

Executors' and attorneys' cheat sheet

Updated on

By



How to use this interactive PDF

- Use Adobe Acrobat Reader to fill this in, save it to your computer, and update it regularly.
- It has comprehensive prompts, followed by free text fields so you can explain whatever you need to.
- Click 'skip to' links to jump to the next relevant part, avoiding unnecessary questions.
- Use the Save and Print buttons at the end of each section so you don't lose your changes.
- Print at 'actual size': if you use 'fit to page', text will appear smaller.
- Use notes fields if you need more space, or to explain where to find information you have already recorded elsewhere.
- Keep it safe: add a password to the electronic file or folder; store printed copies under lock and key.
- Share it securely with your executors and attorneys.

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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, physical / postal address)

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, physical / postal address)

Mother's name

Date of birth Place and country of birth

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

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, physical / postal address)	
<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, physical / postal address)	
<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, physical / postal address)	
<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, physical / postal address)	
<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

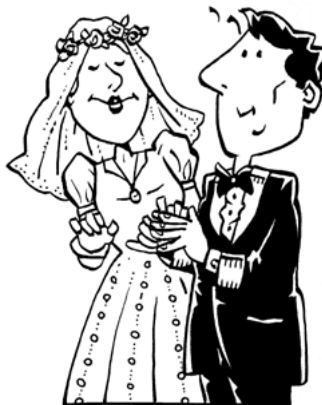
Place and country of birth

Citizenship

Current residential address

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

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, physical / postal address)	
<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, physical / postal address)	
<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, physical / postal address)	
<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, physical / postal address)	
<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
[Redacted]

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

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

Name
[Redacted]

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

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

Name
[Redacted]

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

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

Name
[Redacted]

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

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

Name
[Redacted]

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

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

continued over ...

Name
[Redacted]

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

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

Name
[Redacted]

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

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

Name
[Redacted]

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

Contact details (e.g. phone, email, physical / postal address)
[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, physical / postal address)	
<input type="text"/>	
<i>Notes about this person</i>	
<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, physical / postal address)	
<input type="text"/>	
<i>Notes about this person</i>	
<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, physical / postal address)	
<input type="text"/>	
<i>Notes about this person</i>	
<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"/>	
<i>Notes about this practitioner</i>	
<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"/>	
<i>Notes about this practitioner</i>	
<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?

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

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.

<p>Name</p> <div style="background-color: #cccccc; height: 20px;"></div>	
<p>Contact details (e.g. phone, email, physical / postal address)</p> <div style="background-color: #cccccc; height: 30px;"></div>	
<p>Do they know they will benefit?</p>	<p>YES NO</p>

continued over ...

Name
[Redacted]

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

Do they know they will benefit? YES NO

Name
[Redacted]

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

Do they know they will benefit? YES NO

Name
[Redacted]

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

Do they know they will benefit? YES NO

Notes about beneficiaries of your will

[Redacted]

Anything else you'd like to mention?

[Redacted]

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)

[Redacted]

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		
<input type="text"/>		
Contact details (e.g. phone, email, physical / postal address)		
<input type="text"/>		
Do they know they will benefit?	YES	NO

Name		
<input type="text"/>		
Contact details (e.g. phone, email, physical / postal address)		
<input type="text"/>		
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	
[Redacted]	
Policy number	Type of policy (e.g. comprehensive, third party property)
[Redacted]	[Redacted]

Insurer	
[Redacted]	
Policy number	Type of policy (e.g. comprehensive, third party property)
[Redacted]	[Redacted]

Location of most recent policy documents

[Redacted]

Notes about motor vehicle insurances

[Redacted]



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

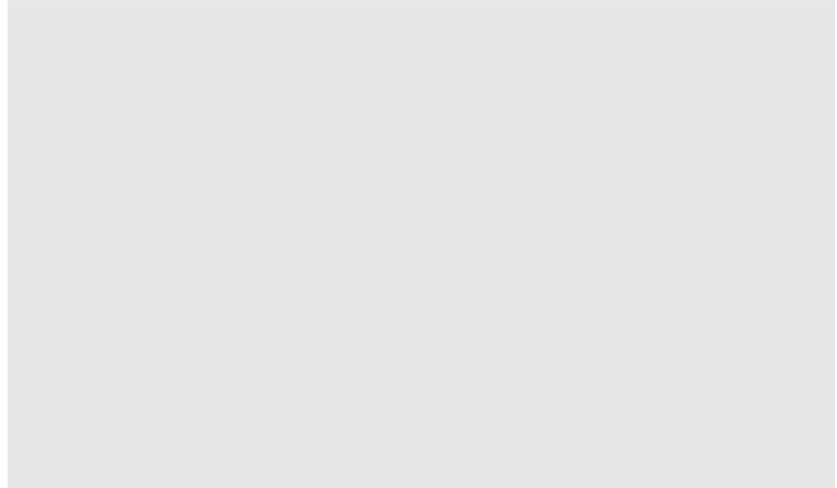
NO

Any other investments?

