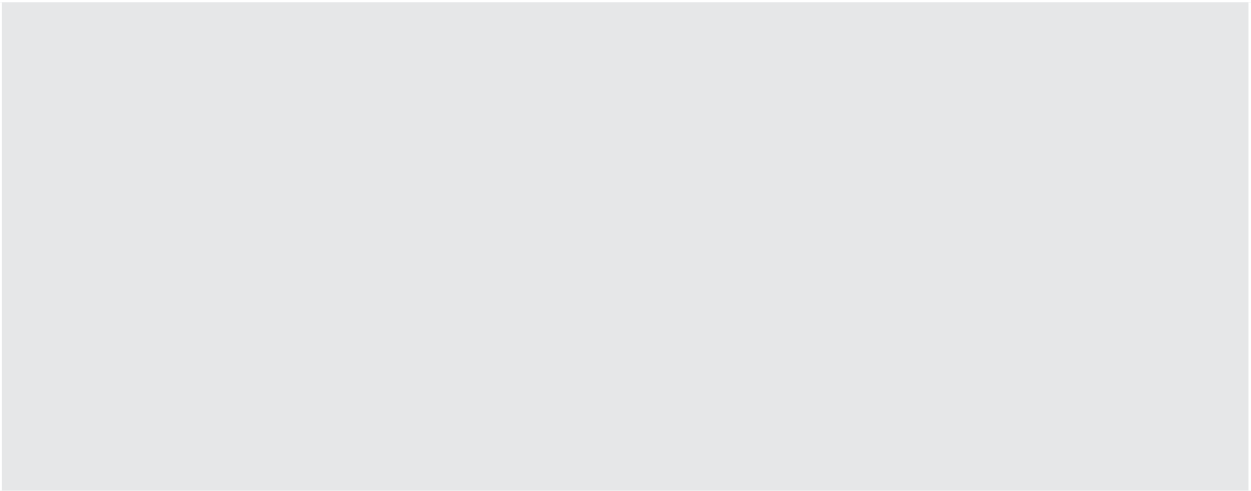
Notes about motor vehicle insurances

## 10 Shares

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Do you have shares in your own name?    YES            NO            [If no, skip to 11 Banking](#)

If these are not being recorded by your stockbroker or financial adviser, where are the records located?  
*These records include certificates of purchase and sale, and the regular dividend statements.*



# 11 Banking

## 11.1 Bank accounts

If people with access to an account do not already have their contact details given elsewhere, add those in the notes field on the next page.

If you have more than three bank accounts, attach a separate sheet.

|   |   |    |
|---|---|----|
| Name on account   | Account type (e.g. savings, term deposit) |    |
| <input type="text"/>  |   |    |
| Bank / financial institution                                  |   |    |
| <input type="text"/>  |   |    |
| BSB   | Account number                            |    |
| <input type="text"/>  | <input type="text"/>                      |    |
| Debit card?   | YES                                       | NO |
| Can anyone else operate this account?                         | YES                                       | NO |
|   | <i>If yes, who has access?</i>            |    |
|   | <input type="text"/>                      |    |
| How is access granted? (e.g. joint account, third-party, EPA) |   |    |
| <input type="text"/>  |   |    |

|   |   |    |
|---|---|----|
| Name on account   | Account type (e.g. savings, term deposit) |    |
| <input type="text"/>  |   |    |
| Bank / financial institution                                  |   |    |
| <input type="text"/>  |   |    |
| BSB   | Account number                            |    |
| <input type="text"/>  | <input type="text"/>                      |    |
| Debit card?   | YES                                       | NO |
| Can anyone else operate this account?                         | YES                                       | NO |
|   | <i>If yes, who has access?</i>            |    |
|   | <input type="text"/>                      |    |
| How is access granted? (e.g. joint account, third-party, EPA) |   |    |
| <input type="text"/>  |   |    |

continued over ...

|   |                         |   |  |
|---|-------------------------|---|--|
| Name on account   |                         | Account type (e.g. savings, term deposit) |  |
| <input type="text"/>  |                         | <input type="text"/>                      |  |
| Bank / financial institution                                  |                         |   |  |
| <input type="text"/>  |                         |   |  |
| BSB   | Account number          |   |  |
| <input type="text"/>  | <input type="text"/>    |   |  |
| Debit card?   | YES                     | NO  |  |
| Can anyone else operate this account?                         | YES                     | NO  |  |
|   | If yes, who has access? |   |  |
|   | <input type="text"/>    |   |  |
| How is access granted? (e.g. joint account, third-party, EPA) |                         |   |  |
| <input type="text"/>  |                         |   |  |

Notes about bank accounts

## 11.2 Credit cards

Do you have any credit cards? YES NO [If no, skip to 11.3 Bank loans](#)  
 If you have more than two credit cards, attach a separate sheet.

