



A resource for the sandwich generation:

# Personal Record Book

To keep all important information in one place



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[australianunity.com.au/wellbeing/sandwich-generation](https://australianunity.com.au/wellbeing/sandwich-generation)



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# About this booklet

**This booklet, when complete, will contain valuable information, which can be used in the future. The information will assist your family and executor meet legal requirements, locate your legally binding documents and fulfill your wishes.**

We all have a range of accounts, memberships, passwords, family and friendship groups, advisers, interests and commitments. It's hard to keep track of who, what, how and where everything is!

This can make things difficult when someone passes away or becomes incapacitated. Their family and friends may not have all the necessary details for sorting everything out or contacting everyone.

## Using your book

Fill in this booklet as completely as you can, either on your computer or a printed copy. It's likely that not all of the information it asks about will apply to you. Just skip any sections that don't apply, cross those sections out, or write 'not applicable'. If you need more space to write additional information, use the Notes section on page 20.

For your own security online, we strongly recommend that you do not record passwords in your Personal Record Book. It is also important that all your estate planning documents are kept up to date and recorded in your Personal Record Book.

Once you've completed your booklet, record the date in the space at the bottom of this page. We recommend you then store the booklet with your estate planning documents (will, powers of attorney) safely in a secure but accessible place to protect your information. Finally, tell at least two other people you trust where they are, so they can find them, if they need to help you during your life or after your passing.

## About Australian Unity Trustees

At Australian Unity Trustees, we help you protect your assets in line with your wishes now and into the future. We have an unwavering commitment to the highest duty of care and as a trustee company, we place your best interests above anything else.

We often get appointed as executor, trustee and/or financial attorney should the need arise.

If an appointed executor is unable to fulfill their responsibilities when required, we can step in and take on the role to administer the estate.

This booklet was completed on:   /   ,

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# About me

## Personal details

Full name	<input type="text"/>		
Any previous name(s) or current	<input type="text"/>		
Occupation	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Place of birth	<input type="text"/>		

## Nationality

By birth	<input type="text"/>
By citizenship	<input type="text"/>
Date of citizenship conferral	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Year of arrival in Australia	<input type="text"/>

## Religion

Religion	<input type="text"/>
Place of worship	<input type="text"/>

## Medical information

Medical conditions, allergies or therapies	<input type="text"/>
Current medications and where they're kept	<input type="text"/>
Medicare number	<input type="text"/>
Ambulance membership number	<input type="text"/>

# Important people

## Emergency contacts

### Emergency contact 1

Name	<input type="text"/>			
Relationship	<input type="text"/>			
Address	<input type="text"/>			
Suburb	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>			
Email	<input type="text"/>			

### Emergency contact 2

Name	<input type="text"/>			
Relationship	<input type="text"/>			
Address	<input type="text"/>			
Suburb	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>			
Relationship	<input type="text"/>			

## My spouse or partner

Relationship status

Single

Married

De facto

Widowed

Divorced

Separated

Spouse or partner's name

Any previous names

Address

Suburb

Postcode

Date of birth

 /  / 

Place of birth

Date of marriage

 /  / 

Place of marriage

Date of divorce or separation

 /  / 

Date of death

 /  / 

If you have a former spouse or partner who should also be notified of your passing or incapacity, write their details here.

Name

Address

Suburb

Postcode

Phone

## My children

### Child 1

Child (biological / legally adopted)  Step-child  Foster-child

Name

Address

Suburb  Postcode

Phone

Email

Name of other parent

### Child 2

Child (biological / legally adopted)  Step-child  Foster-child

Name

Address

Suburb  Postcode

Phone

Email

Name of other parent

### Child 3

Child (biological / legally adopted)  Step-child  Foster-child

Name

Address

Suburb  Postcode

Phone

Email

Name of other parent

### Child 4

Child (biological / legally adopted)  Step-child  Foster-child

Name

Address

Suburb  Postcode

Phone

Email

Name of other parent

## Other family members

### Other family member 1

Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

### Other family member 2

Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

## Close friends

### Close friend 1

Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

### Close friend 2

Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

# Other contacts

## Employer

My occupation	<input type="text"/>			
Employer	<input type="text"/>			
Address	<input type="text"/>			
Suburb	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>
Contact person	<input type="text"/>			
Phone	<input type="text"/>			
Email	<input type="text"/>			

