

My personal information book

'Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can.'

Introduction

Your personal information book is designed to:

- provide vital information for your family and friends in the event of a personal emergency or your incapacity
- help you identify and establish the value of, and different aspects to your estate and the people or organisations you would like to include in your Will
- assist your executor in the effective administration of your estate.

We urge you to complete this valuable record as soon as possible, and to keep it with your Will. We also ask you to consider making a gift to Wesley Mission in your Will, which will bring help and healing to people in desperate need.

My personal information

My personal details

Full name:	Passport number:		
Date of birth:	Tax file number:		
Place of birth:	Medicare number:		
Home address:	Pensioner card number:		
	Drivers licence number:		
Home phone:	Blood group:		
Business address:	Church affiliation:		
	This personal record was prepared/last updated on:		
Business phone:			
My family details			
Spouse or partner's name (including maiden name):	2. Name:		
(mordaling marden name).	Address:		
Place of marriage:			
	Telephone:		
Date of marriage:	Date of birth:		
Father's full name:	3. Name:		
Mother's full name (and maiden name):	Address:		
	Telephone:		
Children's full names and birth dates (in order of birth):	Date of birth:		
1. Name:	4. Name:		
Address:	Address:		
Telephone:	Telephone:		
Date of birth:	Data of hinths		

My financial details Savings/Cheque/Investment accounts: **Annuities or pensions:** 1. Branch name: 1. Company: Branch address: Member number: Account name: 2. Company: Account number: Member number: 2. Branch name: 3. Company: Branch address: Member number: **Superannuation:** Account name: 1. Company: Account number: Policy number: 3. Branch name: 2. Company: Branch address: Policy number: Account name: 3. Company: Account number: **Credit cards:** Policy number: 1. Financial institution: Where my documents are kept Will: Credit card: Card number: Power of attorney document: Expiry date: Birth certificate: 2. Financial institution: Marriage certificate: Credit card: Credit/charge cards: Card number: Social security/pension records: Expiry date: Property deeds/mortgage papers: 3. Financial institution: Lease documents:

Taxation records:

Insurance records:

Pre-paid funeral records:

Credit card:

Card number:

Expiry date:

My property details

Land and houses:

1. Address:	
-	
Name on title:	
2. Address:	
Name on title:	
Mortgages (if proper	ty is mortgaged):
1. Mortgage:	
Address:	
2. Mortgage:	
Address:	
3. Mortgage:	
3. Mortgage: Address:	

My insurance details

House and contents insurance:

1. Company:
Policy number:
2. Company:
Policy number:
3. Company:
Policy number:
Personal life insurance:
1. Company:
Policy number:
Motor vehicle insurance:
Vehicle 1
Comprehensive number:
Greenslip number:
Vehicle 2
Comprehensive number:
Greenslip number:

My business interests

I am employed by:						
Date employed:						
Position/Title:			Salary: \$		Per:	
Location of any employment agreement:		t:	Bonuses: \$		How paid:	
			Incenti	ve Pay: \$	How paid:	
Compensation agreements:			Remarks:			
			Other business interests:			
_	nent interests investments/assets					
Company	Bought	Date		\$ Cost	\$ Value	
1						
2						
3						
4						
My liabilities My liabilities/debts 1.			3.			
2.			4.			
My other de	etails					
Pre-paid funeral plan:		Preferred funeral directors:				
		-	Burial/	cremation instruc	itions:	
Pre-paid cemetery number:	or crematorium plot					

My contacts

Executor:	Financial planner:
Full name:	Full name:
Address:	Address:
Relationship:	Phone:
Phone:	Stockbroker:
Power of attorney:	Full name:
Full name:	Address:
Address:	
	Phone:
Phone:	Minister or priest:
Doctor:	Full name:
Full name:	Address:
Address:	
	Phone:
Phone:	Next of kin:
Solicitor:	Full name:
Full name:	Address:
Address:	
	Phone:
Phone:	
Accountant:	
Full name:	
Address:	
Phone:	

My specific gifts

This section is for the provision of specific gifts. There may be treasured items that you wish to leave to someone special. If so, we recommend that you fill out the details below, then place the corresponding asset label provided alongside this list on the back of, or underneath the relevant item.

1. Item:	Name:	10. Item:	Name:
Address:		Address:	
2. Item:	Name:	11. Item:	Name:
Address:		Address:	
3. Item:	Name:	12. Item:	Name:
Address:		Address:	
4. Item:	Name:	13. Item:	Name:
Address:		Address:	
5. Item:	Name:	14. Item:	Name:
Address:		Address:	
6. Item:	Name:	15. Item:	Name:
Address:		Address:	
7. Item:	Name:	16. Item:	Name:
Address:		Address:	
8. Item:	Name:	17. Item:	Name:
Address:		Address:	
9. Item:	Name:	18. Item:	Name:
Address:		Address:	
My pets (a	and who I wo	ould like to look at	fter them)
1. Pet's name:		2. Pet's name:	
Breed:		Breed:	
Carer's name:		Carer's name:	
Telephone:		Telephone:	



Contact us

(02) 9263 5548 wesleymission.org.au/wills willsdays@wesleymission.org.au

Get involved

To volunteer, donate or leave a gift in your Will visit wesleymission.org.au

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CEO and Superintendent: Rev Stu Cameron
ABN 42 164 655 145 Wesley Mission is a part of the Uniting Church in Australia.

Do all the good you can because every life matters