



# Confidential Personal Profile



Name \_\_\_\_\_



## Planning ahead

No-one wants to think about leaving this world, but it is going to happen. To ease the path for your loved ones when that time comes, you can set out the information they'll need in this booklet.

Doing so demonstrates your care and consideration for your loved ones and at the same time gives you peace of mind knowing that your affairs are in order.

As well as writing your details in this booklet, you might wish to consider prearranging or prepaying your funeral so that your wishes can be easily carried out.

After you've completed the booklet, please keep it in a safe place... and let your solicitor, executor and next of kin know where it is. Whilst it's not a legal document, it will provide them with invaluable assistance one day.

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# Personal information

## Contact details

Full name \_\_\_\_\_ (*known as*) \_\_\_\_\_

Previous name (*if applicable*) \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Personal details

Date of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Place of birth \_\_\_\_\_ (*city and country*)

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

Previous occupation(s) \_\_\_\_\_

## Government

Centrelink no. \_\_\_\_\_ Veterans affairs no. \_\_\_\_\_

Overseas pension details \_\_\_\_\_ Reference/contact \_\_\_\_\_

Drivers license no. \_\_\_\_\_ Expiry \_\_\_\_\_

Passport no. \_\_\_\_\_ Expiry \_\_\_\_\_

Medicare no. \_\_\_\_\_ Valid to \_\_\_\_\_

## Relationships

Married     Single     Widowed     Divorced     De facto     Separated

Full name of spouse/partner \_\_\_\_\_

Date/place of marriage \_\_\_\_\_

Full name of previous spouse/partner (*if applicable*) \_\_\_\_\_

Date/place of marriage \_\_\_\_\_

Next of kin/primary contact \_\_\_\_\_ (*full name*)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Family history

Father's full name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Main occupation(s) during working life \_\_\_\_\_

Date of death \_\_\_\_\_

Memorial/grave at \_\_\_\_\_ (*cemetery*)

Mother's full name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Main occupation(s) during working life \_\_\_\_\_

Date of death \_\_\_\_\_

Memorial/grave at \_\_\_\_\_ (*cemetery*)

# Children

Child 1 Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Child 2 Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Child 3 Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Child 4 Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Child 5 Full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

# Medical history

*This information is an important record for your spouse/partner, children and grandchildren.*

## Medical issue

## Treatment details

Cancer

\_\_\_\_\_

Heart disease

\_\_\_\_\_

Circulatory disorder

\_\_\_\_\_

Diabetes

\_\_\_\_\_

Kidney disorder

\_\_\_\_\_

Lung disorder

\_\_\_\_\_

Other

\_\_\_\_\_

I have the following medical implants/artificial joints \_\_\_\_\_

\_\_\_\_\_

I am allergic to the following drugs \_\_\_\_\_

\_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

Blood type (if known) \_\_\_\_\_

Registered organ donor  No  Yes If yes, organ donor no. \_\_\_\_\_

*If yes, ensure next of kin are aware of your wishes*

\_\_\_\_\_

\_\_\_\_\_

# Membership of organisations/clubs

*This can include your church, Rotary, Lions, Probus, sporting club(s) etc*

Organisation \_\_\_\_\_

Member no./position held \_\_\_\_\_

Organisation \_\_\_\_\_

Member no./position held \_\_\_\_\_

Organisation \_\_\_\_\_

Member no./position held \_\_\_\_\_

Organisation \_\_\_\_\_

Member no./position held \_\_\_\_\_

Auto club membership \_\_\_\_\_

RSL membership no. \_\_\_\_\_ RSL branch name \_\_\_\_\_

## **Military service record**

Branch of service \_\_\_\_\_ Service no. \_\_\_\_\_

Date entered service \_\_\_\_\_ Place \_\_\_\_\_

Date of discharge \_\_\_\_\_ Place \_\_\_\_\_

Rank/rating/grade \_\_\_\_\_

Wars/conflicts served \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

# Financial information

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account no. \_\_\_\_\_ Type \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account no. \_\_\_\_\_ Type \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account no. \_\_\_\_\_ Type \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account no. \_\_\_\_\_ Type \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account no. \_\_\_\_\_ Type \_\_\_\_\_

Safety deposit box/packet location \_\_\_\_\_

\_\_\_\_\_

## **Accountant/financial advisor/tax agent details**

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Real estate

Description/address of property \_\_\_\_\_

\_\_\_\_\_

Location of deed \_\_\_\_\_

Description/address of property \_\_\_\_\_

\_\_\_\_\_

Location of deed \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General insurance

House            Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Contents        Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Car              Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Caravan        Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Health         Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Other            Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Other            Company \_\_\_\_\_ Policy no. \_\_\_\_\_

## Life insurance

Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Contact name/number \_\_\_\_\_

Beneficiary name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Superannuation fund(s)

Name of fund \_\_\_\_\_

Contact name/number \_\_\_\_\_ Reference no. \_\_\_\_\_

Beneficiary name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of fund \_\_\_\_\_

Contact name/number \_\_\_\_\_ Reference no. \_\_\_\_\_

Beneficiary name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Self managed superannuation fund**

Name of fund \_\_\_\_\_

Contact name/number \_\_\_\_\_ Reference no. \_\_\_\_\_

Beneficiary name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Other investments

*This can include shares, bonds, coin/stamp collections etc.*

Item/description

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_

12

# Have you taken care of your Will?

## We can help.

Most of us don't think about it very often, but having a Will is the simplest way to make sure the people who matter to us are taken care of when we're gone. And it doesn't have to be difficult or costly.

The Salvation Army offer a community service in which generous and independent solicitors prepare simple Wills in exchange for a contribution to our work. It's a great way to ensure you have a Will that reflects your wishes, while also supporting Australians in need.

*There is no obligation to leave a gift in your Will to The Salvation Army. If, after taking care of your loved ones, you would like to support our work, please advise the solicitor at your appointment.*



For more information visit us online at [salvationarmy.org.au/wills](http://salvationarmy.org.au/wills), email [willsandbequests@salvationarmy.org.au](mailto:willsandbequests@salvationarmy.org.au) or call 1800 337 082

# Estate information

## Will

Yes  No

Date of Will \_\_\_\_\_

Location of Will \_\_\_\_\_

## Executor

Name \_\_\_\_\_ Relationship (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Solicitor

Company/Firm \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

# Powers of attorney/guardianship

*As State and Territory laws vary, it is important to discuss the issue of powers of attorney and guardianship with your legal advisor or contact your local state/territory Department of Justice.*

## Attorney details

Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Location of legal document(s) \_\_\_\_\_

\_\_\_\_\_

Enduring power of attorney  Enduring guardian (director/guardianships)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Location of legal document(s) \_\_\_\_\_

\_\_\_\_\_

Enduring power of attorney  Enduring guardian (director/guardianships)



# Funeral instructions

My remains are to be

Buried  Cremated

## Funeral details

Funeral director \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_

Contact name \_\_\_\_\_

Email \_\_\_\_\_

Prepaid funeral contract no. *(if applicable)* \_\_\_\_\_

Prearranged funeral details are held by \_\_\_\_\_

Details of burial plot or cremation memorial \_\_\_\_\_

\_\_\_\_\_

Service to be held at	Name/location/address
-----------------------	-----------------------

<input type="radio"/> Funeral director's chapel	_____
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<input type="radio"/> Cemetery/crematorium chapel	_____
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<input type="radio"/> Church	_____
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	_____
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## Service details

Clergy  Celebrant Name *(if known)* \_\_\_\_\_

RSL service  Yes  No

Special instructions \_\_\_\_\_

\_\_\_\_\_

Flag preference *(if any)*  Australian  Other \_\_\_\_\_ *(nationality)*

Flower preference \_\_\_\_\_

Memorial donations to *(charity/charities)* \_\_\_\_\_

\_\_\_\_\_

Press notices  Yes  No

*If yes, newspaper(s) name(s)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Viewing  Yes *(see below)*  No

*If yes*  Family only  Public

Special instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







Delivery Address:  
PO Box A229  
SYDNEY SOUTH NSW 1235

No stamp required  
if posted in Australia



The Salvation Army Wills & Bequests  
Reply Paid 229  
SYDNEY SOUTH NSW 1234

# Notes

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2. Fold here

1. Fold here



[salvationarmy.org.au/wills](http://salvationarmy.org.au/wills)



For more information visit us online at [salvationarmy.org.au/wills](http://salvationarmy.org.au/wills),  
email [willsandbequests@salvationarmy.org.au](mailto:willsandbequests@salvationarmy.org.au) or call 1800 337 082



National freecall number **1800 337 082** or visit [salvationarmy.org.au/wills](https://salvationarmy.org.au/wills)

*All enquiries will be treated in the strictest confidence.*

