

DAVY

# Personal Affairs Organiser



It's not just business. **It's personal.**



**Bringing  
order to your  
financial life**

**Your organiser encompasses key components of your personal financial life and more. It should be noted that this document is not a legal document and does not replace a Will. The Personal Affairs Organiser is intended to facilitate the management and discussion of your financial life in an effort to ensure that accurate and up-to-date information can be shared with your family when needed.**

This organiser assembles letters of instruction, personal information, key contacts and important documents in one place. Conducting this brief, but thorough process consists of the following four steps:

- 1** Complete the template forms provided, as applicable;
- 2** Follow the Letters of Instruction Guidelines;
- 3** Build your Personal Affairs Organiser using the tabs provided at the back;
- 4** Review this information periodically to ensure it remains up to date.

At Davy, we view your financial life holistically, taking into account your total financial picture. By working together to bring order to your financial life, we can simplify and protect what matters most.

**!** Complete all applicable sections and store in a safe and secure location or entrust with a close family member.

This document was last updated on \_\_\_\_\_ in relation to \_\_\_\_\_

**Warning: this document, once completed, will contain personal sensitive information and should be stored appropriately, such as within a safety deposit box. Each person, as the ultimate owner, is responsible for this completed document and its safekeeping.**

# Content Guide

Template forms are included within this organiser to support you in summarising your important personal and financial information. You will also find dividers at the back should you wish to take full advantage and build your own binder to store these essential documents and records.

## Personal and Important Information

- Contact information
- Family members and close affiliations
- Employment information
- Social and charitable affiliations
- Business affiliations
- Professional adviser list
- Important documents and items
- Digital life information

## Financial Summary and Statements

- Simplified financial statement
- Summary of assets
- Summary of insurance
- Summary of liabilities

## Legal and Estate Information

- Copies of wills, trust documents and location of these items
- Powers of Attorney/ Enduring Powers of Attorney
- Important documents such as birth, marriage, divorce, death certificates, etc.

## Letters of Instruction and Final Wishes

### Personal and Financial Plans

- Financial planning reports and relevant correspondence
- Copy of completed Financial Planning Discovery Document

### Pension Information

- Pension statements (all that apply)

- Employer retirement plan
- Defined Contribution (DC)
- Defined Benefit (DB)
- Personal Retirement Savings Account (PRSA)
- Personal Pension Plan (PPP)
- Executive Pension Plan (EPP) / Self - Administered Pension Schemes (SSAS)
- Personal Retirement Bond (PRB)
- Approved Retirement Fund (ARF)
- Retirement Annuity

### Property

- Property summary  
(see Summary of Assets page 47)
- Mortgage notes and deeds

### Liabilities

- Mortgage statements
- Statements for lines of credit
- Loan records (payable)

### Taxes

- Most recent income tax return
- Any business tax returns
- Reports or relevant correspondence provided by your accountant or tax adviser

### Health and Medical

- Insurance policy summary and statements  
(see Summary of Insurance page 53)

### Government Benefits

- Benefit estimate or benefit amount statements

# Personal and Important Information





# Personal Information

## Contact Information

### Primary Individual

Legal name	Date of birth	Place of birth
Tax residence	Tax domicile	PPS number / Tax ID number
Primary address		
Home phone	Mobile phone	Work phone
Preferred email		

### Spouse / Significant Other

Legal name	Date of birth	Place of birth
Tax residence	Tax domicile	PPS number / Tax ID number
Primary address		
Home phone	Mobile phone	Work phone
Preferred email		

## Additional Information

This page can be used for any necessary additional information. For ease of use, consider referencing the appropriate section to which the additional information relates.

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# Personal Information

## Family Members and Close Affiliations

Children / Dependents		
Name	Date of birth	Contact number
Name	Date of birth	Contact number
Name	Date of birth	Contact number
Name	Date of birth	Contact number
Name	Date of birth	Contact number
Name	Date of birth	Contact number
Name	Date of birth	Contact number
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Name	Date of birth	Contact number
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# Personal Information

## Family members and close affiliations

### Grandchildren

Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth
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Name	Date of birth	Name	Date of birth
Name	Date of birth	Name	Date of birth



# Personal Information

## Family Member and Close Affiliations

### Other (extended family, friends, emergency contacts)

Name	Contact number	Relationship
Name	Contact number	Relationship
Name	Contact number	Relationship
Name	Contact number	Relationship
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Name	Contact number	Relationship
Name	Contact number	Relationship



# Personal Information

## Employment Information

<b>Current Employer</b> <input type="text"/>	
Address	
Telephone number	Location of benefits doc
Date of hire	Date of termination
Starting salary	Salary at termination

<b>Previous Employer</b> <input type="text"/>	
Address	
Telephone number	Location of benefits doc
Date of hire	Date of termination
Starting salary	Salary at termination

