



PERSONAL AFFAIRS CHECKLIST

Keep a concise record of your
personal affairs and papers

What is the Personal affairs checklist?

The Personal Affairs Checklist (PAC) is a document produced by Chartered Accountants Ireland to help you keep a concise record of your personal affairs and papers. Investing a little time now to complete the PAC could save your spouse, partner, relatives or friends a great deal of time and expense in the future.

Who is the PAC for?

The PAC is for everybody. It is organised in three sections:

Section A: gives information e.g. key advisers, location of your will etc., which might be needed quickly

Section B: covers your financial affairs: banks accounts, insurance policies, other assets

Section C: covers other general information e.g. employment record, membership of clubs, etc.

The form is designed to meet many needs - you need only fill in those parts that are relevant to you.

What do I do with the completed PAC?

The completed form will contain confidential information which should not be left lying around. We recommend that either:

- you keep the form somewhere safe, maybe in your bank or with your accountant or solicitor; or
- you give the form to someone you trust to hold (in a safe place) for you.

What's the difference between the PAC and my Will?

The PAC is not a Will and should not contain instructions about what should be done with your money or possessions. It is a record of where your key personal records, assets and papers can be located.

Name

Address

Date completed

PAC to be held at



Chartered
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SECTION A

My advisers are:

Accountant

Name _____

Address _____

Phone: _____

Doctor

Name _____

Address _____

Phone: _____

Solicitor

Name _____

Address _____

Phone: _____

Priest/Clergyman

Name _____

Address _____

Phone: _____

Undertaker

Name _____

Address _____

Phone: _____

Other Advisers

Name _____

Address _____

Phone: _____

Other Advisers

Name _____

Address _____

Phone: _____

Other Advisers

Name _____

Address _____

Phone: _____

In the event of my death or incapacity due to sudden illness please contact:

Name _____

Address _____

Relationship _____

Phone: _____

Name _____

Address _____

Relationship _____

Phone: _____

My Will

The original of my Will is with/placed in

The Will is dated

The Will is drawn up by

Address

The Executors are

Grave Plot

Title Deeds may be found

Grave plot reference number

Funeral Arrangements (Note outlining preferences may be found)

'Living Will' declaration to family and doctors may be found

Power of Attorney for me is held by

Medical Research Bequests/Donor Card may be found (eyes, kidneys, etc.)

My wishes regarding care of pets may be found

My deed/safe box may be found

The key may be found

Key Number

The access codes to my computer are to be found in an envelope, cross-signed by me, which is held at

SECTION B

Account(s) - (Banks, Building Society, Post Office, Credit Union, etc.)

I have (number) accounts

These accounts are held at the institution(s) indicated below

Accounts are kept at:

Name of Institution	_____	Name of Institution	_____
Address	_____	Address	_____
	_____		_____
Phone:	_____	Phone:	_____
Account No	_____	Account No.	_____

Name of Institution	_____	Name of Institution	_____
Address	_____	Address	_____
	_____		_____
Phone:	_____	Phone:	_____
Account No	_____	Account No.	_____

Investments (e.g. shares, unit-trusts, premium bonds, national savings certificates, etc.)

Type	_____	May be found	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

Credit Cards

Type of Card	_____	Credit Card No.	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

Main Residence

Address _____
Join Owner (Name & Address) _____

Phone: _____
Location of Deeds _____
Mortgage Lender (Name & Address) _____

Account Number _____

Other Properties

Address _____
Join Owner (Name & Address) _____

Phone: _____
Location of Deeds _____
Mortgage Lender (Name & Address) _____

Account Number _____

Assurance/Insurance Policies e.g. Life, Car, Home, Health

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

Policy Type _____
Policy Number _____
Name & Address of Insurance Company _____

Phone _____
May be Found _____

SECTION C

My Birth/Marriage Certificates may be found

Other documents relating to marriage may be found

Details of employment

Company Name

Address

Employment Reference

Phone

Please contact

I am/am not a member of a company pension scheme

National Insurance or PPS number

Company Name

Address

Employment Reference

Phone

Please contact

I am/am not a member of a company pension scheme

National Insurance or PPS number

Directorships

Company Names

Taxation

The tax office which deals with my affairs is:

Address

Phone

My Tax Reference number

Tax Advisers (if any)



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