

# MY 'ICE' DOCUMENT

*...in case of emergency -  
everything my loved ones need to know*



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**investmentzone**  
AN INVESTMENT IN YOUR FUTURE

## My 'In Case of Emergency' instructions

If you passed away unexpectedly or an emergency separated you from your family, would they have the information they needed to keep the household running and life in motion? Or the information to be able to close accounts and services?

Until we've been through a true emergency, we don't know what it takes to make everything run smoothly. We don't know about all those things that Insurance or Will doesn't spell out. Like how to pay the Netflix account. Or what is your email password? Or how to cancel your cleaner. Or who your pet insurance is with.... These problems, unfortunately, happen all the time. We can hope and cross our fingers that it never happens to you. But if it did, what would it look like?

This 'In Case of Emergency' (ICE) document puts the information they need at their fingertips. The idea behind this document is to have a single location where you or a loved one can find important information about you and your household. This document, also known as a legacy or 'in case of death' document, will guide your family through all those things we hope never happen.

## Security & Instructions for Use

There is a lot of sections to fill out and a lot of information to gather. Don't feel overwhelmed, take your time completing it – perhaps start with one page or section a day. Remember to keep it up to date.

This is a printable and fillable PDF file, which means you can complete it electronically or handwrite your instructions.

As the creator, we take no responsibility for the security of this document. Due to the confidential nature of its contents, it must be kept in a highly secure location, known only to the Power of Attorney/Executor you have nominated and/or someone highly responsible and someone you trust completely. We suggest you print a copy and keep it in a locked safe. Alternatively, you could save it on an external storage device, password manager, or even investigate a 'Dead Man's Switch' service.

In some sections, we have included an optional area for passwords. You may or may not choose to include these. Use your discretion. It will still be helpful to include the provider and your username.

Finally, remember this does not replace your Last Will and Testament.

*Note for Executors/Family members: Once you have received a Death Certificate, visit the Australian Death Notification Service <https://deathnotification.gov.au> With one online notification, this service can notify the State Government, and many providers and utility companies, banks and super funds of a person's death.*

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## Personal information

	Person 1	Person 2	Person 3	Person 4	Person 5
Full name					
Previous names					
Date of birth					
Residential address					
Postal address (if different)					
Mobile number					
Home number					
Email address					
Employer name					
Job Title					
Employer address					
Employer contact number:					

## Legal information

<p>My/Our legal practitioner is:</p> <p>Organisation: Contact Person: Phone number: Email: Address:</p>	
<p>The Executor of my/our Last Will &amp; Testament is:</p> <p>Name: Phone number: Email: Address:</p>	
<p>If different from above, a copy of my/our <u>Last Will &amp; Testament</u> is kept:</p> <p>Organisation: Contact Person: Phone number: Email: Address:</p>	
<p>If different from above, copy of my/our <u>Enduring Power of Attorney &amp; Guardianship</u> is kept:</p> <p>Organisation: Contact Person: Phone number: Email: Address:</p>	
<p>A copy of my/our <u>Advanced Health Directive (AHD)</u> is kept:</p> <p>Organisation: Contact Person: Phone number: Email: Address:</p> <p>Name of GP/Specialist who signed the AHD: Surgery/Practice: Phone number: Address:</p>	
<p>My/Our preferred Funeral Directors:</p> <p>Organisation: Address: Website:</p>	

<b>Identification information</b>					
	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
<b>Driver's Licence</b> Name on licence: Card number: Licence number: Expiry date: State issued:					
<b>Passport</b> Name on passport: Country of issue: Passport number: Expiry date:					
<b>Other ID cards</b>					

<b>Third Party Providers</b>	
<b>My/Our Financial Adviser is:</b> Organisation: Investment Zone Contact Person: Brad Macaulay/Amber Simpson Phone number: 07 3396 8518 Email: <a href="mailto:admin@investmentzone.com.au">admin@investmentzone.com.au</a> Address: 1/184 Bay Terrace, Wynnum, QLD, 4178	
<b>My/Our Accountant is:</b> Organisation: Contact Person: Phone number: Email: Address:	
<b>My/Our Mortgage Broker is:</b> Organisation: Contact Person: Phone number: Email: Address:	
<b>My/Our Stockbroker is:</b> Organisation: Contact Person: Phone number: Email: Address:	
<b>Other (please specify)</b> Organisation: Contact Person: Phone number: Email: Address:	

## Financial information

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Tax File Number:</b>					
<b>Bank Account 1</b> Bank/Provider name: Name/s on account: Member number: BSB: Account number:					
<b>Bank Account 2</b> Bank/Provider name: Name/s on account: Member number: BSB: Account number:					
<b>Credit/Debit Card 1</b> Bank/Provider name: Name/s on account: Member number: BSB: Account number:					
<b>Credit/Debit Card 2</b> Bank/Provider name: Name/s on account: Member number: BSB: Account number:					
<b>Lender 1</b> Bank/Provider name: Name/s on account: Member number: BSB: Account number:					
<b>Lender 2</b> Bank/Provider name: Name/s on account: Member number: BSB: Account number:					
<b>PayPal Account</b> PayPal address:					
<b>Super Fund 1</b> Super Fund name: Account name: Member number:					

<b>Super Fund 2</b> Super Fund name: Account name: Member number:					
<b>Shares/Dividends</b> Company Name: CHESS: HIN: Number of shares:					
<b>MyGov details</b>  Username:					
<b>Other 1</b> Provider name: Account name: Member number: Account number:					
<b>Other 2</b> Provider name: Account name: Member number: Account number:					
<b>Other 3</b> Provider name: Account name: Member number: Account number:					
<b>Other 4</b> Provider name: Account name: Member number: Account number:					
<b>Other 5</b> Provider name: Account name: Member number: Account number:					

## Health & Medical information

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Medicare details</b> Card number: Name on card: Number on card: Expiry date:					
<b>Private Health Insurance</b> Provider name: Name/s on account: Member number: Level of cover: Account number:					
<b>Regular Doctor/GP</b> Doctor name: Practice name: Practice phone: Practice address:					
<b>Dentist</b> Dentist name: Dentist practice: Dentist phone: Dentist address:					
<b>Other Health Specialist 1</b> Specialist type: Specialist Doctor name: Specialist phone: Specialist address:					
<b>Other Health Specialist 2</b> Specialist type: Specialist Doctor name: Specialist phone: Specialist address:					
<b>Other Health Specialist 3</b> Specialist type: Specialist Doctor name: Specialist phone: Specialist address:					
<b>Allergies</b> Allergy 1 Allergy 2 Allergy 3					
<b>Health Issues</b> Condition 1 Condition 2 Condition 3					



<b>Regular medications:</b> Medication 1 Medication 2 Medication 3 Medication 4 Medication 5					
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<b>Children</b>					
	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Childcare details</b> Provider name: Provider address: Contact number: Day/s attended:					
<b>School details</b> School name: School address: Contact number:					
<b>Outside School Care</b> Provider name: Provider address: Contact number: Day/s attended:					
<b>Extracurricular activities</b> <b>Eg. sport, music, tutor</b> Provider name: Provider address: Contact number: Day/s attended:					
<b>Extracurricular activities</b> <b>Eg. sport, music, tutor</b> Provider name: Provider address: Contact number: Day/s attended:					
<b>Babysitter</b> Name: Contact number:					
<b>Favourite things</b> Eg. Food, friends, toys, books, stories, songs, lullabies, activities.					

