



RECORDING YOUR WORLDLY GOODS

**A practical tool for gathering your
personal information into one convenient location**

To help you gather your important personal information, SCIC Cochlear Implant Program, and RIDBC service, has produced an extensive list designed to prompt you in covering all aspects of your affairs. On completion it will enable you to keep your records in one convenient location.

The document will provide vital information in the event of illness or in an emergency as well as assisting you and your solicitor in preparing an appropriate estate plan.

It is a good idea to review it regularly and update it when ever necessary.

**Keep this record in a safe place.
At home, with a trusted relative of friend or
with your solicitor**

DOCUMENTATION RELATING TO

(Full name)

Information was collected for this record on

(Date)

Revised on

(Date)

(Date)

(Date)

(Date)

(Date)

(Date)

This section records your most frequently used personal information and provides a quick and valuable reference in an emergency.

Full name: _____

Maiden name (if applicable): _____

Date of Birth: _____

Place of Birth: _____

Home Address: _____

Home telephone number: _____

Business Address: _____

Business telephone: _____

Email: _____

Tax File Number: _____

Drivers Licence no: _____

Medicare card no: _____

Private Health Fund: _____

Membership no: _____

Senior card: _____

Other (please specify): _____

Passport number: _____ Issue date: _____

Issued at:

State:

Location of Passport:

Who would you like notified in an emergency?

Contact 1

Name:

Relationship:

Home address:

Telephone no:

Mobile:

Email:

Contact 2

Name:

Relationship:

Home address:

Telephone no:

Mobile:

Email:

Other main contacts

Doctor:

Phone:

Address

Email:

Priest/Minister:

Phone:

Address:

Email:

Solicitor

Address:

Email:

Accountant

Address:

Email:

Insurance Agent/ Financial planner

Address:

Phone:

Email:

Current Marital Status (tick appropriate box)

..... Single Married Widowed never married

My Spouse /partner:

Spouses' full name (maiden name if applicable)

Spouse's date of birth

Date and place of marriage:

Location of Marriage Certificate:

Previous married t (if applicable)

Previous Spouse's name:

Previous Spouse's date and place of birth:

Date and place of previous marriage:

Age at marriage:

Marriage terminated by: Death Divorce

Date and place of termination:

Location of termination papers (if any):

Comments:

3. FAMILY DETAILS

My Parents

Father's full name:

Date of birth

Place of birth:

Address:

Date of death (if applicable)

Mother's full name:

Date of birth

Place of birth:

Address:

Date of death (if applicable)

My Children

Full name:

Telephone:

Date of birth:

Place of birth:

Email:

Full name:

Telephone:

Date of birth:

Place of birth:

Email:

Full name:

Telephone:

Date of birth:

Place of birth:

Email:

Full name:

Telephone:

Date of birth:

Place of birth:

Email:

Full name:

Telephone:

Date of birth:

Place of birth:

Email:

My Pets

Please complete this section if you want to record who you would like to care for your pets after you have gone.

Pet's name:

breed:

Carer:

Telephone

Address:

Pet's name:

breed:

Carer:

Telephone

Address:

4. FAMILY CONTACTS

My Next of Kin or closest friend

Name: Relationship

Home address:

State: P/c:

Home phone: Mobile:

Email:

My brothers and sisters

Name: Phone:

Email:

Name: Phone:

Email:

Name: Phone:

Email:

Name: Phone:

Email:

Name: Phone:

Email:

5. EMPLOYMENT AND BUSINESS INTERESTS

Current employment status (please tick)

... Employed

... Self Employed

... Freelance

... Retired

... Unemployed

... Never Employed

Current employer:

Date employed:

Position/Title:

Location of any employment agreement/contract:

Comments:

Professional and business arrangements

Name of business

Member of any professional/trade organisation

Name of organisation/s:

6. IMPORTANT DOCUMENTS

Please keep all your important documents together in a safe place and make sure that a family member or trusted friend knows where to find them.

Description	Location	Date
Will		
Power of Attorney		
Passport		
Passport 2		
Birth certificate		
Marriage Certificate		
Citizenship Certificate		
Safe deposit box and keys		
Property Deeds		
Car registration papers		
Mortgage agreement		
Lease agreement		
Taxation records		
Life insurance policy		
Home & contents policy		

Car insurance policy		
Health insurance policy		
Veterans Affairs documents		
Other (please specify)		

7. FINANCIAL INFORMATION

This section will help to provide an accurate overview of your current financial situation and net worth. It will also assist in the planning of your estate.

Bank accounts

Account 1

Bank Acct type (savings, cheque etc)

BSB: Acct No:

Account 2

Bank Acct type (savings, cheque etc)

BSB: Acct No:

Account 3

Bank Acct type (savings, cheque etc)

BSB: Acct No:

Credit/charge Card: Amex, Dinners Visa, Mastercard, debit cards etc

Card 1 Financial institution:

Type of card Account type:

Card no:

Account name:

Card 2 Financial institution:

Type of card Account type:

Card no:

Account name:

Card 3 Financial institution:

Type of card Account type:

Card no:

Account name:

Loyalty Cards: eg David Jones, Priceline, Woolworths

Card 1 Store name:

Type of card Account type:

Card no:

Account name:

Card 2 Financial institution:

Type of card Account type:

Card no:

Account name:

Card 3 Financial institution:

Type of card Account type:

Card no:

Account name:

Superannuation

I have superannuation

I do not have superannuation

Details of Fund 1:

Managed by:

Details of Fund 2:

Managed by:

Details of Fund 3:

Managed by:

Notes:

Share Investment

.... I do not have a share portfolio

.... I have a share portfolio

My portfolio is self managed

I use a stockbroker

Fund Manager

Telephone

Address:

Location of records & shares held:

Other investments eg Term Deposits

Institution:

Amount: \$

Account no:

Location of papers

Institution:

Amount: \$

Account no:

Location of papers

Institution:

Amount: \$

Account no:

Location of papers

Real Estate

Property 1

I am the ... sole owner ... joint owner of the following real estate

Address:

Mortgage(s) held by:

Location of documents:

Name of other joint owner (if applicable)

Address:

Property 1

I am the ... sole owner ... joint owner of the following real estate

Address:

Mortgage(s) held by:

Location of documents:

Name of other joint owner (if applicable)

Address:

Other Investments/Assets

Item	Description	Estimated Value \$
Motor vehicles Boats Caravans		
Artworks		
Antiques		
Jewellery		
Collections Eg stamps, coins		
Other		
	Total Assets	\$

Life Insurance (policies on my life, owned by me)

Policy 1

Company Face amounts: \$

Policy no:

Description of policy:

Location of policy:

Policy 2

Company Face amounts: \$

Policy no:

Description of policy:

Location of policy:

Car or vehicle insurance

Car 1

Name of Owner:

Make/Model: Registration no:

Insurance company:

Policy no:

Type of insurance: Amount: \$

Location of policy:

Car 2

Name of Owner:

Make/Model:

Registration no:

Insurance company:

Policy no:

Type of insurance:

Amount: \$

Location of policy:

General Insurance (home and contents)

Policy 1

Insurance company:

Policy no:

Type of insurance:

Amount: \$

Location of policy:

Policy 2

Insurance company:

Policy no:

Type of insurance:

Amount: \$

Location of policy:

Outstanding loans

I am owed money or assets by:

Name:

Amount: \$

Due date:

Secured by:

Comments:

Name:

Amount: \$

Due date:

Secured by:

Comments:

Name:

Amount: \$

Due date:

Secured by:

Comments:

Debts and obligations

I owe money or assets to:

Individual or company name:

Amount: \$

Due date:

Secured by:

Comments:

Individual or company name:

Amount: \$

Due date:

Individual or company name:

Amount: \$

Due date:

Secured by:

Comments:

Secured by:

Comments:

8. FUNERAL AND BURIAL ARRANGEMENTS

..... I have pre-arranges my funeral

..... I have not made any arrangements for my funeral

Funeral plan provider:

Address:

Email:

Type of funeral:

..... Religious Non religious

..... Burial Cremation

..... I have a pre-paid plot or niche

..... I have not arrange for a plot or niche

Cemetery or Memorial Garden:

Address:

Section no:

Plot no:

Location of documents:

Preferred Funeral Director:

Service to be officiated by:

..... Minister of religion Celebrant Other

Preferred funeral service

.... Church at:

.... Funeral director's chapel at:

.... Graveside service at:

.... Other:

Additional comments:

Other details eg. Favourite flowers, hymns, songs, poems readings etc:

I would like In Memoriam Donations given to:

Phone no:
(SCIC – 02 9844 6800)

It is a good idea to pass on a copy of these arrangements to your family or the executor of your Will.

9. WILL DETAILS

A solicitor or a trustee company can help you prepare your Will. As well as giving you advice on the best way to arrange your affairs, they will also ensure that your Will is legal and that your wishes are expressed in the way you want them. If your Will is not valid, then your estate may not benefit those you care for.

Date of my last Will:

Location of my Will:

Solicitor:

Phone:

Address:

Email:

Codicil

... I have added codicils to my Will

... There are no codicils added to my Will

Date of codicils:

Bequests

You may wish to help some of your favourite charities including SCIC Cochlear Implant Program, an RIDBC service, by including them in your Will. If you decide to leave a gift in your Will we recommend that you let your solicitor know so they can insert the correct wording into your Will.

My favourite charities are:

For further information on how to remember SCIC Cochlear Implant Program, an RIDBC service, in your Will, contact the Development office at SCIC at scicadmin@scic.org.au



COCHLEAR
IMPLANT PROGRAM
An RIDBC service

By remembering SCIC Cochlear Implant Centre in your Will you are helping give deaf people the opportunity to be part of the hearing world.

SCIC Cochlear Implant Centre is a non-profit charitable organisation that is endorsed as a Deductible Gift Recipient.

The Development Office at SCIC Cochlear Implant Centre is happy to assist you in making your bequest a reality.

SCIC Cochlear Implant Centre
Bldg 39 Old Gladesville Hospital
Via Punt Road
GLADESVILLE NSW 2111

P O Box 188
GLADESVILLE NSW 1675

Tel: 02 9844 6800

Fax: 02 9844 6611

scicadmin@scic.org.au

www.scic.org.au

ABN 55 121 054 037

Donations can be made online to SCIC Cochlear Implant Centre at www.scic.org.au