



Important Information for Retired Officers

How to use this form:

This form is designed to record essential information and the location of necessary documents in the event of incapacity or death. Your next of kin should either hold this form or be advised of its location. Should the information recorded on this form change, a new form must be completed and the obsolete form destroyed.

1 Personal information

Surname

Given name/s

Previous name (if applicable)

Date of birth

Place of birth

State

Country

Current address

State

Postcode

Telephone number

2 Spouse/Partner information

Surname

Given name/s

Previous name (if applicable)

Date of birth

Place of birth

State

Country

Current address (if same as section 1, write 'As Above')

State

Postcode

Telephone number

3 Emergency contact information

Employer name

Telephone number

Other contact 1:

Name

Address

Telephone number

3 Emergency contact information - continued

Other contact 2:

Name

Address

Telephone number

Other contact 3:

Name

Address

Telephone number

Other contact 4:

Name

Address

Telephone number

4 Organ donation information

Have you opted to donate any organ/s after your death?

No ☐ Go to section 5

Yes ☐ Provide the name of the document (eg Driver's Licence) below

Which organ/s do you plan to donate to be used for transplantation?

☐ Tick here if **any** part of your body may be used for the treatment of others. Else, specify each individual organ/s below.

☐ Kidneys

☐ Heart

☐ Liver

☐ Pancreas

☐ Eyes

☐ Other/s - please specify below

5 Taxation Returns

Tax file number

Location

Contact name

Address

State

Postcode

Telephone number

6 Last Will and Testament

Date of Last Will

Location

Contact name

Address

State

Postcode

Telephone number

7 Medical Information

Medicare number

Other Funds (if applicable)

Reference number

Address

Telephone number

Other Funds (if applicable)

Reference number

Address

Telephone number

Other Funds (if applicable)

Reference number

Address

Telephone number

8 Life/Personal illness/Other insurance

Policy 1 details

Company

Details

Policy number

Policy type

Policy location

Policy 2 details

Company

Details

Policy number

Policy type

Policy location

Policy 3 details

Company

Details

Policy number

Policy type

Policy location

Policy 4 details

Company

Details

Policy number

Policy type

Policy location

Policy 5 details

Company

Details

Policy number

Policy type

Policy location

Policy 6 details

Company

Details

Policy number

Policy type

Policy location

9 Assets

Property

Address

Title particulars

Title location

Shares

Company and details

Share numbers

Document location

Bank accounts and Credit Union etc

Bank, Credit Union etc

Branch

BSB

Account number

Other assets

Vehicle Registration

Location

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Detail any other assets below

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10 Liabilities

Amount borrowed

Lender

Assets as security

11 Other relevant information

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