|                                       |  |                      |  |
|---------------------------------------|--|----------------------|--|
| Name on card                          |  | Limit                |  |
| <input type="text"/>                  |  | <input type="text"/> |  |
| Issuer / bank / financial institution |  |                      |  |
| <input type="text"/>                  |  |                      |  |
| Is this a supplementary card?         | YES                                    | NO                   |  |
|                                       | If yes, who is the primary cardholder? |                      |  |
|                                       | <input type="text"/>                   |                      |  |

|                                       |  |                      |  |
|---------------------------------------|--|----------------------|--|
| Name on card                          |  | Limit                |  |
| <input type="text"/>                  |  | <input type="text"/> |  |
| Issuer / bank / financial institution |  |                      |  |
| <input type="text"/>                  |  |                      |  |
| Is this a supplementary card?         | YES                                    | NO                   |  |
|                                       | If yes, who is the primary cardholder? |                      |  |
|                                       | <input type="text"/>                   |                      |  |

Notes about credit cards

## 11.3 Bank loans

---

### Home and property loans

[see 7.3 Home loan](#) and/or [8.1 Property loan](#)

### Motor vehicle loans

[see 9.1 Motor vehicle loan](#)

### Other bank loans

*If you have more than one, attach a separate sheet.*

Bank / financial institution

BSB

Account no

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Loan amount

Loan security

|  |  |
|--|--|
|  |  |
|--|--|

Where are the records located?

|  |
|--|
|  |
|--|

*Notes about the bank loan*

|  |
|--|
|  |
|--|

## 12 Insurances

---

### Home, contents and landlords insurances

[see 7.3 Home Insurance](#) and/or [8.2 Property insurance](#)

### Motor vehicle insurances

[see 9.2 Motor vehicle insurance](#)

#### 12.1 Private health insurance

---

Do you have private health insurance?      YES      NO      [If no, skip to 12.2 Life Insurance](#)

Name of health fund

Member number

Type of policy (e.g. Hospital, extras, both)

Location of most recent renewal document

Notes about other health insurance

#### 12.2 Life insurance

---

Do you have any life insurance policies in your name?      YES      NO      [If no, skip to 12.3 Other insurances](#)

*If you have more than two life insurance policies, attach a separate sheet.*

Insurer

Policy number

Type of policy (e.g. whole of life, within superannuation)

Insurer

Policy number

Type of policy (e.g. whole of life, within superannuation)

Location of most recent policy documents

Notes about life insurances

## 12.3 Other insurances

---

Do you have any other insurance policies in your name?

YES

NO

[If no, skip to 13 Other assets](#)

*If you have more than two other insurance policies, attach a separate sheet.*

|                      |   |
|----------------------|---|
| Insurer              |   |
| <input type="text"/> |   |
| Policy number        | Type of policy (e.g. total and permanent disability, income protection) |
| <input type="text"/> | <input type="text"/>  |

|                      |   |
|----------------------|---|
| Insurer              |   |
| <input type="text"/> |   |
| Policy number        | Type of policy (e.g. total and permanent disability, income protection) |
| <input type="text"/> | <input type="text"/>  |

Location of most recent policy documents

Notes about other insurances

## 13 Other assets

### 13.1 Loans to other parties

Have you lent money to anyone?                      YES                      NO                      [If no, skip to 13.2 Any other assets](#)

*If you have lent money to more than one other party, attach a separate sheet.*

|                                |  |
|--------------------------------|--|
| Borrower                       | Details of agreement (e.g. standard loan, family loan) |
| <input type="text"/>           | <input type="text"/>                                   |
| Loan amount                    | Loan security  |
| <input type="text"/>           | <input type="text"/>                                   |
| Where are the records located? |  |
| <input type="text"/>           |  |

*Notes about the money you have lent*

### 13.2 Any other assets

*Make sure other valuable assets such as overseas assets, crypto, any valuable collections (e.g. wine, stamps, coins), gold, silver, jewellery, or artwork are remembered.*

Do you have any other assets?                      YES                      NO                      [If no, skip to 14 Other liabilities](#)

*If you have more than three items, attach a separate sheet.*

|                                       |   |
|---------------------------------------|---|
| Identification number/s (if relevant) | Asset description   |
| <input type="text"/>                  | <input type="text"/>  |
| Do you share ownership?               | YES                      NO   |
|                                       | <i>If yes, what is your percentage share and name of the other owner/s?</i> |
|                                       | <input type="text"/>  |
| Where is the item stored / located?   |   |
| <input type="text"/>                  |   |

|                                       |   |
|---------------------------------------|---|
| Identification number/s (if relevant) | Asset description   |
| <input type="text"/>                  | <input type="text"/>  |
| Do you share ownership?               | YES                      NO   |
|                                       | <i>If yes, what is your percentage share and name of the other owner/s?</i> |
|                                       | <input type="text"/>  |
| Where is the item stored / located?   |   |
| <input type="text"/>                  |   |

*continued over ...*



|                                       |   |
|---------------------------------------|---|
| Identification number/s (if relevant) | Asset description   |
| <input type="text"/>                  | <input type="text"/>  |
| Do you share ownership?               | YES      NO   |
|                                       | <i>If yes, what is your percentage share and name of the other owner/s?</i> |
|                                       | <input type="text"/>  |
| Where is the item stored / located?   |   |
| <input type="text"/>                  |   |

Location of most recent ownership documents or records (if relevant)

*Notes about other assets*

## 14 Other liabilities

---

### 14.1 Loans from other parties

---

Do you have any other loans that have not been mentioned?      YES      NO      [If no, skip to 14.2 Any other liabilities](#)  
*If you have more than one loan from another party, attach a separate sheet.*

|                      |  |
|----------------------|--|
| Lender               | Details of agreement (e.g. personal loan, family loan) |
| <input type="text"/> | <input type="text"/>                                   |

|                      |                      |
|----------------------|----------------------|
| Loan amount          | Loan security        |
| <input type="text"/> | <input type="text"/> |

Where are the records located?

