

# LIFE

# PLANNING

PLANNING FOR TOMORROW, TODAY

# MY PERSONAL DETAILS



## MY PERSONAL DETAILS

Full name:

Date and place of birth:

Other names (i.e. maiden name):

National Insurance Number:

Passport No.

NHS No.

Tax Reference No.

Driving License No.

I'm an organ donor  YES

NO

In case of an accident/illness

Title

## MY PERSONAL DETAILS

### **NEXT OF KIN OR KEY CONTACT**

Full name:

Relationship

Phone No:

Address

Email:

## MY PERSONAL DETAILS

### MY FINANCIAL ADVISER

Company:

Full Name:

Phone No:

Address:

Email:

## MY PERSONAL DETAILS

### MY SOLICITOR

Company:

Full Name:

Phone No:

Address:

Email:

## MY PERSONAL DETAILS

### MY ACCOUNTANT

Company:

Full Name:

Phone No:

Address:

Email:

# MY IMPORTANT DOCUMENTS





## MY IMPORTANT DOCUMENTS

### **WILL**

I have made a will and its kept:

My most recent Will is dated:

I have written a letter of wishes and  
it's kept:

## MY IMPORTANT DOCUMENTS

### EXECUTORS

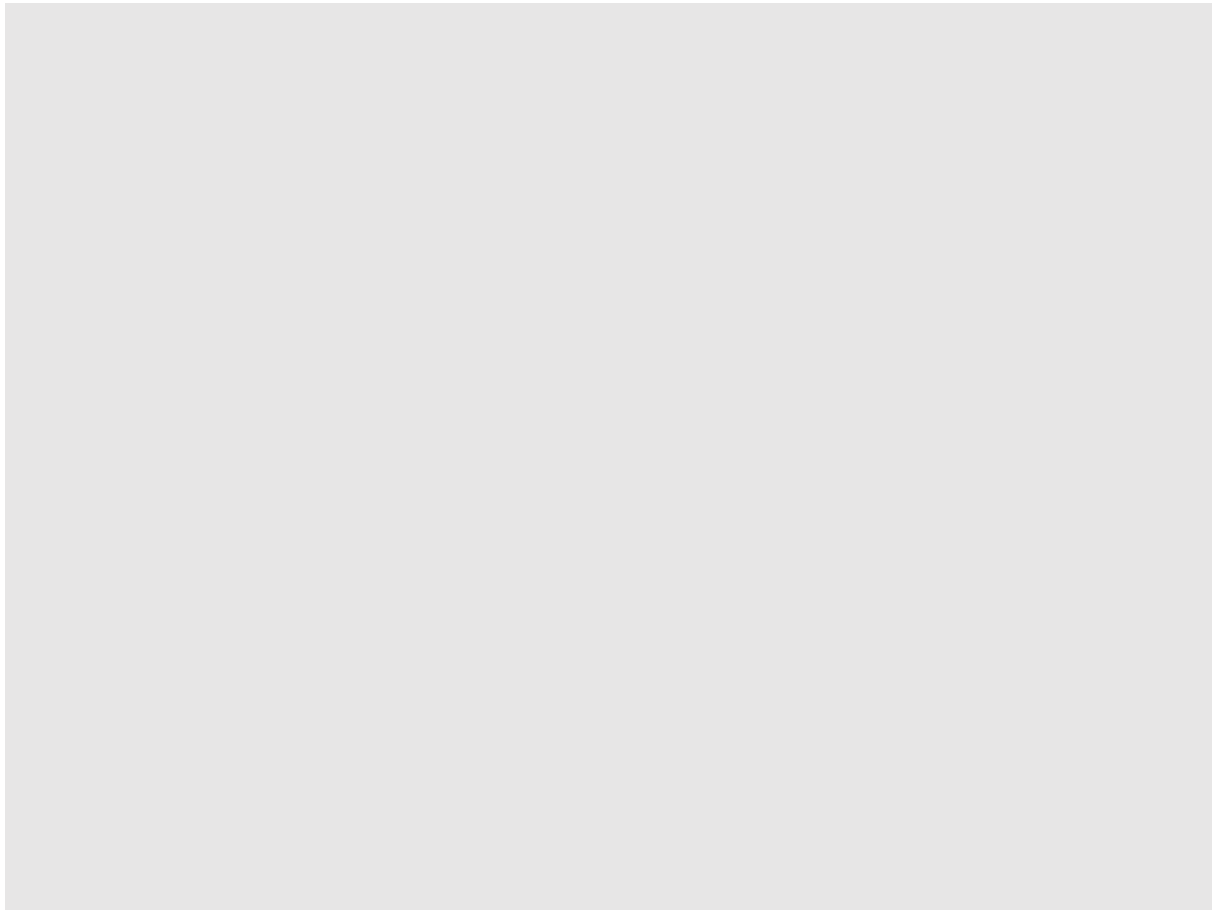
Name:

Address:

Phone No:

## MY IMPORTANT DOCUMENTS

If you do not have an up to date Will, you may want to jot your final plans and wishes down here in the meantime:



## MY IMPORTANT DOCUMENTS

### **FUNERAL PLANS**

I have a funeral plan with:

My funeral pan documents are kept:

## MY IMPORTANT DOCUMENTS

### POWER OF ATTORNEY

I have a power of attorney:

YES

NO

It's dated:

It's registered with the Office of the  
Public Guardian:

YES

NO

My attorneys are:

Name:

Address:

Phone no:

Name:

Address:

Phone No:

## MY IMPORTANT DOCUMENTS

### OTHER IMPORTANT DOCUMENTS AND WHERE I KEEP THEM

My birth certificate:

My marriage certificate:

My passport:

Other:

A close-up photograph of several white chrysanthemum flowers with light green centers, set against a soft, out-of-focus background. The flowers are the central focus of the image.

# MY FUNERAL WISHES

## MY FUNERAL WISHES

My funeral:



## MY FUNERAL WISHES

Name:

Address:

Email:

Phone No:

Name:

Address:

Email:

Phone No:

## MY FUNERAL WISHES

Name:

Address:

Email:

Phone No:

Name:

Address:

Email:

Phone No:

## MY FUNERAL WISHES

Name:

Address:

Email:

Phone No:

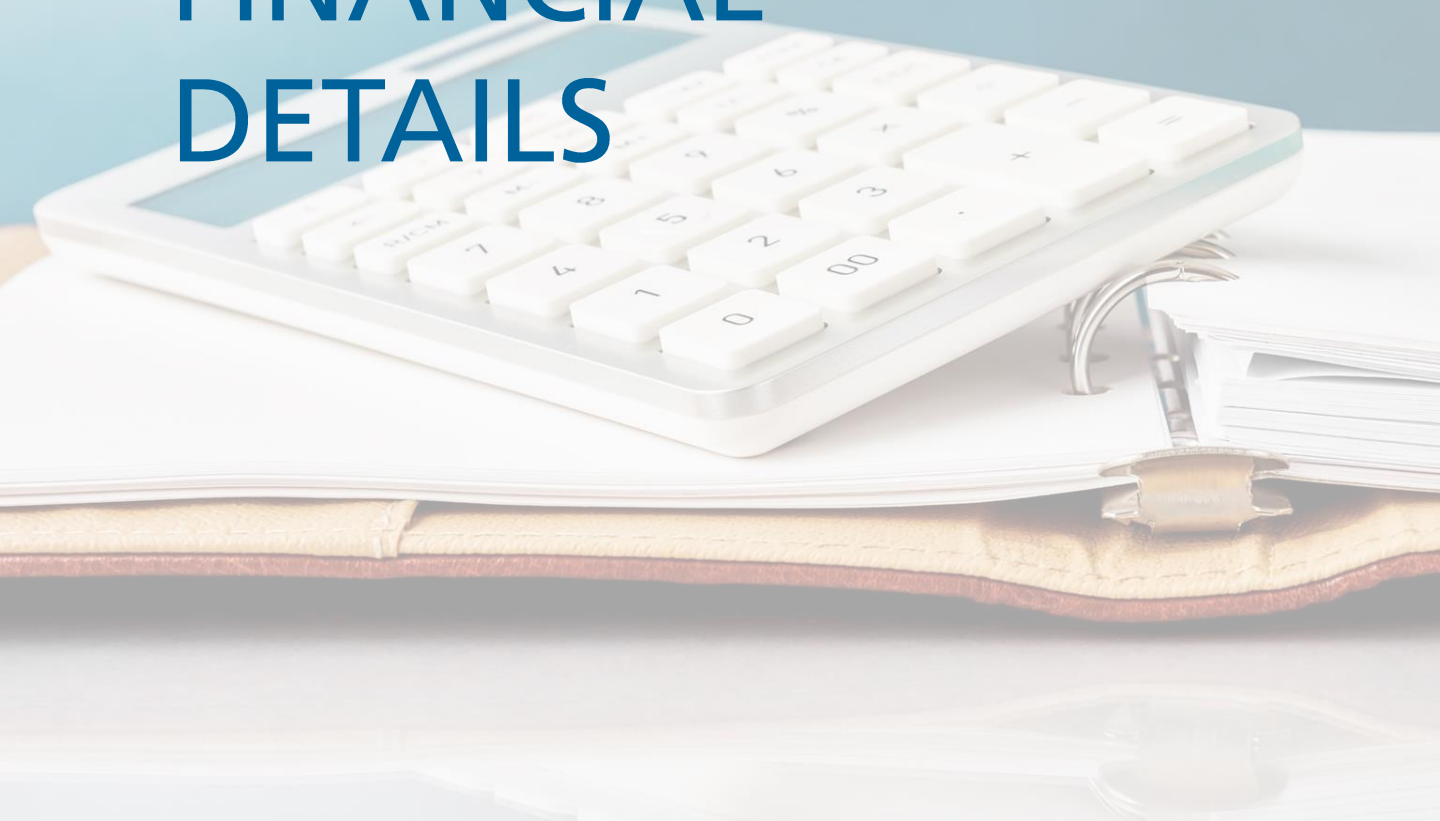
Name:

Address:

Email:

Phone No:

# MY FINANCIAL DETAILS



## MY FINANCIAL DETAILS

### MY EMPLOYMENT/BUSINESS DETAILS

Company Name:

Contact Person:

Designation:

Phone No:

Address:

Email:

## MY FINANCIAL DETAILS

### CURRENT ACCOUNTS

Bank/building society:

Name(s) in which account is held:

Bank/building society:

Name(s) in which account is held:

Bank/building society:

Name(s) in which account is held:

## MY FINANCIAL DETAILS

### SAVINGS ACCOUNTS

Bank/building society:

Name(s) in which account is held:

Bank/building society:

Name(s) in which account is held:

Bank/building society:

Name(s) in which account is held:

## MY FINANCIAL DETAILS

### MORTGAGES

Bank/building society:

Name(s) in which account is held:

Bank/building society:

Name(s) in which account is held:

Bank/building society:

Name(s) in which account is held:



## MY FINANCIAL DETAILS

### CREDIT AND SCORE CARDS

Issue Name:

Card No:

Issue Name:

Card No:

Issue Name:

Card No:

Issue Name:

Card No:

Issue Name:

Card No:

## MY FINANCIAL DETAILS

### **LOYALTY CARDS** – These include airmiles/nectar cards etc

Issue Name:

Card No:

Issue Name:

Card No:

Issue Name:

Card No:

Issue Name:

Card No:

Issue Name:

Card No:

## MY FINANCIAL DETAILS

### PENSIONS

Company:

Phone No:

Reference/Investor No:

Expression of Wish:

YES

NO

Where documents are kept:

Company:

Phone No:

Reference/Investor No:

Expression of Wish:

YES

NO

Where documents are kept:

## MY FINANCIAL DETAILS

### HEALTH INSURANCE

Company:

Phone No:

Policy No:

Where documents are kept:

Company:

Phone No:

Policy No:

Where documents are kept:

## MY FINANCIAL DETAILS

### PROTECTION POLICIES

Company:

Phone No:

Policy No:

Where documents are kept:

Company:

Phone No:

Policy No:

Expression of Wish:

YES

NO

Where documents are kept:

## MY FINANCIAL DETAILS

### ANNUITY POLICY

Provider Name:

Phone No:

Policy No:

Where documents are kept:

Provider Name:

Phone No:

Policy No:

Where documents are kept:

Where documents are kept:

## MY FINANCIAL DETAILS

### INVESTMENTS

Provider Name:

Name(s) in which account is held:

Phone No:

Policy No:

Where documents are kept:

Provider Name:

Name(s) in which account is held:

Phone No:

Policy No:

Where documents are kept:

## MY FINANCIAL DETAILS

### INVESTMENTS (CONTINUED)

Provider Name:

Name(s) in which account is held:

Phone No:

Policy No:

Where documents are kept:

Provider Name:

Name(s) in which account is held:

Phone No:

Policy No:

Where documents are kept:



## MY FINANCIAL DETAILS

### SHARES

Company Name:

Value:

Where certificate is kept:

Company Name:

Value:

Where certificate is kept:

Company Name:

Value:

Where certificate is kept:

## MY FINANCIAL DETAILS

### **GIFT TO FAMILY AND FRIENDS**

Make sure to include the following details:

- Who you gave the money to?
- The date the gift was given.
- What you gave (cash or assets)? If cash, how it was paid – cheque/ online payment etc.
- The value of the gift.

## MY FINANCIAL DETAILS

### CAR INSURANCE

Car Insurance Policy:

Policy No:

Renewal Date:

Where documents are kept:

Car Insurance Policy:

Where certificate is kept:

Company Name:

Value:

Where certificate is kept:

## MY FINANCIAL DETAILS

### CAR BREAKDOWN COVER

Provider Name:

Policy No:

Renewal Date:

Where documents are kept:

## MY FINANCIAL DETAILS

### HOUSE/CONTENTS INSURANCE

Provider Name:

Policy No:

Renewal Date:

Where documents are kept:

## MY FINANCIAL DETAILS

### **BUILDINGS INSURANCE**

Provider Name:

Policy No:

Renewal Date:

Where documents are kept:

## MY FINANCIAL DETAILS

### OTHER INSURANCE (PET/TRAVEL/BOILER/BIKE ETC)

Provider Name:

Policy No:

Renewal Date:

Where documents are kept:

Provider Name:

Policy No:

Renewal Date:

Where documents are kept:

## MY FINANCIAL DETAILS

### **OTHER INSURANCE (PET/TRAVEL/BOILER/BIKE ETC) continued**

Provider Name:

Policy No:

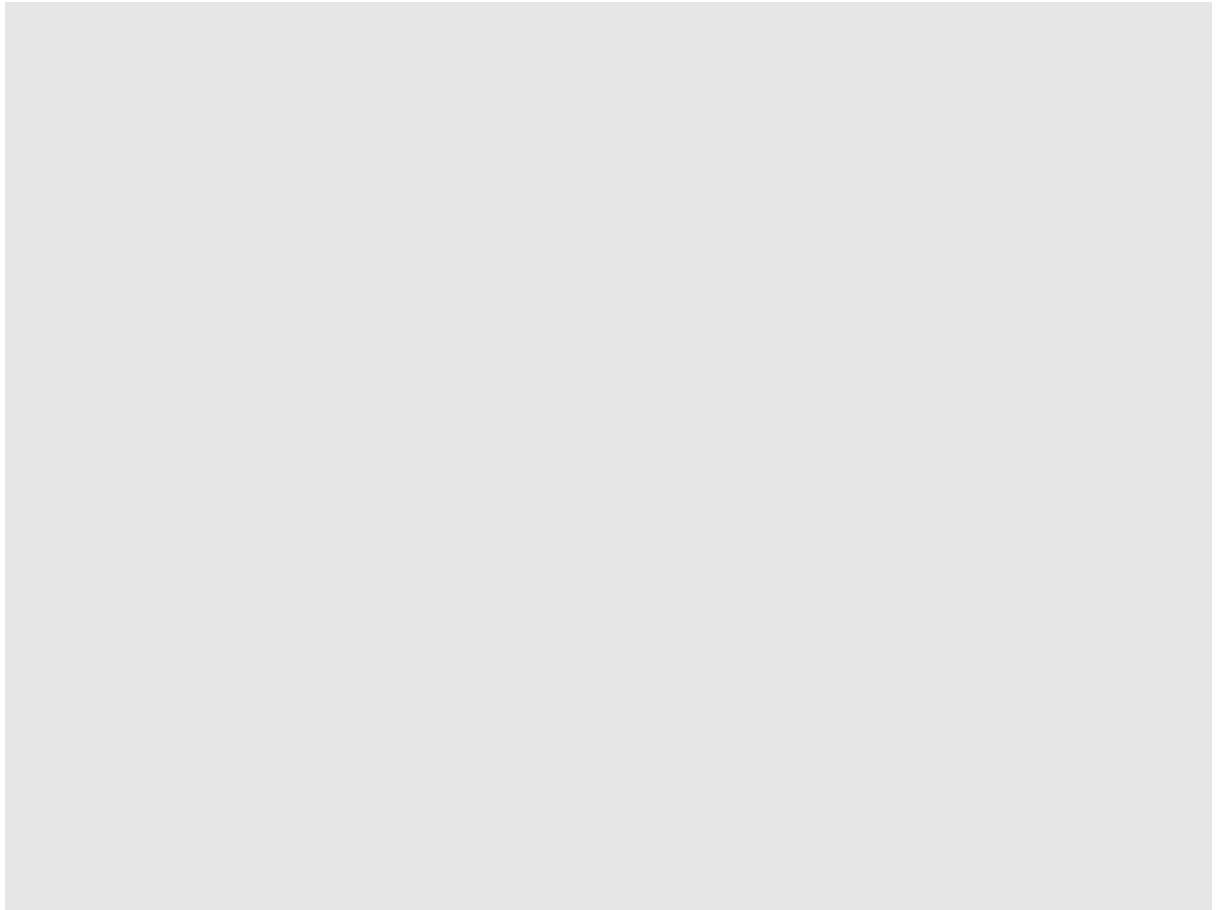
Renewal Date:

Where documents are kept:



## MY FUNERAL WISHES

### MY STASH OF CASH



## MY FINANCIAL DETAILS

### LOANS/HIRE PURCHASE

Loan Provider:

Phone No:

Where documents are kept:

Loan Provider:

Phone No:

Where documents are kept:

## MY FINANCIAL DETAILS

### LOANS/HIRE PURCHASE

Loan Provider:

Phone No:

Where documents are kept:

Loan Provider:

Phone No:

Where documents are kept:

## MY FINANCIAL DETAILS

### LEASE COMMITMENTS (CAR LEASE ETC)

Lease Provider:

Asset Leased:

Phone No:

Where documents are kept :

Lease Provider:

Asset Leased:

Phone No:

Where documents are kept:

## MY FINANCIAL DETAILS

### **BENEFITS/ENTITLEMENTS**

Name of Benefit:

Name of Benefit:

Name of Benefit:

Name of Benefit:

Name of Benefit:

## MY FINANCIAL DETAILS

### RENTAL AGREEMENTS

Landlord's Name:

Landlord's Contact Details:

## MY FINANCIAL DETAILS

### RENTAL AGREEMENTS

Landlord's Name:

Landlord's Contact Details:

## MY FINANCIAL DETAILS

### UTILITY PROVIDERS

Gas Provider:

Acc No:

Electricity Provider:

Acc No:

Broadband Provider:

Acc No:

Phone Provider:

Acc No:



## MY FINANCIAL DETAILS

### UTILITY PROVIDERS

Television Provider:

Acc No:

Water Provider:

Acc No:

Mobile Phone Company:

Acc No:

Local Council (council tax):

Acc No:

## MY FINANCIAL DETAILS

### **REGULAR PAYMENTS (CHARITY DONATIONS, CLUB MEMBERSHIPS, SUBSCRIPTIONS ETC)**

Organisation:

Payment Type:

Organisation:

Payment Type:

Organisation:

Payment Type:

Organisation:

Payment Type:

## MY FINANCIAL DETAILS

### SIGNIFICANT POSSESSIONS

Property:

Where deeds are kept:

Address:

Property:

Where deeds are kept:

Address:

Property:

Where deeds are kept:

Address:

## MY FINANCIAL DETAILS

### **SIGNIFICANT POSSESSIONS (continued)**

Vehicles:

Registration No:

Where documents are kept:

Vehicles:

Registration No:

Where documents are kept:

## MY FINANCIAL DETAILS

### **TECHNOLOGY**

**(Laptop, mobile(s), tablet, Kindle, USB/Back-up, digital photos)**

Description:

Log in details:

Where it's kept:

Description:

Log in details:

Where it's kept:

Description:

Log in details:

Where it's kept:

## MY FINANCIAL DETAILS

### **OTHER SIGNIFICANT POSSESSIONS** **(Art collection, wine cellar, jewellery etc)**

Description:

Value:

Where it's kept:

Description:

Value:

Where it's kept:

Description:

Value:

Where it's kept:

# MY DIGITAL ACCOUNTS



## MY DIGITAL ACCOUNTS

### MY DIGITAL ACCOUNTS

Organisation:

Username:

Payment Type:

Organisation:

Username:

Payment Type:

Organisation:

Username:

Payment Type:



## MY DIGITAL ACCOUNTS

### MY DIGITAL ACCOUNTS (continued)

Organisation:

Username:

Payment Type:

Organisation:

Username:

Payment Type:

Organisation:

Username:

Payment Type:

## MY DIGITAL ACCOUNTS

### **HANDLING OF YOUR DIGITAL ACCOUNTS – OUTLINE YOUR WISHES BELOW**

Specify if you would like anything to be erased or passed on after your death. Some digital assets that you may think of as belonging to you, may not be yours to pass on. For example, digital music may only be licensed to you for use during your lifetime.

## MY DIGITAL ACCOUNTS

### USEFUL CONTACTS

Doctor:

Phone No. and/or email:

Opticians:

Phone No. and/or email:

Dentist:

Phone No. and/or email:

Neighbour(s) with keys:

Address:

Phone No. and/or email:

## MY DIGITAL ACCOUNTS

### USEFUL CONTACTS (continued)

Neighbours:

Phone No. and/or email:

Organisation/societies:

Phone No. and/or email:

Organisation/societies :

Phone No. and/or email:

Organisation/societies:

Phone No. and/or email :

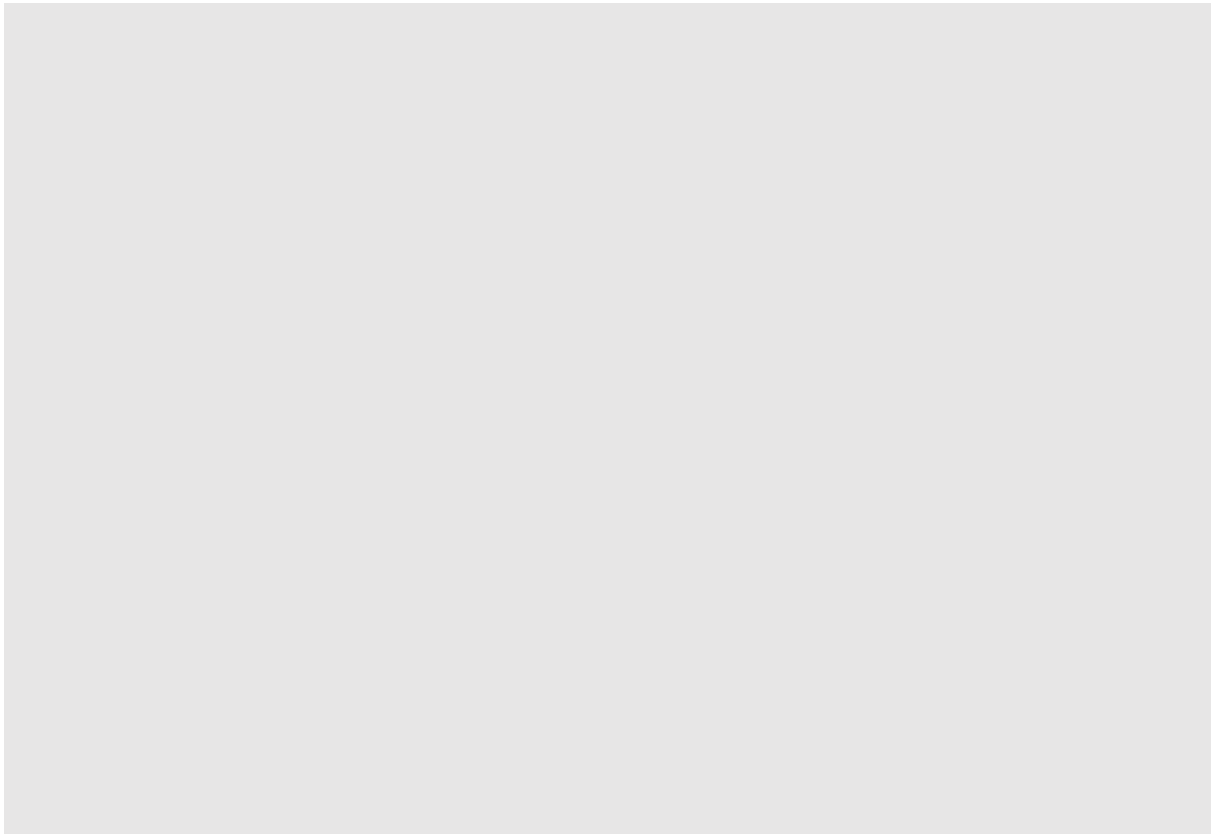
# MY DEPENDANTS



## MY DEPENDANTS

### **ARRANGEMENTS FOR CHILDREN**

It is important to appoint guardians if you have children who are still minors (under 16 in Scotland or under 18 in the rest of the UK). The best place to detail how you would like your children raised and cared for, and by whom, is in your Will. You can also specify what assets should be used for their upbringing and whether they should inherit any assets when they reach a specified age.



## MY DEPENDANTS

### **ARRANGEMENTS FOR PETS**

If you have pets, use the space below to make a note of how you would like them cared for and if they have any specific needs

# MY CHARITIES





## MY CHARITIES

### CHARITABLE GIVING

Charity:

Contact Name:

Phone No:

Item(s) to be donated:

Charity:

Contact Name:

Phone No:

Item(s) to be donated:

# THINGS YOU SHOULD KNOW



## YOU SHOULD KNOW

### **THINGS YOU SHOULD KNOW**

Feel free to use these pages to write down anything else important that you think your loved ones should know about when you're no longer around. Make it your own, add photographs and stories if you'd like.

## YOU SHOULD KNOW

### THINGS YOU SHOULD KNOW (continued)



## YOU SHOULD KNOW

### **DATE OF COMPLETION**

My latest version of My Life Planning Passport was completed on the:

Signed: