



# A personal record of my wishes



## Personal Information Record

This booklet keeps all of your personal information in one place, to help your family/executor to manage and distribute your assets as per your wishes.

It is not a legal document nor is it meant to replace a Will.

PLEASE: Keep this completed booklet **with a copy of your Will.**

Let your executor and/or solicitor know of its existence and update these details as circumstances change.

Variety - the Children's Charity NSW/ACT helps thousands of kids who are sick, disadvantaged, or have special needs to get a fair go.

Once you have provided for your loved ones, please consider including a gift in your Will to Variety. Your gift will have a huge impact on the lives of future generations of kids in need.



Variety - the Children's Charity NSW/ACT

Bequest Department

Phone: (02) 9819 1000

Email: [contactus@variety NSW.org.au](mailto:contactus@variety NSW.org.au)

## Personal details

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_

## In case of emergency please contact

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

## Funeral arrangements

Burial Cemetery       Cremation

\_\_\_\_\_

Location of funeral/service \_\_\_\_\_

Organ donation \_\_\_\_\_

Special requests (*e.g. donations in lieu of flowers*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family details

Name of spouse/partner

---

Spouse maiden name

---

Date of marriage

Place of marriage

---

### Children

Name

DOB

Living?  Yes  No

---

Contact details

---

Name

DOB

Living?  Yes  No

---

Contact details

---

Name

DOB

Living?  Yes  No

---

Contact details

---

Your father's name

---

Father's DOB

Father's place of birth

---

Your mother's name

---

Mother's maiden name

---

Mother's DOB

Mother's place of birth

---

### Siblings

Name

DOB

Living?  Yes  No

---

Contact details

---

Name

DOB

Living?  Yes  No

---

Contact details

---

Name

DOB

Living?  Yes  No

---

Contact details

---

# Medical details

Medicare Number \_\_\_\_\_

Private Healthcare Fund \_\_\_\_\_

Membership No. \_\_\_\_\_

Name of Doctor (GP) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of Optometrist/Ophthalmologist \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Other medical specialist (type) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



## **Veteran Affairs and Centrelink details**

Age pension number

---

Veteran Affairs pension number

---

Centrelink number

---

## **Location of important documents**

Will

---

Passport (include number)

---

Birth certificate

---

Citizenship certificate

---

Other (please specify)

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## **Executor**

Name

---

Phone

---

## **Power of Attorney**

Name

---

Phone

---

## **Accountant**

Name

---

Phone

---

## Bank Account details

### Bank Account 1:

Bank

---

Account type

---

Branch / BSB number

Account number

---

Account name

---

### Bank Account 2:

Bank

---

Account type

---

Branch / BSB number

Account number

---

Account name

---

## Other accounts and information

Share Investments

I do not have a share portfolio

I have a share portfolio

My portfolio is self-managed

I use a stock broker/accountant

Fund manager name

---

Phone

---

Location of records

---

Other

---

---

## List of shares held

---

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## Other investments (e.g. properties, term deposits, loans, credit cards)

### Investment 1:

Financial institution name

---

Account number

---

### Investment 2:

Financial institution name

---

Account number

---

### Investment 3:

Financial institution name

---

Account number

---

## Subscriptions (magazines, newspapers, wine clubs, software, theatre, other)

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## Memberships (store cards, gym, professional body, other)

---



**Superannuation details**

Name of fund Phone

---

Membership number

---

**Safe deposit box details**

Location

---

Location of key

---

Tax file number

---

**House details**

**Property 1:**

Ownership/mortgage details

---

Location of Title/s

---

**Property 2:**

Ownership/mortgage details

---

Location of Title/s

---

**Other properties/information:**

---

---

**Life insurance**

Company name \_\_\_\_\_

Policy number \_\_\_\_\_

More information \_\_\_\_\_

**Other insurance**

Type \_\_\_\_\_

Company name \_\_\_\_\_

Policy number \_\_\_\_\_

**Vehicles**

**Vehicle 1:**

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Registration number \_\_\_\_\_

**Vehicle 2:**

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Registration number \_\_\_\_\_

**Vehicle 3:**

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Registration number \_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pet details

Name \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_

Date of birth \_\_\_\_\_ Microchip number \_\_\_\_\_

Special instructions \_\_\_\_\_

## Veterinary details

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Other information and instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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