## Property & Household

### Residence

Home Address:

Owned, Mortgage or Rent:

If owned, name(s) on title:

If mortgaged, Lender name:

If strata, body corporate name:

Contact name:

Email:

Phone:

If rented, Property agent:

Contact name:

Phone:

Email:

### Utilities - Water

Provider:

Account number:

Name on Account:

Phone number:

### Utilities – Gas

Provider:

Account number:

Name on Account:

Phone number:

### Utilities – Electricity

Provider:

Account number:

Name on Account:

Phone number:

### Home & Contents insurance

Provider:

Account number:

Name on Account:

Phone number:

### PO Box

Post Office:

PO Box number:

Contact number of Post Office:

<p><b>Regular Household Services</b></p> <p>Cleaning provider: Phone number:</p> <p>Lawns/Gardening provider: Phone number:</p> <p>Pool services provider: Phone number:</p> <p>Other household service: Phone number:</p> <p>Other household service: Phone number:</p>	
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<b>Vehicles</b>					
	Person 1	Person 2	Person 3	Person 4	Person 5
<p><b>Car</b></p> <p>Make: Model: Model year: VIN: Registration #: Registration Due: Registered Owner: Loan/Lease with: Insurer: Policy #: Other details:</p>					
<p><b>Other vehicle 1</b> Eg. Other car, boat, trailer, truck, etc</p> <p>Type: Registered owner: Make: Model: Year: VIN: Registration #: Registration Due: Loan/Lease with: Insurer: Policy #: Stored: Other details:</p>					

<p><b>Other vehicle 2</b> Eg. Other car, boat, trailer, truck, etc</p> <p>Type: Registered owner: Make: Model: Year: VIN: Registration #: Registration Due: Loan/Lease with: Insurer: Policy #: Stored: Other details:</p>					
<p><b>Automobile/Vehicle Club Membership</b> Eg. RACQ</p> <p>Name of club: Website: Membership number:</p>					
<p><b>Road Toll Tag</b></p> <p>Provider: Phone number: Account number:</p>					

<b>Pets</b>					
	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
<p>Name of Pet: Age: Breed: Name of Vet: Vet address: Vet Contact number: Council Registration: Pet Insurance provider: Pet Insurance Phone Number: Pet Insurance Policy #: Pets to be looked after by:</p>					

## IT & Mobile phone

<p><b>Household Internet provider</b></p> <p>Provider name:</p> <p>Website:</p> <p>User/Account name:</p> <p>Password:</p>					
	Person 1	Person 2	Person 3	Person 4	Person 5
<p><b>Apple ID</b></p> <p>Apple ID:</p> <p>Password:</p>					
<p><b>Google ID</b></p> <p>Google Account username:</p> <p>Password:</p>					
<p><b>Computer/Tablet/Laptop 1</b></p> <p>Type:</p> <p>Make:</p> <p>Model:</p> <p>Year purchased:</p> <p>Password:</p>					
<p><b>Computer/Tablet/Laptop 2</b></p> <p>Type:</p> <p>Make:</p> <p>Model:</p> <p>Year purchased:</p> <p>Password:</p>					
<p><b>Mobile phone</b></p> <p>Make:</p> <p>Model:</p> <p>Year purchased:</p> <p>Passcode:</p> <p>Prepaid or Plan Provider:</p>					
<p><b>Personal Email Account 1</b></p> <p>Eg. Gmail, Live, Hotmail</p> <p>Host/Provider:</p> <p>Email address:</p> <p>Password:</p>					
<p><b>Personal Email Account 2</b></p> <p>Eg. Gmail, Live, Hotmail</p> <p>Host/Provider:</p> <p>Email address:</p> <p>Password:</p>					

## Social Media information

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Facebook</b>  Profile/username:  Password:  Memorial instructions:  Have you ticked 'delete after death' or Memorial Page options in your account settings?					
<b>Instagram</b>  Profile/username:  Password:  Memorial instructions:					
<b>TikTok</b>  Profile/Username:  Password:  Memorial instructions:					
<b>Twitter</b>  Profile/Username:  Password:  Memorial instructions:					
<b>Reddit</b>  Profile/Username:  Password:  Memorial instructions:					
<b>Snapchat</b>  Profile/Username:  Password:  Memorial instructions:					
<b>LinkedIn</b>  Profile/Username:  Password:					
<b>Other</b>  Profile/Username:  Password:					
<b>Other</b>  Profile/Username:  Password:					

