# Noel Whittaker’s

# Executors’ and attorneys’ cheat sheet

Updated on By

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **How to use this form*** This comprehensive document is designed to capture all the information your executor/s and attorney/s need. There are lots of prompts, and also free text fields so you can explain whatever you need to.
* You do not need to complete every section, only what applies to you, so follow the regular ‘skip to’ directions.
* If you have already recorded details about some matters, use the Notes fields to direct your readers to the information.
* If you need just a little more space, use the Notes field in that section.
* To add more items, print an extra sheet and add it in.
* The final version will be able to be filled in on your computer, saved, and updated regularly. Clicking a ‘skip to’ link will jump straight to the next relevant part. And buttons at the end of each section will remind you to save and/or print often.
 |

# 1 Personal details

Legal name

|  |
| --- |
|  |
| Known as | Prior names (i.e. maiden name) |
|  |  |
| Date of Birth |  |
|  |  |
| Place and country of birth |  |
|  |
| Citizenship |  |
|  |

Current relationship status Current partner (if applicable)

|  |  |
| --- | --- |
|  |  |

Previous relationship history

 Date/s Previous partner/s Separated / divorced / deceased

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

 Notes on previous relationships

|  |
| --- |
|  |
| Current Residential Address |  |
|  |
|  |
| Mobile phone number | Email Address |
|  |  |

## Personal documentation

*If you have certified copies, list this in the notes field.*

|  |  |  |
| --- | --- | --- |
| Birth certificate | Issue date (state / country) | Location of original  |
|  |  |  |
| Passport | Issue date (state / country) | Location of original |
|  |  |  |
| Citizenship certificate | Issue date (state / country) | Location of original |
|  |  |  |
| Drivers license | Issue date (state / country) | Location of original |
|  |  |  |
| Medicare card | Issue date (state / country) | Location of original |
|  |  |  |
| Marriage certificate | Issue date (state / country) | Location of original |
|  |  |  |
| Divorce order | Issue date (state / country) | Location of original  |
|  |  |  |
| Notes about person documents |
|  |
|  |

## 1.1 Family of origin

### Parents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Father’s name

|  |
| --- |
|  |
| Date of birth | Place and country of birth |
|  |  |

 |
| Mother’s name

|  |
| --- |
|  |
| Date of birth | Place and country of birth |
|  |  |

 |

**Siblings  *If you have no siblings, skip to 1.2 Current partner***

*Add a separate sheet if you have more than three siblings.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship (i.e. brother / sister / step-sibling) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship (i.e. brother / sister / step-sibling) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship (i.e. brother / sister / step-sibling) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |

Notes about siblings

|  |
| --- |
|  |

**1.2 Current partner  *If you are currently single, skip to 1.3 Descendants***

Legal name

|  |
| --- |
|  |
| Known as | Prior names (i.e. maiden name) |
|  |  |
| Date of birth |  |
|  |  |

 Place and country of birth Citizenship

|  |  |
| --- | --- |
|  |  |
| Current residential address |
|  |
|  |
| Mobile phone number | Email address |  |

|  |  |
| --- | --- |
|  |  |

## 1.3 Descendants

**My children  *If you have no children, skip to 1.4 Other important people***

*Add a separate sheet if you have more than three children.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship: (son / daughter / step-child) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship: (son / daughter / step-child) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship: (son / daughter / step-child) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |

Notes about children

|  |
| --- |
|  |

**My grandchildren  *If you have no grandchildren, skip to 1.4 Other important people***

*Add a separate sheet if you have more than five grandchildren.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Date of birth | Relationship: (grandson / granddaughter) |
|  |  |
| Mobile phone number | Email address |
|  |  |

 |
| Name |  |
|  |  |  |
| Date of birth | Relationship: (grandson / granddaughter) |
|  |  |
| Mobile phone number | Email address |
|  |  |
|  |  |
| Name |  |
|  |  |  |
| Date of birth | Relationship: (grandson / granddaughter) |
|  |  |
| Mobile phone number | Email address |
|  |  |
|  |  |
| Name |  |
|  |  |  |
| Date of birth | Relationship: (grandson / granddaughter) |
|  |  |
| Mobile phone number | Email address |
|  |  |
|  |  |
| Name |  |
|  |  |  |
| Date of birth | Relationship: (grandson / granddaughter) |
|  |  |
| Mobile phone number | Email address |
|  |  |
|  |  |

Notes about grandchildren

|  |
| --- |
|  |

**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 |
|  |  |  |
| Date of birth | Relationship to you |
|  |  |
| Mobile phone number | Email address |
|  |  |
| Notes about this person |
|  |
|  |  |
| Name |  |
|  |  |  |
| Date of birth | Relationship to you |
|  |  |
| Mobile phone number | Email address |
|  |  |
| Notes about this person |
|  |
| Name |
|  |  |  |
| Date of birth | Relationship to you |
|  |  |
| Mobile phone number | Email address |
|  |  |
| Notes about this person |
|  |
|  |  |
| Name |  |
|  |  |  |
| Date of birth | Relationship to you |
|  |  |
| Mobile phone number | Email address |
|  |  |
| Notes about this person |
|  |
|  |

# 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***

## 2.3 Specialists

 Do you have any health specialists? YES NO ***If no, skip to 2.4 ACD'***

|  |
| --- |
| Name of Specialist |
|  |
| Medical Role |
|  |
| Name of medical practice |
|  |
| Address of medical practice |
|  |
|  |
| Phone number |  |
| Email Address |  |
| Fax Number |  |
| Notes about this practitioner |
|  |

|  |
| --- |
| Name of Specialist |
|  |
| Medical Role |
|  |
| Name of medical practice |
|  |
| Address of medical practice |
|  |
|  |
| Phone number |  |
| Email Address |  |
| Fax Number |  |
| Notes about this practitioner |
|  |

|  |
| --- |
| If you have more than two specialists, attach a separate sheet or add details in the notes field below. |
| Notes about specialists |
|  |

## 2.4 Advance Care Directive (ACD)

 Do you have a current ACD? YES NO ***If no, skip to 3 Legal matters’***

|  |  |
| --- | --- |
| Date of ACD | Location of the original, current ACD |
|  |  |
| Who is appointed? |
|  |
| If there are alternate substitute decision-maker/s list them here: |
|  |
|  |
| Is the ACD already active? YES NO  | If no, what triggers it? |
|  |
| Notes about ACD |
|  |
| Anything else you’d like to mention? |
|  |

# 3 Legal matters

## 3.1 Solicitor

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a solicitor? Name of legal firm |  YES  | NO  | ***If no, skip to 3.2 EPA*** |
|  |
| 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 appointed EPA? |
|  |
| How are their powers exercised?  |
|  |
| If there are joint or alternate attorneys list them here: |
|  |
| Is the EPA already active?  | YES  | NO*If no, what triggers it?* |
|  |
| *Notes about EPA* |  |
|  |

### 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 executed? |  |
|  |
| If there joint or alternate executors list them here. |
|  |
| Are the people listed above aware of their role? | YES | NO |
| Notes about will |
|  |
| Anything else you’d like to mention? |
|  |

***Will beneficiaries***

*Add a separate sheet if you have more than three beneficiaries.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Mobile phone number | Email address |  |
|  |  |
| Aware they will benefit?  |  YES  |  NO |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Mobile phone number | Email address |  |
|  |  |
| Aware they will benefit?  |  YES  |  NO |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Mobile phone number | Email address |  |
|  |  |
| Aware they will benefit?  |  YES  |  NO |

 |

|  |
| --- |
| Notes about will beneficiaries |
|  |
| Anything else you’d like to mention? |
|  |

