**My ICE Document**

In Case of Emergency

A picture containing icon

Description automatically generated

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on an external storage device with my ICE Doc, so I can update information from time to time, carefully shredding out of date copies.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

Created by Michelle Porter

with invaluable assistance from Kristina Manson

michellep@live.com.au

Last Updated – Monday, 22 May 2023

| **My ICE Document**  In Case of Emergency | |
| --- | --- |
|  | |
| 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 Institutions  1. | 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 Issues  1.  2.  3.  4. | List of Regular Medications  1.  2.  3.  4. |
| Other Health Specialists  1. Optician  2.  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 / iPads  1. | 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 Property  Owner 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 | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |