



# 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

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Chartered  
Accountants  
Ireland

# 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

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Other documents relating to marriage may be found

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## Details of employment

Company Name

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Address

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Employment Reference

Phone

Please contact

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

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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

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## Directorships

Company Names

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## Taxation

**The tax office which deals with my affairs is:**

Address

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Phone

My Tax Reference number

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**Tax Advisers** (if any)

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