### 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)  |
|  |

# 4 Financial contacts

## 4.1 Accountant

|  |  |
| --- | --- |
| Do you have an accountant?  |  YES NO ***If no, skip to 4.2 Bookkeeper****If yes, for what?* (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 an bookkeeper?  |  YES NO ***If no, skip to 4.3 Financial adviser****If yes, for what?* (Personal / business / superannuation fund) |
|  |  |
| Name of the bookkeeping firm (if applicable) |
|  |
| Address of the bookkeeping  |
|  |
|  |
| 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?* (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 the financial adviser* |
|  |
| *Anything else you’d like to mention?* |
|  |

***Previous financial adviser***

|  |  |
| --- | --- |
| Do you have a financial adviser you no longer user?  |  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?* (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 the stockbroker |
|  |

# 5 Taxation

## 5.1 Tax returns

|  |  |
| --- | --- |
| Are you filling Australian tax returns each year?  |  YES NO ***If no, skip to 5.2 Tax residency****If yes, for what?* (Personal / business / superannuation fund) |
|  |  |
| Tax file number. ABN/ ACN | Name of entity (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, where are the travel records located? |
|  |  |
| Notes about residency and travel records. |  |
|  |

|  |
| --- |
| Dates after 8th May 2012 that you were a non resident of Australia for tax purposes – as they will not be entitled to the 50% CGT discount on any assets during that period.   |
|  |
| Did you pay CGT on any assets you held when leaving Australia?   If so what assets?  |
|  |

## 5.3 Family trust

|  |  |  |  |
| --- | --- | --- | --- |
| Is there a family trust? Name of trust |  YES  |  NO  | ***If no, skip to 6 Superannuation*** |
|  |
| Type of trust? (Discretionary, fixed, unit) |
|  |
| Your interest in that trust |
|  |
| Details of trustee |
|  |
| Location of trust deed |
|  |
| Notes about family trust |
|  |

# 6 Superannuation

## 6.1 Industry or retail superannuation fund

 Do you have a superannuation fund? YES NO ***If no, skip to 6.2 SMSF***

|  |
| --- |
| 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 6.2 SMSF*** |
|  | If yes, is it lapsingYES NO |
|  | If yes, date BDBN will lapse |
|  |  |
| Notes about superannuation |
|  |

## 6.2 Self managed superannuation fund (SMSF)

|  |  |  |  |
| --- | --- | --- | --- |
| Is there an SMSF? Fund name |  YES  |  NO  | ***If no, skip to 6.3 Superannuation beneficiaries***  |
|  |
| Who is the trustee? |
|  |
| Location of the trust deed |
|  |

|  |  |  |
| --- | --- | --- |
| Binding death benefit nomination (BDBN)? | YES NO |  ***If no, skip to 6.3 Superannuation beneficiaries*** |
|  | If yes, is it lapsingYES 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 |
|  |
| Notes about the SMSF |
|  |

## 6.3 Superannuation beneficiaries

*Add a separate sheet if you have more than two beneficiaries.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name

|  |
| --- |
|  |
| Mobile phone number | Email address |
|  |  |
| Aware they will benefit?  |  YES  |  NO |

 |
| Name

|  |
| --- |
|  |
| Mobile phone number | Email address |
|  |  |
| Aware they will benefit?  |  YES  |  NO |

 |

|  |
| --- |
| Notes about the superannuation beneficiaries  |
|  |

# 7 Your home

|  |
| --- |
| 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*

|  |  |
| --- | --- |
|  |  |
|  |
|  |

## 7.1 Rental home

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* |
|  |

## 7.2 Own home

|  |  |  |
| --- | --- | --- |
| Owners  | % Share | Ownership type (sole owner, joint tenants, tenants in common |
|  |  |  |
|  |  |  |
|  |  |  |
| Notes about the home owner situation. |
|  |

## 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 No, |
|  |  |  |
| Loan amount | Mortgage security |
|  |  |
| Where are the records located? |
|  |
| Notes about the loan. |
|  |

## 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 the loan. |
|  |

## 7.5 Home insurance

 Is your home insured? YES NO ***If no, skip to 8 Other property***

|  |  |
| --- | --- |
|   | Policy No. |
|  |  |
| Where are the records located? |
|  |

**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 |
|  |
|  |
| Owners  | % Share | Ownership type (sole owner, joint tenants, tenants in common |
|  |  |  |
|  |  |  |
|  |  |  |
| Notes about property situation  |
|  |

 *If yes, complete the property management details below*

|  |
| --- |
| Name of the property management firm (or owner) |
|  |
| Address of the property management firm (or owner) |
|  |
|  |
| Your contacts there |
|  |
| Phone number | Email Address |
|  |  |
| Have you ever lived in this property? If so, what dates? |
|  |
| Where are the records located? |
|  |
| Further Notes about the Property |
|  |

## 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 No, |
|  |  |  |
| Loan amount | Mortgage security |
|  |  |
| Where are the records located? |
|  |
| Notes about the loan. |
|  |

## 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) |
|  |  |
| Where are the records located? |
|  |
| Notes about the loan from other parties. |
|  |



# 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***

|  |  |
| --- | --- |
| Vehicle registration  | Vehicle description |
|  |  |  |  |
| Owner/s  | % share |
|  |  |
|  |  |
| Where is the vehicle stored? |
|  |
| Did the vehicle cost more than $10,000. If yes, CGT will apply to the sale |
|  |
| Location of most recent registration and service documents |
|  |
| Vehicle registration | Vehicle description |
|  |  |  |  |
| Owner/s  | % share |
|  |  |
|  |  |
| Where is the vehicle stored? |
|  |
| Did the vehicle cost more than $10,000. If yes, CGT will apply to the sale |
|  |
| Location of most recent registration and service documents |
|  |
| Where is the vehicle stored? |
|  |

## 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 No, |
|  |  |  |
| Loan amount | Loan security |
|  |  |
| Where are the records located? |
|  |
| Notes about the loan from other parties. |
|  |

## 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***

*If you have more than two vehicle insurance policies, attach a separate sheet.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Insurer

|  |
| --- |
|  |
| Policy number | Type of policy (e.g. comprehensive, third party property) |
|  |  |

 |
| Insurer

|  |
| --- |
|  |
| Policy number | Type of policy (e.g. comprehensive, third party property) |
|  |  |

 |

|  |
| --- |
| Where are the most recent policy documents located? |
|  |
| Notes about the motor vehicle insurances.. |
|  |

# 10 Shares

 Do you have shares in your own name? YES NO ***If no, skip to 11 Banking***

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 three bank accounts, attach a separate sheet.*

|  |  |
| --- | --- |
| Name on account | Account type (e.g. savings, term deposit) |
|  |  |  |  |
| Bank / financial institution |
|  |
| BSB Account number |  |
|  |  |
| Debit card? YES. NO |
| Can anyone else operate this account? YES NO  |
| *If yes, who has access?* |
|  |  |
| How is access granted? (e.g. joint account, third-party, EPA) |
|  |
| Name on account | Account type (e.g. savings, term deposit) |
|  |  |  |  |
| Bank / financial institution |
|  |
| BSB Account number |  |
|  |  |
| Debit card? YES NO |
| Can anyone else operate this account? YES NO  |
|  | *If yes, who has access?* |  |
|  |  |  |  |
| How is access granted? (e.g. joint account, third-party, EPA) |
|  |
|  |

*continued over ...*

|  |  |
| --- | --- |
| Name on account | Account type (e.g. savings, term deposit) |
|  |  |  |  |
| Bank / financial institution |
|  |
| BSB Account number |  |
|  |  |
| Debit card? YES. NO |
| Can anyone else operate this account? YES NO  |
| *If yes, who has access?* |
|  |  |
| How is access granted? (e.g. joint account, third-party, EPA) |
|  |
|  |

|  |
| --- |
| Notes about the loan from other parties. |
|  |

## 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 |
|  |  |  |  |
| Issuer/ Bank / financial institution |
|  |
| Is this a supplementary card? YES NO |  |
|  | *If yes, who is the primary cardholder?* |
|  |  |
|  |

|  |  |
| --- | --- |
| Name on card | Limit |
|  |  |  |  |
| Issuer/ Bank / financial institution |
|  |
| Is this a supplementary card? YES NO |  |
|  | *If yes, who is the primary cardholder?* |
|  |  |
|  |

|  |
| --- |
| Notes about the loan from other parties. |
|  |

## 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 No, |
|  |  |  |
| Loan amount | Loan security |
|  |  |
| Where are the records located? |
|  |
| Notes about the loan from other parties. |
|  |

# 12 Insurances

**Home, contents and landlords insurances**

***see 7.3 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? Name of health fund |  YES NO ***If no, skip to 12.2 Life Insurance***  |
|  |
| Member number | Type of policy (e.g. Hospital, extras, both) |
|  |  |
| Where are the most recent renewal documents located? |
|  |
| Notes about other health insurances |
|  |

## 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) |
|  |  |

 |
| Where are the most recent policy documents located? |
|  |
| 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

|  |
| --- |
|  |
| Policy number | Type of policy (e.g. total and permanent disability, income protection) |
|  |  |

 |
| Insurer

|  |
| --- |
|  |
| Policy number | Type of policy (e.g. total and permanent disability, income protection) |
|  |  |

 |

|  |
| --- |
| Where are the most recent policy documents located? |
|  |
| Notes about other insurances |
|  |

# 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 personal loan, family loan) |
|  |  |
| Loan amount | Loan security |
|  |  |
| Where are the records located? |
|  |
| Notes about the loan from other parties. |
|  |

## 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, jewelry, or artwork are remembered. Note collectables (includes jewelry) that cost you more than $500 are subject to CGT so it is important to keep a record of the cost. If the asset is a personal use asset such as a boat or caravan then CGT applies if it cost you more than $10,000.*

 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 |
|  |  |  |  |
| Do you share ownership?  |  YES NO |
|  | *If yes, what is your percentage share and name of the other owner/s?* |
|  |  |
| How Much Did The Item Cost You? |
|  |
| Where is the item stored / located? |
|  |
|  |

|  |  |
| --- | --- |
| Identification number/s (if relevant) | Asset description |
|  |  |  |  |
| Do you share ownership?  |  YES NO |
|  | *If yes, what is your percentage share and name of the other owner/s?* |
|  |  |
| How Much Did The Item Cost You? |
|  |
| Where is the item stored / located? |
|  |
|  |

|  |  |
| --- | --- |
| Identification number/s (if relevant) | Asset description |
|  |  |  |  |
| Do you share ownership?  |  YES NO |
|  | *If yes, what is your percentage share and name of the other owner/s?* |
|  |  |
| How Much Did The Item Cost You? |
|  |
| Where is the item stored / located? |
|  |
|  |

|  |  |
| --- | --- |
| Identification number/s (if relevant) | Asset description |
|  |  |  |  |
| Do you share ownership?  |  YES NO |
|  | *If yes, what is your percentage share and name of the other owner/s?* |
|  |  |
| How Much Did The Item Cost You? |
|  |
| Where is the item stored / located? |
|  |
|  |

|  |  |
| --- | --- |
| Identification number/s (if relevant) | Asset description |
|  |  |  |  |
| Do you share ownership?  |  YES NO |
|  | *If yes, what is your percentage share and name of the other owner/s?* |
|  |  |
| How Much Did The Item Cost You? |
|  |
| Where is the item stored / located? |
|  |
|  |

|  |
| --- |
| Where are the 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 from other parties. |
|  |

## 14.2 Any other liabilities

Do you have any other liabilities that have not been mentioned? YES NO ***If no, skip to 15 Digital profile***

*If you have more than one other liability, attach a separate sheet.*

|  |
| --- |
| Notes about other liabilities  |
|  |

# 15 Digital profile

*Many online and digital accounts have two-factor authentication (2FA), 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 (i.e. your own website), record it in ***15.3 Digital assets.***

