

# ARCO / CAOGA

## PERSONAL AFFAIRS

## CHECKLIST

**Name** (and Service Number if applicable)

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**Blood Group** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Date Completed** \_\_\_\_\_

**Dates Reviewed** 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PAC to be held at** \_\_\_\_\_

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# SECTION 'A'

*My advisers are:*

**Doctor**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Solicitor**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Accountant**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Priest/Clergyman/Religious Adviser**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Undertaker**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Financial Adviser**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Other Adviser**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

**Other Adviser**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

e-mail \_\_\_\_\_

## IN THE EVENT OF MY DEATH OR INCAPACITY DUE TO SUDDEN ILLNESS PLEASE CONTACT

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Tel \_\_\_\_\_ Tel \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

My passport may be found \_\_\_\_\_

## MY WILL (A Will should be rewritten upon marriage or other significant life event)

The original of my Will is with/placed in \_\_\_\_\_

The Will is dated \_\_\_\_\_

The Will was drawn up by \_\_\_\_\_

Address \_\_\_\_\_

The Executor(s) is/are \_\_\_\_\_

## GRAVE PLOT

Title Deeds may be found \_\_\_\_\_

Graveyard Address \_\_\_\_\_

Grave Plot reference number \_\_\_\_\_

## FUNERAL ARRANGEMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further details may be found \_\_\_\_\_

‘Living Will’ declaration to family and doctors may be found \_\_\_\_\_

Medical Research Bequests \_\_\_\_\_

Location of Donor Cards (e.g. eyes, kidneys) \_\_\_\_\_

My wishes regarding the care of pets may be found \_\_\_\_\_

My deed/safe box may be found \_\_\_\_\_

The key may be found \_\_\_\_\_ Key Number \_\_\_\_\_

## SECTION 'B'

### Accounts (BANK, BUILDING SOCIETY, POST OFFICE, CREDIT UNION, ETC)

*I have (number) accounts which are held at the institutions indicated below:*

Name of Institution _____	Name of Institution _____
Address _____	Address _____
Tel _____	Tel _____
Account Type _____	Account Type _____
Account No/IBAN _____	Account No/IBAN _____
Sort Code/BIC _____	Sort Code/BIC _____

Name of Institution _____	Name of Institution _____
Address _____	Address _____
Tel _____	Tel _____
Account Type _____	Account Type _____
Account No/IBAN _____	Account No/IBAN _____
Sort Code/BIC _____	Sort Code/BIC _____

### INVESTMENTS (SHARES, UNIT-TRUSTS, PRIZE BONDS, SAVING CERTIFICATES, ETC)

Type	May be Found

### CREDIT CARDS

Type of Card	Institution	Credit Card Number	Expiry Date

## MAIN RESIDENCE

Address	Joint Owner (Name & Address)	Telephone Number	Location of Deeds	Mortgage Lender Name & Address	Account Number

## OTHER PROPERTIES

Address	Joint Owner (Name & Address)	Telephone Number	Location of Deeds	Mortgage Lender (Name & Address)	Account Number

## ASSURANCE/INSURANCE POLICIES/PERSONAL PENSION PLANS (e.g. Life, Car, Home & Contents, Health, Pension)

[illegible]

# SECTION 'C'

## CERTIFICATES

My Birth/Marriage Certificates may be found \_\_\_\_\_

\_\_\_\_\_

Other documents relation to marriage may be found \_\_\_\_\_

\_\_\_\_\_

## MEDICAL DOCUMENTS INFORMATION

### Health Insurance Information

Name of Company \_\_\_\_\_

Membership Number \_\_\_\_\_

Spouse Membership Number \_\_\_\_\_

### Medical Card

Personal Medical Card Number \_\_\_\_\_

Spouses Medical Card Number \_\_\_\_\_

### Health Service Executive (HSE) Drugs Payment Scheme

Personal HSE DPS Number \_\_\_\_\_

Spouses HSE DPS Number \_\_\_\_\_

### European Health Insurance (EHI) Card

Personal EHI Card Number \_\_\_\_\_

Spouses EHI Card Number \_\_\_\_\_

**DETAILS RELATED TO MILITARY SERVICE**

Rank \_\_\_\_\_

Unit / Corps \_\_\_\_\_

Military Service Number \_\_\_\_\_

Service Pension Number \_\_\_\_\_

Relevant details on pre-retirement service to include appointments and locations in which the officer served. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & contact details for preferred personal interlocutor on military related matters.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST SERVICE EMPLOYMENT**

Employer/Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer’s Registered Number \_\_\_\_\_

Works Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please Contact \_\_\_\_\_

Pension Scheme Details \_\_\_\_\_

**DIRECTORSHIPS**

Company Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PENSION INCOME

Pension Provider \_\_\_\_\_

Address \_\_\_\_\_

Pension Provider's Registered Number \_\_\_\_\_

Pension Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please Contact \_\_\_\_\_

## TAXATION

The Tax Office which deals with my affairs is \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

The Social Welfare Office which deals with my affairs is \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

My Personal Public Service (PPS) Number (RSI No) is \_\_\_\_\_

Spouses' Personal Public Service (PPS) Number is \_\_\_\_\_

## OTHER ASSETS (Antiques, Jewellery, Boat, Caravan, etc.)

Details may be found \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PROFESSIONAL BODIES, ASSOCIATIONS, CLUBs AND SOCIETIES

Association _____ Address _____ _____ Contact _____	Association _____ Address _____ _____ Contact _____
Association _____ Address _____ _____ Contact _____	Association _____ Address _____ _____ Contact _____

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## NOTES

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