**My ICE Document**

In Case of Emergency



Dear Friend,

 **As the creator of this document, I take no responsibility for your online security.**

The completed ICE Doc must be kept in a highly secure location, known only to the Power of Attorney / Executor you have nominated. This person must be highly responsible and someone that you trust completely.

For my own security, I print my copy off and complete confidential details by hand for storage with my Wills and End of Life Documents in a locked Safe. I keep the original templates and copies on an external storage device with my ICE Doc, so I can update information from time to time, carefully shredding out of date copies.

NOTE: There is no space for naming guardians of young children because that will be specified in your Will.

I hope you find this template helpful AND that it won’t need to be used for many years to come.

Kindest Regards,

Michelle

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with invaluable assistance from Kristina Manson

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| **My ICE Document**In Case of Emergency |
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|  |
| Personal Information |
| Full Name |  |
| Date of Birth |  |
| Residential Address |   |
| Postal Address *(if different than above)* |  |
| Phone Numbers | Mobile:Home:Business:Email Address: |
| Mobile Phone Details | Mobile Password:Internet Provider:Contract/Plan: Direct Debit/Payment Date: Bank Acc:  |
| Employment Details | Name of Organisation:Job Title:Address:Phone No: |
| Personal Alarm Device Details | Provider:Provider’s Address:Provider’s Phone No:Device Mobile No: |
| Driver’s Licence | Name on Licence:Licence No:Expiry Date:Organ Donor:Details: |
| Passport  | Name on Passport:Passport No:Expiry Date: |
| Legal Information |
| Power of Attorney  | Name:Address:Phone No: |
| Superannuation Fund**Name of your 100% Binding Non-Lapsing Beneficiary:**NOTE: failure to nominate your beneficiary may lead to financial loss. Check with your Fund!! | Name of Beneficiary: Fund Name:Address & Phone No:Member No:  |
| Solicitor | Name:Address:Phone No: |
| Will  | Name:Location:Last updated: |
| Advance Care Directive /Seven Step Pathway Documents | Location:Last updated: |
| Accountant  | Name:Address:Phone No: |
| Financial Advisor | Name:Address:Phone No: |
| Taxation Details | Name:Tax File No:Last lodged:  |
| Banks / Financial Institutions |
| Names of Bank / Financial Institutions1. | Name(s) on Account:Member No:BSB: Account No:Credit / Debit Card Details:  |
| 2. | Name(s) on Account:Member No:BSB: Account No:Credit / Debit Card Details:  |
| Health Information |
| Medicare Details | Name on Card:No on Card:Expiry Date: |
| Private Health Insurance  | Company Name & website:Level of Cover: Phone No:Member No:Direct Debit /Payment Date: Bank Acc: |
| Ambulance Cover (If not covered by Health Insurance.NOTE: you may need separated cover for hospital-to-hospital travel) | Name:Address & Phone No: Member No:Expiry Date:Direct Debit /Payment Date: Bank Acc: |
| Doctor  | Surgery’s Name:Doctor’s Name:Address & Phone No: |
| Dentist | Surgery’s Name:Dentist’s Name:Address & Phone No: |
| List of Ongoing Health Issues1.2.3.4.  | List of Regular Medications1.2.3.4. |
| Other Health Specialists1. Optician2.3.4. | Contact websites & phone details:1.2.3.4. |
| My Gov Account*(Medicare, Health & Taxation Records)* | Website:Username:Password:Answers to Online Security Questions:1. 2.