## Entertainment & Media Subscription Services

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>TV/Film Streaming Service 1</b> Eg. Netflix, Foxtel, Amazon prime, Stan, Binge, Paramount, Disney, Kayo, Other  Provider: Profile/Username: Password:					
<b>TV/Film Streaming Service 2</b>  Provider: Profile/Username: Password:					
<b>TV/Film Streaming Service 3</b>  Provider: Profile/Username: Password:					
<b>TV/Film Streaming Service 4</b>  Provider: Profile/Username: Password:					
<b>TV/Film Streaming Service 5</b>  Provider: Profile/Username: Password:					
<b>TV/Film Streaming Service 6</b>  Provider: Profile/Username: Password:					
<b>Music Streaming Service</b> Eg. Spotify, Apple, Amazon Music  Provider: Profile/Username: Password:					
<b>Book Subscription Service 1</b> Eg. Audible  Provider: Profile/Username: Password:					

<p><b>Other Media Subscription Service</b></p> <p>Eg. AFR, SMH, Courier Mail, MPlus, other news/ opinion sites</p> <p>Media name:</p> <p>Profile/Username:</p> <p>Password:</p>					
<p><b>Gaming Subscription Service 1</b></p> <p>Eg. Xbox, Nintendo, etc</p> <p>Gaming provider:</p> <p>Profile/Username:</p> <p>Password:</p>					
<p><b>Gaming Subscription Service 2</b></p> <p>Eg. Xbox, Nintendo, etc</p> <p>Gaming provider:</p> <p>Profile/Username:</p> <p>Password:</p>					
<p><b>Betting Subscription Service 1</b></p> <p>Eg. Sportsbet, TAB etc</p> <p>Provider:</p> <p>Profile/Username:</p> <p>Password:</p>					
<p><b>Betting Subscription Service 2</b></p> <p>Eg. Sportsbet, TAB etc</p> <p>Provider:</p> <p>Profile/Username:</p> <p>Password:</p>					



## Personal Memberships, Professional Memberships, Education, Charity Donations

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Gym/Fitness</b>  Name of provider:  Contact number:  Membership number:					
<b>Other Club Memberships</b>  Name of provider:  Contact number:  Membership number:					
<b>Charity/Donation Org 1</b>  Eg World Vision, Amnesty International etc  Name of provider:  Contact number:  Supporter number:					
<b>Charity/Donation Org 2</b>  Name of provider:  Contact number:  Supporter number:					
<b>Church</b>  Name:  Contact number:  Contact number:					
<b>Education institute 1</b>  Name:  Contact number:  Student number:					
<b>Education institute 2</b>  Name:  Contact number:  Student number:					
<b>Professional institute 1</b>  Name:  Contact number:  Membership #:					

<b>Professional institute 2</b>  Name:  Contact number:  Membership #:					
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<b>Any other Memberships, Accounts, Policies, Cards.</b>					
	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
<b>Other 1</b>  Provider Name:  Contact number:  Reference number:					
<b>Other 2</b>  Provider Name:  Contact number:  Reference number:					
<b>Other 3</b>  Provider Name:  Contact number:  Reference number:					
<b>Other 4</b>  Provider Name:  Contact number:  Reference number:					
<b>Other 5</b>  Provider Name:  Contact number:  Reference number:					





Any other notes or instructions:

Completed by: \_\_\_\_\_

Date completed:                    /                    /

If you have any questions, please call us on 07 3396 8518 or email [admin@investmentzone.com.au](mailto:admin@investmentzone.com.au)

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