## Professional services

### Doctor (GP)

Name of practice	<input type="text"/>			
Doctor's name	<input type="text"/>			
Phone	<input type="text"/>			
Email	<input type="text"/>			

### Accountant

Name of firm	<input type="text"/>			
Accountant's name	<input type="text"/>			
Phone	<input type="text"/>			
Email	<input type="text"/>			

### Financial adviser

Name of firm	<input type="text"/>			
Adviser's name	<input type="text"/>			
Phone	<input type="text"/>			
Email	<input type="text"/>			

### Solicitor

Name of firm	<input type="text"/>			
Solicitor's name	<input type="text"/>			
Phone	<input type="text"/>			
Email	<input type="text"/>			

**Landlord or real estate agent**

Name of agency	<input type="text"/>
Contact person or landlord	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

**Aged care or home help service**

Name of service	<input type="text"/>
Contact person	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

**Other services**

Name of service	<input type="text"/>
Contact person	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

**Membership of organisations**

**Membership 1**

Organisation name	<input type="text"/>
Contact person	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

**Membership 2**

Organisation name	<input type="text"/>
Contact person	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

**Membership 3**

Organisation name	<input type="text"/>
Contact person	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

# Decisions I've made

## Will

Do you have a current will?

Yes  No

Date signed

/   /

Executor's name(s)

  

Relationship

Address 1

Suburb 1

Postcode 1

Address 2

Suburb 2

Postcode 2

Phone

Email

## Enduring power of attorney

Have you made an enduring power of attorney?  Yes  No

Date signed

/   /

Attorney's name

Relationship

Address

Suburb

Postcode

Phone

Email

## Financial power of attorney

Have you made a financial power of attorney?  Yes  No

Date signed

/   /

Attorney's name

Relationship

Address

Suburb

Postcode

Phone

Email

### Medical Treatment Decision Maker (MTDM) (VIC only)

Have you made a MTDM?  Yes  No  
Date signed   /   /

#### Medical Treatment Decision Maker 1

Medical decision maker's name   
Relationship   
Address   
Suburb  Postcode      
Phone   
Email

### Medical Treatment Decision Maker (MTDM)

#### Medical Treatment Decision Maker 2

Medical decision maker's name   
Relationship   
Address   
Suburb  Postcode      
Phone   
Email

### Advanced care directive

Have you made an advanced care directive?  Yes  No  
Date signed   /   /

Registered medical practitioner's name (witness)   
Address   
Suburb  Postcode      
Phone   
Email

### Nomination of a Restrictive Practices Substitute Decision Maker (RPSDM)

Restrictive Practice's nominee name   
Relationship   
Address   
Suburb  Postcode      
Phone   
Email

## Other decision-making documents

Have you made any other record of your preferences and wishes for personal, medical, financial or any other type of decisions?

Yes  No

If Yes, write here what documents you have made.

## Funeral wishes

### Pre-paid funeral details

Have you pre-arranged your funeral?  Yes  No

Do you have a funeral bond?  Yes  No

If "Yes" to either of the above, complete the following details.

Name of company

Policy number

Value (\$)  Date paid  /  /

### Preferred funeral services arrangements

Type of funeral  Burial  Cremation

Funeral service preferences  Church  Chapel  Crematorium/Graveside

(you may tick more than one)  RSL involvement  Single service  Lodge involvement

Other (please specify)

### Existing right of interment

Type of interment  Grave  Garden memorial  Wall niche  Mausoleum crypt

Reference number

State

Cemetery

Location of interment at cemetery



An enduring power of attorney is a legal document that enables a person to make sure their financial decisions will be looked after if they become unable to do it themselves. Find out more at [australianunity.com.au/protect-your-assets/financial-attorney](http://australianunity.com.au/protect-your-assets/financial-attorney) or call 1800 878 783.

**People to be notified**

**Next of Kin**

Address

Suburb

Postcode

Phone

**Solicitor**

Address

Suburb

Postcode

Phone

**Executor**

Address

Suburb

Postcode

**Person/Clubs/Associations**

**Funeral wishes**

Have you registered as an organ donor?

 Yes  No

Who did you register with?

Have you decided to donate your body to science or education?

 Yes  No

Who did you contact?

**Funeral wishes**

Write down any other particular wishes or decisions you'd like family or friends to take care of for you.

