



**MY FINANCIAL AND PERSONAL AFFAIRS**

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This booklet contains important records for:

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First completed

*Date*

Revisions

*Date*

*Date*

*Date*

*Date*

## A. PERSONAL IDENTIFICATION

Family name: \_\_\_\_\_

First names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
  *Home*    *Work*    *Mobile*

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  *Day*    *Month*    *Year*

Place of birth: \_\_\_\_\_    Citizenship: \_\_\_\_\_

### Identification documents

Passport      Issuing country: \_\_\_\_\_    Number: \_\_\_\_\_

  Date of Expiry: \_\_\_\_\_    Location: \_\_\_\_\_

Birth certificate      Location: \_\_\_\_\_

Driver's licence      Issuing jurisdiction: \_\_\_\_\_    Number: \_\_\_\_\_

  Date of Expiry: \_\_\_\_\_    Location: \_\_\_\_\_

Other(s)      Type of ID: \_\_\_\_\_

  Location: \_\_\_\_\_

  Type of ID: \_\_\_\_\_

  Location: \_\_\_\_\_

  Type of ID: \_\_\_\_\_

  Location: \_\_\_\_\_

## Next of kin or persons to notify in an emergency

Name: \_\_\_\_\_

Position/relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

## B. FAMILY RELATIONSHIPS

### Spouse or de facto partner (if applicable)

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of marriage or start of co-habitation: \_\_\_\_\_

Location of marriage certificate: \_\_\_\_\_

Location of binding financial agreement, if any: \_\_\_\_\_

### Previous marriage(s) or de facto relationship(s)

Spouse/partner's name: \_\_\_\_\_

Date and place of termination of relationship or death of spouse/partner: \_\_\_\_\_

Location of relevant documents (e.g. termination papers, death certificate): \_\_\_\_\_

Spouse/partner's name: \_\_\_\_\_

Date and place of termination of relationship or death of spouse/partner: \_\_\_\_\_

Location of relevant documents (e.g. termination papers, death certificate): \_\_\_\_\_

Spouse/partner's name: \_\_\_\_\_

Date and place of termination of  
relationship or death of spouse/partner: \_\_\_\_\_

Location of relevant documents  
(e.g. termination papers, death certificate): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Children/Stepchildren**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

## Siblings

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

## Other close relatives/friends

Full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Full name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

## C. PETS

If you have any pets to be cared for if you cannot, please provide details below, including your preferred arrangements.

### Details of pet(s)

Type of animal: \_\_\_\_\_

Name: \_\_\_\_\_

Approximate date of birth: \_\_\_\_\_

Description: \_\_\_\_\_

Breed (if relevant): \_\_\_\_\_

Usual place where pet is kept: \_\_\_\_\_

Veterinarian details: \_\_\_\_\_

Details of care required (feeding, exercise, medication, grooming, etc):

\_\_\_\_\_

What arrangements would you like made for the pet if you cannot care for it?

\_\_\_\_\_

Type of animal: \_\_\_\_\_

Name: \_\_\_\_\_

Approximate date of birth: \_\_\_\_\_

Description: \_\_\_\_\_

Breed (if relevant): \_\_\_\_\_

Usual place where pet is kept: \_\_\_\_\_

Veterinarian details: \_\_\_\_\_

Details of care required (feeding, exercise, medication, grooming, etc):

\_\_\_\_\_

What arrangements would you like made for the pet if you cannot care for it?

\_\_\_\_\_

Type of animal: \_\_\_\_\_

Name: \_\_\_\_\_

Approximate date of birth: \_\_\_\_\_

Description: \_\_\_\_\_

Breed (if relevant): \_\_\_\_\_

Usual place where pet is kept: \_\_\_\_\_

Veterinarian details: \_\_\_\_\_

Details of care required (feeding, exercise, medication, grooming, etc):

\_\_\_\_\_

What arrangements would you like made for the pet if you cannot care for it?

\_\_\_\_\_



## D. IN THE EVENT OF EMERGENCY, DEATH OR INCAPACITY

### Details of my will

I do not have a will: \_\_\_\_\_

I have a will: \_\_\_\_\_

Date of will: \_\_\_\_\_

My will is located at: \_\_\_\_\_

### Solicitor who helped draw up my will (If applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### My executor(s) are/is

Name: \_\_\_\_\_

Position/relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Position/relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**My power of attorney(s) are/is**

Name: \_\_\_\_\_

Position/relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Position/relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Location of power of attorney documentation: \_\_\_\_\_

\_\_\_\_\_

**Advance Health Directive**

Have you made an Advance Health Directive specifying your wishes for medical treatment in the event you should lose the capacity to make decisions for yourself?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name and contact details of health professional who helped you draw up your Advance Health Directive (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of your Advance Health Directive: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Professional advisors

### Accountant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

### Solicitor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

### Stockbroker

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

### Financial advisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**Medical Practitioner(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

## E. EMPLOYMENT AND BUSINESS DETAILS

Employer:

Address:

Telephone:

My position or title:

Employer contact (e.g. manager or  
human resources department):

### Other business or volunteering activities

Name of organisation:

Nature of business:

Place of operation:

Role/ownership position:

Contact person(s):

Name of organisation:

Nature of business:

Place of operation:

Role/ownership position:

Contact person(s):

Name of organisation: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Place of operation: \_\_\_\_\_

Role/ownership position: \_\_\_\_\_

Contact person(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## F. FINANCIAL INFORMATION

### Bank accounts

Bank: \_\_\_\_\_ Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_

Signatories: \_\_\_\_\_

Comments: \_\_\_\_\_

Bank: \_\_\_\_\_ Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_

Signatories: \_\_\_\_\_

Comments: \_\_\_\_\_

Bank: \_\_\_\_\_ Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_

Signatories: \_\_\_\_\_

Comments: \_\_\_\_\_

Bank: \_\_\_\_\_ Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

Type of account: \_\_\_\_\_

Signatories: \_\_\_\_\_

Comments: \_\_\_\_\_

## **Investments**

Institution: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Location of documents: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Location of documents: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Location of documents: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Location of documents: \_\_\_\_\_

**Superannuation**

Institution: \_\_\_\_\_

Type of fund: \_\_\_\_\_

Managed by: \_\_\_\_\_

Location of documents: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of fund: \_\_\_\_\_

Managed by: \_\_\_\_\_

Location of documents: \_\_\_\_\_

**Share Investments**

Company or ASX code	Number of shares	Purchase date	Purchase price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of statements, records of sales and purchases: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Real estate owned or co-owned

### Property 1

Address:

---

Date purchased:

---

Cost at purchase:

---

Ownership:

---

Current use/occupancy:

---

Major renovations or additions carried out:

---

---

Is there a mortgage on the property?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

If 'yes', with which institution is the mortgage held?

---

Location of mortgage documents:

---

### Property 2

Address:

---

Date purchased:

---

Cost at purchase:

---

Ownership:

---

Current use/occupancy:

---

Major renovations or additions carried out:

---

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Is there a mortgage on the property?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

If 'yes', with which institution is the mortgage held?

---

Location of mortgage documents:

---

### Property 3

Address: \_\_\_\_\_

Date purchased: \_\_\_\_\_

Cost at purchase: \_\_\_\_\_

Ownership: \_\_\_\_\_

Current use/occupancy: \_\_\_\_\_

Major renovations or additions carried out: \_\_\_\_\_

\_\_\_\_\_

Is there a mortgage on the property?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

If 'yes', with which institution is the mortgage held? \_\_\_\_\_

Location of mortgage documents: \_\_\_\_\_

### Trusts

Name of trust: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Registered address: \_\_\_\_\_

Trust manager: \_\_\_\_\_

Address: \_\_\_\_\_

Trust beneficiaries: \_\_\_\_\_

\_\_\_\_\_

Location of trust documentation: \_\_\_\_\_

\_\_\_\_\_

Name of trust: \_\_\_\_\_

Description: \_\_\_\_\_

Registered address: \_\_\_\_\_

Trust manager: \_\_\_\_\_

Address: \_\_\_\_\_

Trust beneficiaries: \_\_\_\_\_

Location of Trust documentation: \_\_\_\_\_

Name of trust: \_\_\_\_\_

Description: \_\_\_\_\_

Registered address: \_\_\_\_\_

Trust manager: \_\_\_\_\_

Address: \_\_\_\_\_

Trust beneficiaries: \_\_\_\_\_

Location of trust documentation: \_\_\_\_\_

## G. INSURANCE

### Life insurance

#### Policies which I own on my life

Company: \_\_\_\_\_ Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

**Policies which I own on another's life**

Company: \_\_\_\_\_ Person insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Person insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Person insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Policies owned on my life by others***

Company: \_\_\_\_\_ Person insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Person insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Person insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Home insurance

Company: \_\_\_\_\_ Property insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Company: \_\_\_\_\_ Property insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Company: \_\_\_\_\_ Property insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

### **Motor vehicle insurance**

Company: \_\_\_\_\_ Vehicle insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Company: \_\_\_\_\_ Vehicle insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Company: \_\_\_\_\_ Vehicle insured: \_\_\_\_\_

Sum insured: \_\_\_\_\_

Policy number: \_\_\_\_\_ Description: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

### **Private Health Insurance**

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Name of insured: \_\_\_\_\_



**NOTES**

## NOTES

For more information on leaving a gift to MSWA, or about our support for people living with neurological conditions, please contact:

**Gift Planning Manager**

**MSWA**

Telephone: (08) 6454 3126

Email: [giftplanning@mswa.org.au](mailto:giftplanning@mswa.org.au)

Country callers can ring 1800 287 367

**MSWA**

**PROUDLY SUPPORTING PEOPLE WITH  
ALL NEUROLOGICAL CONDITIONS**