YES

NO

If yes, explain your other investments



Location of records

Stockbroker

YES

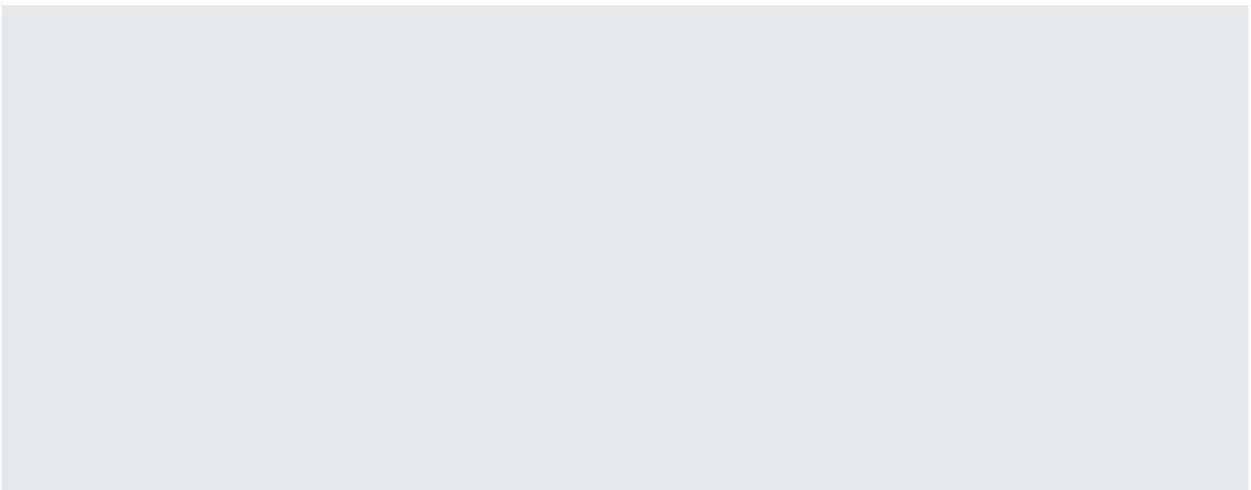
NO

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"/>		<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"/>		<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	
[Redacted]	
Policy number	Type of policy (e.g. total and permanent disability, income protection)
[Redacted]	[Redacted]

Insurer	
[Redacted]	
Policy number	Type of policy (e.g. total and permanent disability, income protection)
[Redacted]	[Redacted]

Location of most recent policy documents

[Redacted]

Notes about other insurances

[Redacted]



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 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

--

15 Cashflow

Your attorney or executor will need to know what funds come in and where to, as well as what funds go out, and where from, if they are automatic payments. Give them the information they will need to keep it all running for you or your family.

15.1 Income

Income sources can include super pension/s; property income; share, EFT or bond income; interest income; social security income; trust benefits

Income source	Where funds arrive (which bank account)	When / How often (e.g. monthly, quarterly, annually, irregularly)

Notes about income

15.2 Expenses

Expenses / outgoings can include household expenses; care services; super contributions; property expenses; margin calls; interest expenses; debt repayments; automatic transfers between your accounts

Outgoing destination/reason	Automatic payment?		If yes, where from?	When / How often (e.g. monthly, quarterly, annually, irregularly)
	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		
	YES	NO		
	YES	NO		
	YES	NO		
	YES	NO		
	YES	NO		
	YES	NO		
	YES	NO		

Notes about expenses

(This area is intentionally left blank for user notes.)

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

16.2 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	Any other information (e.g. legacy contact set up)

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

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, physical / postal address)

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.

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Where are the membership and subscription records located?

[Greyed-out text input field]

Notes about memberships and subscriptions

[Large greyed-out text area for notes]

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
[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, attach a separate sheet, or add details in the notes field below.

Name of veterinary surgery

[Greyed-out text input field]

Address of the veterinary surgery

[Greyed-out text input field]

Your veterinarian

[Greyed-out text input field]

Phone number

Email address

[Greyed-out text input fields]

People your pet knows and trusts

[Greyed-out text input field]

Notes about your pet/s

[Large greyed-out text area for notes]



19 Anything else?

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

