



Life Wish Planning Personal Details

Name: _____ **Maiden Name:** _____

Address: _____

Date of Birth: _____ **Place of Birth:** _____

My important documents are kept together in the following location:

Date: _____

Important Information

Organisation/Business	Contact	Phone	Address	ID No. /Account No.
Medical Information				
Doctor – GP				
Doctor – Specialist				
Doctor – Specialist				
Doctor – Specialist				
Medicare				
Health Benefits fund				
Centrelink				
<ul style="list-style-type: none"> • Pension • Sickness benefit 				
Department of Veterans' Affairs				
Minister of religion or Other spiritual advisor				
Legal Information				
Solicitor				
Executor of Will				
Where your will is kept				
Taxation Office				
Electoral Office				
Vehicle registration/ licence				
Disabled parking				
Funeral details				
Funeral Director				
Pre-paid funeral	YES	NO		
Funeral Bond				
Funeral Insurance				
Organ Donation	YES	NO		
Personal choice of Burial or cremation				
Special requests				

ARRC Life Wish Planning Tool

Please note this is not a legal document.

It is a personal record for you and your family





Life Wish Planning

Financial Information			
Banks, Credit Unions, Building Societies			
Investments – stocks, shares, debentures, property etc.			
Superannuation Fund			
Loans Personal			
Loans Property			
Credit Card			
Life Insurance			
Income Protection Insurance			
Home & Contents Insurance			
Car Insurance			
Credit Card Insurance	YES	NO	
Department Store Accounts			
Accountant			
Professional Bodies & other memberships			
Public Amenities			
Real Estate Agent			
Electricity authority			
Gas Company			
Local Council			
Water Company			
Telephone Company			
Internet Provider			
Other			

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