

Executors' and attorneys' cheat sheet

Updated on

By



How to use this interactive PDF

- This comprehensive document is designed to be filled in using Adobe Reader on your computer, saved, and updated regularly.
- Fill in all the information your executor and attorney may need. There are lots of prompts, followed by free text fields so you can explain whatever you need to.
- Use the buttons at the end of each section to save and/or print the form as you go. Print at actual size, not fit to page.
- Use the notes field if you need more space, or to tell your executors and attorneys where to find information you have already recorded elsewhere.
- Click the 'skip to' links as directed to jump to the next relevant part. You do not need to answer the questions in between.

Contents

1	Personal details	2	8.2	Property insurance.....	26
1.1	Family of origin.....	3	9	Motor vehicles	27
1.2	Current partner.....	5	9.1	Motor vehicle loan	27
1.3	Descendents	6	9.2	Motor vehicle insurance	28
1.4	Other important people.....	9	10	Shares, Exchange Traded Funds (ETFs) and Bonds	29
2	Health matters	10	11	Banking	30
2.1	My health record.....	10	11.1	Bank accounts	30
2.2	General practitioner (GP).....	10	11.2	Credit cards.....	32
2.3	Specialists.....	11	11.3	Bank loans.....	32
2.4	Advance Care Directive (ACD).....	12	12	Insurances	33
2.5	Health attorney / Guardian / Substitute decision-maker.....	12	12.1	Private health insurance	33
3	Legal matters	13	12.2	Life insurance	33
3.1	Solicitor	13	12.3	Other insurances.....	34
3.2	Enduring Power of Attorney (EPA).....	13	13	Other assets	35
3.3	Will.....	14	13.1	Loans to other parties.....	35
4	Financial contacts	16	13.2	Any other assets.....	35
4.1	Accountant.....	16	14	Other liabilities	37
4.2	Bookkeeper	16	14.1	Loans from other parties.....	37
4.3	Financial adviser	17	14.2	Any other liabilities.....	37
4.4	Stockbroker	18	15	Cashflow	38
5	Taxation	19	15.1	Income.....	38
5.1	Tax returns	19	15.2	Expenses	39
5.2	Tax residency.....	19	16	Digital profile	40
5.3	Family trust	20	16.1	Government digital accounts.....	40
6	Superannuation	21	16.2	Digital accounts	41
6.1	Self managed superannuation fund (SMSF).....	21	16.3	Digital assets	42
6.2	Superannuation fund.....	22	17	Funeral planning	43
6.3	Superannuation beneficiaries.....	22	17.1	Burial plot or cremation	43
7	Your home	23	17.2	Funeral arrangements.....	43
7.1	Rental home.....	23	18	Other matters	44
7.2	Own home.....	23	18.1	Social security.....	44
7.3	Home loan	24	18.2	Memberships and subscriptions.....	44
7.4	Equity release.....	24	18.3	Pets.....	45
7.5	Home insurance.....	24	19	Anything else?	46
8	Other property	25			
8.1	Property loan	26			

1 Personal details

Legal name

Known as

Prior names (e.g. maiden name)

Date of birth

Place and country of birth

Citizenship

Notes about yourself, if there's information you need to share.

Current relationship status

Current partner (if applicable)

Previous relationship history

Date/s

Previous partner/s

Separated / divorced / deceased

Notes about previous relationships

Current residential address

Contact details (e.g. phone, email address/es)

Personal documentation

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

Birth certificate

Issue date (state / country)

Location of original

Passport/s

Issue date (country)

Location of original

continued over ...

Citizenship certificate/s	Issue date (country)	Location of original
Drivers licence	Expiry date (state / country)	Location of original
Medicare card	Expiry date	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

Contact details (e.g. phone, email address/es)

Mother's name

Date of birth Place and country of birth

Contact details (e.g. phone, email address/es)

Notes about parents

continued over ...

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

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

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. brother / sister / step-sibling)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. brother / sister / step-sibling)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. brother / sister / step-sibling)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. brother / sister / step-sibling)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Notes about siblings

1.2 Current partner *[If you are currently single, skip to 1.3 Descendents](#)*

Legal name

Known as

Prior names (e.g. maiden name)

Date of birth

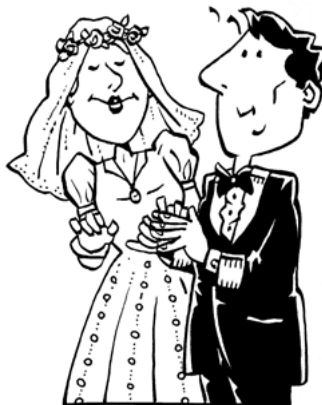
Place and country of birth

Citizenship

Current residential address

Contact details (e.g. phone, email address/es)

Notes about current partner



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 four children.