## 15.1 Government digital accounts

*If you already have these recorded elsewhere,* ***skip to the end of this section*** *to record the location.*

|  |  |  |  |
| --- | --- | --- | --- |
| Site / account / service | User ID / log-in | 2FA? If yes, how? | Linked to MyGov Y/N |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*If there are more digital accounts, attach a separate sheet, or add details in the notes field below.*

|  |
| --- |
| Where are the records / passwords located? |
|  |
| Notes about digital accounts |
|  |

## 15.2 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 Subscription cost and frequency

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*If there are more digital accounts, attach a separate sheet, or add details in the notes field below.*

|  |
| --- |
| Where are the records / passwords located? |
|  |
| Notes about digital accounts |
|  |

## 15.3 Digital assets

*This includes any online content you actually own, such as. your own website (e.g.* [***www.noelwhittaker.com***](http://www.noelwhittaker.com/)***.au****) or a website that promotes your content for sale (e.g. Spotify for musicians)*

 Do you have any digital assets? YES NO ***If no, skip to 16 Funeral planning***

|  |  |  |
| --- | --- | --- |
| Site | User ID/ login | Subscription cost & frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*If there are more than three digital assets, attach a separate sheet, or add details in the notes field below.*

|  |
| --- |
| Where are the most recent records/ password located? |
|  |
| Notes about digital assets |
|  |

# 16 Funeral planning

 Have you made any funeral plans? YES NO ***If yes, skip to 16.1 Burial plot or cremation***

|  |  |
| --- | --- |
|  | *If no, who is the best person to talk to about your funeral?* |
|  |  |
|  | *If this person has not been mentioned before (e.g. a family member), then ensure their contact details are listed in the* ***Notes about funeral arrangements*** *field below.* |

## 16.1 Burial plot or cremation

Do you have existing grave or

|  |  |  |  |
| --- | --- | --- | --- |
| cremation deeds?  |  YES  |  NO  | ***If no, skip to 16.2 Funeral arrangements*** |
| Name of cemetery / crematorium |
|  |
| Deed number | Name issued to |
|  |  |
| Location of records |
|  |

## 16.2 Funeral arrangements

Have you prepared instructions, or a

|  |  |  |  |
| --- | --- | --- | --- |
| letter of wishes, for your funeral? Where are these instructions located? |  YES  |  NO  | ***If no, skip to Other matters*** |
|  |
| Have you already made arrangements with a funeral company?  |  YES  |  NO  | ***If no, skip to 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 |
|  |

# 17 Other matters

## 17.1 Social security

Do you receive any social security benefits? YES NO ***If no, skip to 17.2 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 |
|  |

## 17.2 Memberships and subscriptions

Do you have any memberships or volunteer somewhere? YES NO ***If no, skip to 17.3 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 | Membership fees and frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*If there are more than six memberships, attach a separate sheet, or add details in the notes field on the next page.*

|  |
| --- |
| Where are the memberships and subscription records located? |
|  |
| Notes about memberships and subscriptions |
|  |

### 17.3 Pets

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any pets that will need care? |  YES  |  NO | ***If no, skip to 18 Anything else?*** |
| Name of pet | Description |  | Age |
|  |  |  |

*If you have more than three pets, list them in the notes section below, or attach a separate sheet.*

Name of veterinary surgery

|  |
| --- |
|  |
| Address of the veterinary surgery |
|  |
|  |
| Your veterinarian |
|  |
| Phone number |
|  |
| Email address |
|  |
| People your pet knows and trusts |
|  |
| Notes about your pet/s  |
|  |

**18 Anything else?**

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

**19 Recommendations**

|  |
| --- |
| To make sure your executor has all the CGT records he or she needs I recommend the BAN TACS Accountant Getting Your Affairs in Order Made Simple spreadsheet package. It allows you to scan in all the relevant documents right next to each entry. If you find the thought of this overwhelming just think how difficult it will be for you executor and consider that even if you don’t complete it all, every entry you make will help. You can get it here: <https://www.bantacs.com.au/shop-2/getting-your-affairs-in-order-made-simple/> To qualify for the Noel Whittaker 20% discount just enter in the voucher section the word **noel**.  |