 3. 4.  |
| Computers & IT Devices |
| Household Internet Provider | Provider:Plan: Username: Password:Direct Debit / Payment Dates: Bank Acc:  |
| Computers / Laptops / iPads1. | Type:Model: Password: |
| 2. | Type:Model: Password: |
| Social Media  |
| Facebook  | Username: Password: Memorial Instructions:Have you ticked the ‘Delete after Death’ or Memorial Page options in your account settings? |
| Apple ID | Username:Password:Direct Debit /Payment Date: Bank Acc:Digital Legacy Contact?  |
| Google ID | Username:Password:  |
| Spotify | Username:Password:Direct Debit /Payment Date: Bank Acc: |
| Audible | Username:Password:Direct Debit / Payment Date: Bank Acc:  |
| Netflix | Username:Password:Direct Debit / Payment Date: Bank Acc: |
| Binge | Username:Password:Payment Date: Bank Acc: |
| Stan  | Username:Password:Payment Date: Bank Acc: |
| Property |
| Residential PropertyOwner Occupied? / Rental? | Name(s) on Title:Address:Name of Property Agent (if renting):Company Name:Address:Phone No: |
| 1. a) Water | Name(s) on Account:Address:Phone No:  |
| 1. b) Electricity | Name(s) on Account:Address:Phone No: |
| 1. c) Gas  | Name(s) on Account:Address:Phone No: |
| 1. d) Emergency Services Levy | Name(s):Address:Phone No: |
| 1. e) House and Contents Insurance | Company Name: Address & Ph:Direct Debit / Payment Due Date: Bank Acc: |
| 2. Investment Property | Name(s) on Title:Address:Name of Property Agent:Company Name: Address:Phone No: |
| 2. a) Water | Name(s) on Account:Address & Ph:Direct Debit / Payment Due Date: Bank Acc:  |
| 2. b) Electricity | Name(s) on Account:Address & Ph:Direct Debit / Payment Due Date: Bank Acc: |
| 2. c) Gas  | Name(s) on Account:Address & Ph:Direct Debit / Payment Due Date: Bank Acc: |
| 2. d) Emergency Services Levy | Name (s) on Account:Address & Ph:Direct Debit / Payment Due Date: Bank Acc: |
| 2. e) House and Contents Insurance | Company Name: Address & Ph:Direct Debit / Payment Due Date: Bank Acc: |
| Shares / Dividends  |
| 1.  | Company Name:CHESS:No of Shares: HIN No: Dates Dividends Paid:Nominated Bank Account:  |
| 2. | Company Name:CHESS:No of Shares: HIN No: Dates Dividends Paid:Nominated Bank Account:  |
| Vehicles  |
| Car 1 | Make:Year: & Model:Registered Owner: |
| EZY Reg | Name on Registration: Registration No:Car Number Plate:Direct Debit / Payment Due Date: Bank Acc: |
| Car 2 | Make:Year: & Model:Registered Owner: |
| EZY Reg | Name on Registration: Registration No:Car Number Plate:Direct Debit / Payment Due Date: Bank Acc: |
| Car Insurance | Company Name:Address & Ph:Member No:Direct Debit / Payment Due: Bank Acc:  |
| Mechanic  | Mechanic’s Name:Mechanic’s Address:Phone No: |
| Miscellaneous Subscriptions / Memberships |
| 1. | Name:Address:Phone No:Direct Debit / Payment Due: Bank Acc:  |
| 2. | Name:Address:Phone No:Direct Debit / Payment Due: Bank Acc:  |
| Donations |
| 1. ……………………………………………………………………. | Name of Institution:Address:Phone No:Account No:Direct Debit / Payment Due: Bank Acc: |
| 2. ……………………………………………………………………. | Name of Institution:Address:Phone No:Account No:Direct Debit / Payment Due: Bank Acc:  |
| 3. ……………………………………………………………………. | Name of Institution:Address:Phone No:Account No:Direct Debit / Payment Due: Bank Acc: |
| 4. | Name of Institution:Address:Phone No:Account No:Direct Debit / Payment Due: Bank Acc: |
| Pets |
| 1. Pet(s) to be looked after by:…………………………………………………………………….……………………………………………………………………. | Name(s) of pet(s):Age:Breed:Vet Registration:Vet Name:Vet Address:Vet Phone No:Vet Insurance Provider:Vet Insurance Address:Vet Insurance Ph No:Other: |
|  |  |
| Funeral Plan |
| Funeral Funds? | Total Amount:Name of Financial Institution:Address & Phone No: |
| Venues |  |
| Coffin |  |
| Flowers |  |
| Songs |  |
| Eulogy  | Information to include: (separate Documents attached?)What gave me meaning and purpose?Who I loved and who loved me?Timeline? |
| Prayers of the Faithful? |  |
| Photos | Location:  |
| Booklets / Photo Cards | Photo on cover:Information inside booklet:  |
| Friends Contact Details | Location of Address Book:(Suggest Hard Copy stored with this file)  |
| Bequests other than specified in Will / Directives | 1:2.3.4.5.6. |
| Any Additional Information |
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