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. son / daughter / step-child)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. son / daughter / step-child)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. son / daughter / step-child)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. son / daughter / step-child)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Notes about children (e.g. if young, other people they know and trust; how they get along)

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

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

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. grandson / granddaughter / step-grandchild)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. grandson / granddaughter / step-grandchild)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. grandson / granddaughter / step-grandchild)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. grandson / granddaughter / step-grandchild)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

Name	
<input type="text"/>	
Date of birth	Relationship (e.g. grandson / granddaughter / step-grandchild)
<input type="text"/>	<input type="text"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	

continued over ...

Name
[Redacted]

Date of birth [Redacted] Relationship (e.g. grandson / granddaughter / step-grandchild)
[Redacted]

Contact details (e.g. phone, email address/es)
[Redacted]

Name
[Redacted]

Date of birth [Redacted] Relationship (e.g. grandson / granddaughter / step-grandchild)
[Redacted]

Contact details (e.g. phone, email address/es)
[Redacted]

Name
[Redacted]

Date of birth [Redacted] Relationship (e.g. grandson / granddaughter / step-grandchild)
[Redacted]

Contact details (e.g. phone, email address/es)
[Redacted]

Notes about grandchildren

[Redacted]



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"/>
Contact details (e.g. phone, email address/es)	
<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"/>
Contact details (e.g. phone, email address/es)	
<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"/>
Contact details (e.g. phone, email address/es)	
<input type="text"/>	
Notes about this person	
<input type="text"/>	

2 Health matters

Private health insurance

[see 12.1 Private health insurance](#)

2.1 My health record

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 Advance Care Directive \(ACD\)](#)

Add a separate sheet if you have more than two specialists.

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"/>	
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"/>	
Phone number	Email address
<input type="text"/>	<input type="text"/>
Fax number	
<input type="text"/>	
Notes about this practitioner	
<input type="text"/>	

Notes about specialists

2.4 Advance Care Directive (ACD)

Do you wish to donate your organs? YES NO

Notes about organ (and other tissue) donation

Do you have a current ACD? YES NO [If no, skip to 2.5 Health attorney / Guardian](#)

Date of ACD Location of the original, current ACD

--	--

Notes about ACD

Anything else you'd like to mention?

2.5 Health attorney / Guardian / Substitute decision-maker

Do you have a current health attorney or guardian? YES NO [If no, skip to Next of kin](#)

Date of appointment Location of the original, current documentation

--	--

Who is/are the appointed health attorney / guardian?

How are their powers exercised?
(e.g. alternate in set order, any two to agree, jointly, severally)

Next of kin

Who is your next of kin?

Notes about health attorney / guardian / substitute decision-maker and next of kin

3 Legal matters

3.1 Solicitor

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

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/are appointed EPA?

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

How are their powers exercised?
(e.g. alternate in set order, any two to agree, jointly, severally)

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

Is the EPA already active?

YES

NO

If no, what triggers it?

Notes about EPA

continued over ...

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 exercised?
(e.g. alternate in set order, any two to agree, jointly, severally)

Are your executors aware of their role?

YES

NO

Notes about will

Anything else you'd like to mention?

Major beneficiaries of your will

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

Name		
Contact details (e.g. phone, email address/es)		
Do they know they will benefit?	YES	NO

continued over ...

Name

Contact details (e.g. phone, email address/es)

Do they know they will benefit? YES NO

Name

Contact details (e.g. phone, email address/es)

Do they know they will benefit? YES NO

Name

Contact details (e.g. phone, email address/es)

Do they know they will benefit? YES NO

Notes about beneficiaries of your will

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

4.1 Accountant

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

If yes, for what? (e.g. 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? (e.g. 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

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

If yes, for what? (e.g. 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 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? (e.g. 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 stockbroker



5 Taxation

5.1 Tax returns

Are you filing Australian tax returns each year?

YES

NO

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

If yes, for what? (e.g. personal / business / superannuation fund)

Tax file number / ABN / ACN

Name of entity (e.g. 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? (e.g. discretionary, fixed, unit)

Your interest in that trust

Details of trustee

Location of trust deed

Notes about family trust



6 Superannuation

6.1 Self managed superannuation fund (SMSF)

Are you a member of an SMSF? YES NO [If no, skip to 6.2 Superannuation fund](#)

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 6.2 Superannuation fund](#)

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.

