



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
Accountants
Ireland

SECTION A

My advisers are:

Accountant

Name Williams Merrigan
Address 22 Clanwilliam Square
Grand Canal Quay
Dublin 2
Phone: 01 676 5800

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)



**Chartered
Accountants
Ireland**

Dublin Office

Chartered Accountants House, 47-49 Pearse Street, Dublin 2
Tel +353 1 637 7200 Fax +353 1 668 0842
Email ca@charteredaccountants.ie

Belfast Office

The Linenhall, 32-38 Linenhall Street, Belfast, BT2 8BG
Tel 048 9043 5840 Fax +44 28 9023 0071
Email ca@charteredaccountants.ie

www.charteredaccountants.ie