# My estate

To protect your information, only record identification numbers (such as your tax file number, membership numbers and Centrelink number) in this section **if you have a secure place to store your booklet.**

## Main assets

### Residential home

Address

Suburb  Postcode

Are you a:  Sole owner  Joint tenant  Tenant in common

Mortgage provider name

Unencumbered  Mortgage

### Any other property

Address

Suburb  Postcode

Are you a:  Sole owner  Joint tenant  Tenant in common

Mortgage provider name

Unencumbered  Mortgage

Property manager details (if applicable)

### Vehicles

Details

Loans owing to

### Significant possessions

Details

Instructions regarding these

## Finances

Only record your financial information if you have a secure place to store your completed booklet.

Tax file number

### Bank/credit union/building society accounts

#### Account 1

Name of institution

BSB number

Account name

#### Account 2

Name of institution

BSB number

Account name

#### Account 3

Name of institution

BSB number

Account name

### Superannuation

Only record your member numbers if you have a secure place to store your completed booklet.

#### Fund 1

Name of fund

Address

Suburb

Postcode

Member number

#### Fund 2

Name of fund

Address

Suburb

Postcode

Member number

**Investments**

Only record your member numbers if you have a secure place to store your completed booklet.

**Investment 1**

Fund, company or organisation	
Phone	
Shareholdings	
Account, customer or reference number	
Securityholder Reference Number (SRN)	

**Investment 2**

Fund, company or organisation	
Phone	
Shareholdings	
Account, customer or reference number	
Securityholder Reference Number (SRN)	

**Investment 3**

Fund, company or organisation	
Phone	
Shareholdings	
Account, customer or reference number	
Securityholder Reference Number (SRN)	

**Overseas assets**

Only record your member numbers if you have a secure place to store your completed booklet.

Fund, company or organisation	
Phone	
Shareholdings	
Account, customer or reference number	
Securityholder Reference Number (SRN)	

**Pensions**

Only record your member numbers if you have a secure place to store your completed booklet.

Centrelink number	
Veterans Affairs pension number	
Military service number	
Overseas pension details	

**Please list any other income sources**

--

**Loans and liabilities**

**Loan and liability 1**

Name of creditor

Address

Suburb  Postcode

Phone

Loan or customer reference number

**Loan and liability 2**

Name of creditor

Address

Suburb  Postcode

Phone

Loan or customer reference number

**Insurance policies**

**Life or disability insurance**

Name of insurance company

Address

Suburb  Postcode

Phone

**Health insurance**

Name of private health insurance provider

Address

Suburb  Postcode

Phone

Member or policy number

**Home and contents insurance**

Address of property

Postcode

Name of insurance company

Address

Postcode

Phone

Policy number

# Location of important documents

Birth certificate	<input type="text"/>
Marriage certificate	<input type="text"/>
Passport	<input type="text"/>
Driver's licence	<input type="text"/>
Cheque book	<input type="text"/>
Bank statements	<input type="text"/>
Securities, share certificates, bonds, etc	<input type="text"/>
Safe custody packet or safety deposit box	<input type="text"/>
Superannuation documents	<input type="text"/>
Will	<input type="text"/>
Enduring power of attorney	<input type="text"/>
Medical Treatment Decision Maker	<input type="text"/>
Advanced care directive	<input type="text"/>
Restrictive Practices Substitute Decision Maker	<input type="text"/>
Pre-arranged funeral documents	<input type="text"/>
Prepaid cemetery or cremation deed	<input type="text"/>
Home title	<input type="text"/>
Title for other real estate	<input type="text"/>
Military service record and discharge certificate	<input type="text"/>
	<input type="text"/>
Pensioner card (Centrelink, DVA)	<input type="text"/>
Any other documents (specify)	<input type="text"/>

Digital assets inventory: Make sure the location of your inventory is secure if you have included passwords or other access information in your list.

# Notes

# Notes

# Notes

A large, empty rectangular box with a thin black border, occupying most of the page below the 'Notes' header. It is intended for the user to write their notes.

# Notes

A large, empty rectangular box with a thin black border, intended for taking notes.



## **A little forethought, a great deal of benefit**

By planning ahead you can ensure peace of mind for you and your family.

# For Real Wellbeing Since 1840

T 1800 878 783

W [australianunity.com.au/wealth/protect-your-assets](https://australianunity.com.au/wealth/protect-your-assets)

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