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

6.2 Superannuation fund

Add a separate sheet if you have more than one superannuation fund.

Do you have a superannuation fund? YES NO [If no, skip to 6.3 Superannuation beneficiaries](#)

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 6.3 Superannuation beneficiaries](#)

If yes, is it lapsing?

YES NO

If yes, date BDBN will lapse

Notes about superannuation fund (e.g. multiple accounts within the fund)

6.3 Superannuation beneficiaries

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

Have you specified beneficiaries for your superannuation? YES NO [If no, skip to 7 Your home](#)

Name

Contact details (e.g. phone, email address/es)

Do they know they will benefit? YES NO

Name

Contact details (e.g. phone, email address/es)

Do they know they will benefit? YES NO

Notes about superannuation beneficiaries

7 Your home

Regular household expenses

[see 15.2 Expenses](#)

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 (e.g. care home, granny flat) and fill in information in 7.1 and/or 7.2, as appropriate)

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 (e.g. sole owner, joint tenants, tenants in common)

Notes about home owner situation (include location of physical title, if relevant)

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 number

Loan amount

Mortgage security

Where are the records located?

Notes about the home loan (include mortgage broker details, if relevant)

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 (e.g. sole owner, joint tenants, tenants in common)
---------	---------	--

Notes about the property ownership situation (include location of physical title, if relevant)

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

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

If yes, complete the relevant 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

--	--

Location of records of rent and expenses, and of regular expense details

Notes about property management

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 number

Loan amount

Mortgage security

Where are the records located?

Notes about the other this loan (include mortgage broker details, if relevant)

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, Exchange Traded Funds \(ETFs\) and Bonds](#)

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 number

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, Exchange Traded Funds \(ETFs\) and Bonds](#)

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, Exchange Traded Funds (ETFs) and Bonds

Do you have investments in your own name?

YES

NO

[If no, skip to 11 Banking](#)

Shares?

YES

NO

Exchange Traded Funds (ETFs)?

YES

NO

Bonds?

YES

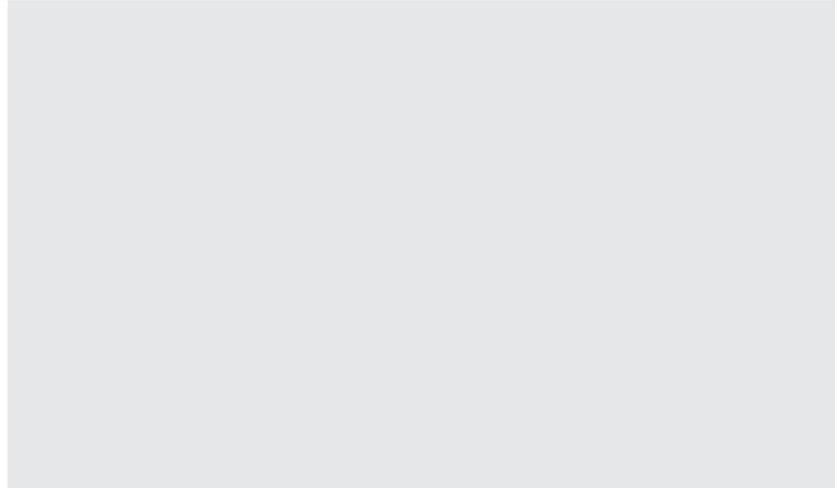
NO

Any other investments?

YES

NO

If yes, explain your other investments



Location of records

Stockbroker

YES

NO

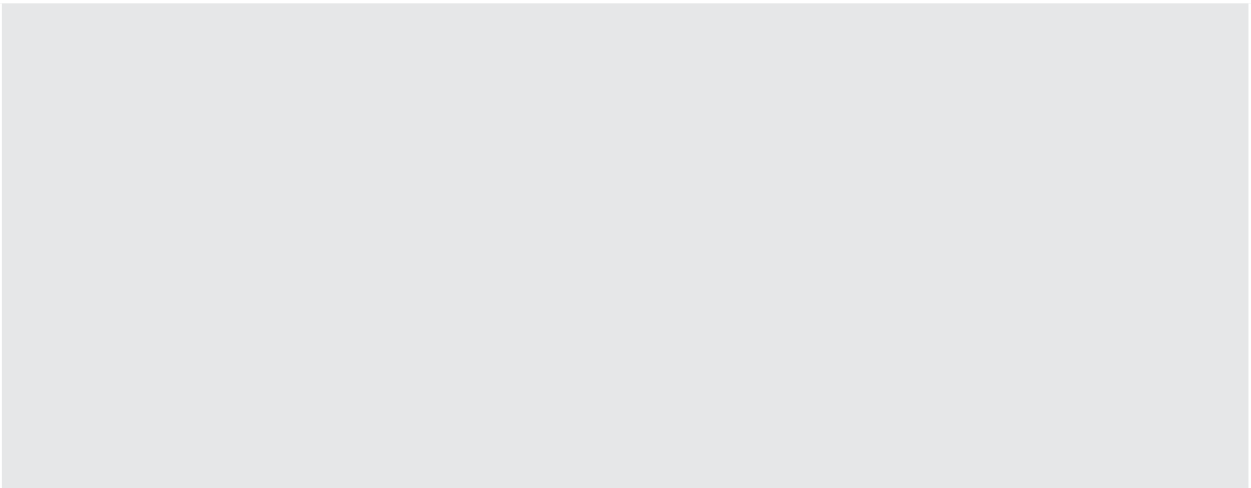
Financial adviser

YES

NO

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 four 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
	If yes, who has access?	
	<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
	If yes, who has access?	
	<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	
	<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"/>		<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"/>			

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"/>			
Have additional cards been issued?	YES	NO	
Name of additional cardholder			Primary or secondary cardholder?
<input type="text"/>		<input type="text"/>	

Name on card		Limit	
<input type="text"/>		<input type="text"/>	
Issuer / bank / financial institution			
<input type="text"/>			
Have additional cards been issued?	YES	NO	
Name of additional cardholder			Primary or secondary cardholder?
<input type="text"/>		<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 number
<input type="text"/>	<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 bank loan

12 Insurances

Home, contents and landlords insurances

[see 7.5 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 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?

Notes about the loan

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
Do you share ownership?	YES NO
	<i>If yes, what is your percentage share and name of the other owner/s?</i>
Where is the item stored / located?	

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)

--	--

Loan amount Loan security

--	--

Where are the records located?

--

Notes about the loan

--

14.2 Any other liabilities

Do you have any other liabilities that have not been mentioned? YES NO [If no, skip to 15 Cashflow](#)

If you need more space, attach a separate sheet.

Notes about other liabilities

--

16 Digital profile

Many online and digital accounts have multi-factor or security authentication, if you already have your digital accounts and passwords recorded elsewhere, make sure this information is included.

If you have online content that you actually own (e.g. your own website), record it in [16.3 Digital assets](#).

16.1 Government digital accounts

If you already have these recorded elsewhere, [skip to the end of this section](#) to record the location. Account prompts have been pre-filled in below; edit or delete as required.

Site / account / service	User ID / log-in	Multi-factor authentication? If yes, how?	Linked to MyGov?	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

If there are more than 18 government digital accounts, attach a separate sheet, or add details in the notes field below.

Where are the records / passwords located?

Notes about government digital accounts

16.3 Digital assets

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

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

Do you have any digital assets? YES NO [If no, skip to 17 Funeral planning](#)

Site	User ID / log-in	Any other information

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

Where are the records / passwords located?

Notes about digital assets



17 Funeral planning

Have you made any funeral plans?

YES

NO

[If yes, skip to 17.1 Burial plot or cremation](#)

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

Contact details (e.g. phone, email address/es)

17.1 Burial plot or cremation

Do you have existing grave or cremation deeds?

YES

NO

[If no, skip to 17.2 Funeral arrangements](#)

Name of cemetery / crematorium

Deed number

Name issued to

Location of records

17.2 Funeral arrangements

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

YES

NO

[If no, skip to 18 Other matters](#)

Where are these instructions located?

Have you already made arrangements with a funeral company?

YES

NO

[If no, skip to 18 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

18 Other matters

18.1 Social security

Do you receive any social security benefits?

YES

NO

[If no, skip to 18.2 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

18.2 Memberships and subscriptions

Do you have any memberships or volunteer somewhere?

YES

NO

[If no, skip to 18.3 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

Any other information

If there are more than six memberships or subscriptions, 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?

[Redacted area]

Notes about memberships and subscriptions

[Redacted area]

18.3 Pets

Do you have any pets that will need care?

YES

NO

[If no, skip to 19 Anything else?](#)

Name of pet	Description	Age
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

If you have more than three pets, attach a separate sheet, or add details in the notes field below.

Name of veterinary surgery

[Redacted area]

Address of the veterinary surgery

[Redacted area]

Your veterinarian

[Redacted area]

Phone number

Email address

[Redacted area]

People your pet knows and trusts

[Redacted area]

Notes about your pet/s

[Redacted area]



19 Anything else?

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

