



My File

My File

The purpose of this file is to provide a comprehensive and up to date record of your personal information. It will provide a valuable reference –

In the event that you are away or incapacitated

Once you have recorded your personal information it will be available to help your loved ones to step in and manage your affairs without the time consuming and difficult task of locating the necessary information.

To assist your executor to administer your Will

This file will also assist the executor of your estate and minimise the time and expense involved in administering your Will.

For couples about their legal and financial affairs

This file may also provide a useful reference point in understanding and keeping track of information.

Completing Your File

There is room in this file to record a range of information. You may choose not to complete some sections if you have recorded this information elsewhere, or simply because you do not feel it is necessary to record it. Use the file in a way that is most appropriate and suitable for your needs.

Storing Your File

Please store this file in a safe place, but be sure to let your loved ones know where it is kept. There is room in the file to record the location of many important documents (such as birth and marriage certificates). However it is not necessary to store those documents with this file. In fact, for security purposes, you may choose to keep those documents in a separate, secure filing cabinet or safe deposit box.

Keeping Your File Up To Date

You should review your file regularly (for example, once every year) to ensure that it is up to date. You may wish to use the table below to record when and who updates the file.

Updated By:

Date:

.....

.....

.....

.....

Part A - Personal Details

Name:

Previous Name(s):

Date of Birth:

Address:

.....

Telephone Number:

Medicare Number:

Tax File Number:

Driver's Licence Number:

Passport Number:

Part B - Family & Friends

Spouse/Partner's Name:

Spouse/Partner's Telephone Number:

Children

Name	Contact Telephone

Other Relatives and Close Friends

Name	Contact Telephone

Part C - Legal Affairs

Will

Date Signed:

Stored:

Copy Held By:

Executor(s)

Executor 1

Name:

Address:

.....

Telephone:

Executor 2

Name:

Address:

.....

Telephone:

Guardianship

Date Signed:

Stored:

Copy Held By:

Power of Attorney

Date Signed:

Stored:

Copy Held By:

Advanced Health Care Directive

Date Signed:

Stored:

Copy Held By:

Other Important Documents

Document	Stored	Copy Held By
Birth Certificate		
Marriage Certificate		
Divorce/Decree Nisi		
Passport		
Property Title(s)		
Insurance Policies		
Superannuation Statements		
Share Certificates		
Most Recent Tax Return		
Motor Vehicle Registration(s)		
Loan/Mortgage Contract(s)		

Safe Deposit Box

Details:

.....

.....

.....

Part D - Financial Affairs: Assets

Property

Address of the Property	Names of Any Joint Owner(s)

Cash in Bank Accounts

Name of Bank	BSB #	Bank Account Number	Names of Any Joint Owner(s)

Shares

Name of Company	Number of shares	Names of Any Joint Owner(s)

Other Investments

Name of Financial Institution	Account or Reference Number	Names of Any Joint Owner(s)

Business Interests

Business	Details	Names of Any Joint Owner(s)

Other Significant Assets

(For example, expensive motor vehicles, artwork, jewellery etc)

Item	Names of Any Joint Owner(s)

Part E - Financial Affairs: Liabilities

(Including loans from a bank, credit cards or loans from family members)

Creditor	Type of Liability (Mortgage, Personal Loan, Credit Card etc)	Name(s) of Anyone Jointly Liable

Part F - Financial Affairs: Regular Bills

Provider	Account Number	Frequency (Weekly, monthly, quarterly etc)	Payment Method (Credit card, direct deposit, automatic deduction)
ELECTRICITY			
WATER			
INSURANCE - HOME AND CONTENTS			
INSURANCE - HEALTH			
INSURANCE - MOTOR VEHICLE			
TELEPHONE - LANDLINE			
TELEPHONE MOBILE			
CABLE AND INTERNET SERVICE PROVIDER			

Other Regular Bills

Payment To	For	Frequency (Weekly, monthly, quarterly etc)	Payment Method (Credit card, direct deposit, automatic deduction)

Part G - Employment Details

Employer:

Telephone:

Address:

.....

Commencement Date:

Quantity H - Insurances

Insurance	Insurer	Policy Number	Telephone
Home & Contents Insurance			
Motor Vehicle Insurance			
Health Insurance			
Life Insurance			

Part I - Professional Service Providers

Service Provider	Name	Address	Telephone Number
Accountant			
Financial Planner			
Stock broker			
Lawyer			

Part J - Personal Service Providers & Tradespeople

Service Provider	Name	Address	Telephone Number
Doctor			
Dentist			
Medical Specialist			
Medical Specialist			
Medical Specialist			
Optometrist			
Podiatrist			
Hairdresser			
Veterinarian			
Mechanic			
Electrician			
Plumber			

Part K - In the event of death

People to be informed include

Name	Address	Telephone Number

Notes and special instructions

.....

.....

.....

.....

.....