*Notes about the loan from other parties*

### 14.2 Any other liabilities

---

Do you have any other liabilities that have not been mentioned?      YES      NO      [If no, skip to 15 Digital profile](#)  
*If you have more than one other liability, attach a separate sheet.*

*Notes about other liabilities*



## 15.2 Digital accounts

---

If you already have these recorded elsewhere, [skip to the end of this section](#) to record the location.

These are your online accounts, including:

- financial accounts (e.g. PayPal, Raiz)
- social networking accounts (e.g. LinkedIn, Facebook, Instagram)
- content subscriptions (e.g. journals)
- streaming services (e.g. Netflix)
- cloud storage accounts (e.g. iCloud)
- services accounts (e.g. internet, mobile phone).

| Site / account / service | User ID / log-in | Subscription cost and frequency |
|--------------------------|------------------|---------------------------------|
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
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|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |
|                          |                  |                                 |

If there are more than 16 digital accounts, attach a separate sheet, or add details in the notes field below.

Where are the records / passwords located?

Notes about digital accounts

### 15.3 Digital assets

---

This includes any online content you actually own, such as your own website (e.g. [www.noelwhittaker.com.au](http://www.noelwhittaker.com.au)) or a website that promotes your content for sale (e.g. Spotify for musicians)

Do you have any digital assets?                      YES                      NO                      [If no, skip to 16 Funeral planning](#)

| Site | User ID / log-in | Subscription cost and frequency |
|------|------------------|---------------------------------|
|      |                  |                                 |
|      |                  |                                 |
|      |                  |                                 |

*If there are more than three digital assets, attach a separate sheet, or add details in the notes field below.*

Where are the records / password located?

Notes about digital assets

## 16 Funeral planning

---

Have you made any funeral plans?

YES

NO

[If yes, skip to 16.1 Burial plot or cremation](#)

*If no, who is the best person to talk to about your funeral?*

*If this person has not been mentioned before (e.g. a family member), then ensure their contact details are listed in the [Notes about funeral arrangements](#) field below.*

### 16.1 Burial plot or cremation

---

Do you have existing grave or cremation deeds?

YES

NO

[If no, skip to 16.2 Funeral arrangements](#)

Name of cemetery / crematorium

Deed number

Name issued to

Location of records

### 16.2 Funeral arrangements

---

Have you prepared instructions, or a letter of wishes, for your funeral?

YES

NO

[If no, skip to Other matters](#)

Where are these instructions located?

Have you already made arrangements with a funeral company?

YES

NO

[If no, skip to Other matters](#)

Name of funeral company

Address of funeral company

Your contact/s there

Phone number

Email address

Location of funeral company records or pre-arranged funeral documents

*Notes about funeral arrangements*

## 17 Other matters

---

### 17.1 Social security

---

Do you receive any social security benefits?

YES

NO

[If no, skip to 17.2 Memberships and subscriptions](#)

Government body / account

ID / CRN

Access details

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*If there are more accounts to add, attach a separate sheet, or add details in the notes field below.*

Where are the records located?

Notes about social security

### 17.2 Memberships and subscriptions

---

Do you have any memberships or volunteer somewhere?

YES

NO

[If no, skip to 17.3 Pets](#)

These are your offline accounts and physical subscriptions, such as:

- professional associations
- social club memberships
- service club memberships, including anywhere you volunteer.

Association or club

ID / membership number

Membership fees and frequency

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*If there are more than six memberships, attach a separate sheet, or add details in the notes field on the next page.*

*continued over ...*

Where are the membership and subscription records located?

[Greyed-out input field]

Notes about memberships and subscriptions

[Large greyed-out text area for notes]

### 17.3 Pets

---

Do you have any pets that will need care?

YES

NO

[If no, skip to 18 Anything else?](#)

Name of pet

Description

Age

| Name of pet  | Description  | Age          |
|--------------|--------------|--------------|
| [Greyed-out] | [Greyed-out] | [Greyed-out] |
| [Greyed-out] | [Greyed-out] | [Greyed-out] |
| [Greyed-out] | [Greyed-out] | [Greyed-out] |

*If you have more than three pets, list them in the notes section below, or attach a separate sheet.*

Name of veterinary surgery

[Greyed-out input field]

Address of the veterinary surgery

[Greyed-out input field]

Your veterinarian

[Greyed-out input field]

Phone number

Email address

[Greyed-out input field]

People your pet knows and trusts

[Greyed-out input field]

Notes about your pet/s

[Large greyed-out text area for notes]





## 18 Anything else?

---

Is there anything else your executor or attorney should know about?