<b>Previous Employer</b> <input type="text"/>	
Address	
Telephone number	Location of benefits doc
Date of hire	Date of termination
Starting salary	Salary at termination

<b>Previous Employer</b> <input type="text"/>	
Address	
Telephone number	Location of benefits doc
Date of hire	Date of termination
Starting salary	Salary at termination

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# Personal Information

## Social and Charitable Affiliations

Membership of clubs and societies

<b>Association</b>	
Title	
Contact name	
Contact number	

<b>Association</b>	
Title	
Contact name	
Contact number	

<b>Association</b>	
Title	
Contact name	
Contact number	

<b>Association</b>	
Title	
Contact name	
Contact number	

Charitable affiliations

<b>Charity</b>	
Type	
Involvement	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Donor   _____	

<b>Charity</b>	
Type	
Involvement	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Donor   _____	

<b>Charity</b>	
Type	
Involvement	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Donor   _____	

<b>Charity</b>	
Type	
Involvement	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Donor   _____	

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# Personal Information

## Business Affiliations

Directorship

Company / Business		Company / Business	
Position		Position	
Shareholding		Shareholding	
Contact name		Contact name	
Contact number		Contact number	

Company / Business		Company / Business	
Position		Position	
Shareholding		Shareholding	
Contact name		Contact name	
Contact number		Contact number	

Company / Business		Company / Business	
Position		Position	
Shareholding		Shareholding	
Contact name		Contact name	
Contact number		Contact number	

Company / Business		Company / Business	
Position		Position	
Shareholding		Shareholding	
Contact name		Contact name	
Contact number		Contact number	



# Personal Information

## Professional Adviser List

Emergency Contact	Executor
Name	Name
Company name	Company name
Address	Address
Phone	Phone
Email	Email

Financial Adviser	Insurance Provider
Name	Name
Company name	Company name
Address	Address
Phone	Phone
Email	Email

Accountant	Solicitor
Name	Name
Company name	Company name
Address	Address
Phone	Phone
Email	Email

Trustee	Trustee (2)
Name	Name
Company name	Company name
Address	Address
Phone	Phone
Email	Email

Doctor	Other
Name	Name
Company name	Company name
Address	Address
Phone	Phone
Email	Email



# Important Documents and Items

Please indicate the location of the following items if applicable

Personal Documents	
Birth certificate(s)	Last updated:
Marriage certificate	Last updated:
Marriage agreements (pre-or post-nuptial)	Last updated:
Passport	Last updated:
Citizenship papers	Last updated:
PPS / tax documents	Last updated:
Advance health care directive	Last updated:
Health info (vaccinations, hospitalisations)	Last updated:
Divorce papers	Last updated:
Education records	Last updated:
Employment records	Last updated:
Military records	Last updated:
Funeral arrangements and burial information	Last updated:
Cemetery plot deed	Last updated:
Document appointing children's guardian	Last updated:
Pet registration and records	Last updated:
Other (e.g. adoption papers)	Last updated:

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# Important Documents and Items

Please indicate the location of the following items if applicable

## Legal Documents

Original will (self)	Last updated:
Original will (spouse / partner)	Last updated:
Special estate instructions - written	Last updated:
Special estate instructions - video	Last updated:
Trust documents	Last updated:
Enduring power of attorney / powers of attorney	Last updated:

## Business / Professional

Partnership / Plc documents	Last updated:
Corporate documents	Last updated:
Inventory of business assets (other section)	Last updated:
Buy / sell documents	Last updated:

## Tax Returns & Records

Income tax returns (most recent 3 years) clearance certificate	Last updated:
Records re: basis of property	Last updated:
Tax returns	Last updated:



# Important Documents and Items

Please indicate the location of the following items if applicable

Insurance Policies			
Health / Medical	Company	Policy	Last updated:
Life assurance - Individual	Company	Policy	Last updated:
Life assurance - Joint	Company	Policy	Last updated:
Life assurance - Group	Company	Policy	Last updated:
Life assurance / critical illness	Company	Policy	Last updated:
Life assurance / Section 72 Policy	Company	Policy	Last updated:
Property	Company	Policy	Last updated:
Disability	Company	Policy	Last updated:
Dental	Company	Policy	Last updated:
Motor	Company	Policy	Last updated:
Other	Company	Policy	Last updated:

Financial Papers	
Current accounts	Last updated:
Savings accounts	Last updated:
Certificates of deposit	Last updated:
State savings accounts	Last updated:
Credit card accounts	Last updated:
Mortgages / leases	Last updated:
Pension accounts	Last updated:
Investment accounts	Last updated:
Equity compensation (stock options, restricted stock agreements, etc)	Last updated:
Bond certificates	Last updated:
Stock certificates	Last updated:
Loan statements	Last updated:



# Important Documents and Items

Please indicate the location of the following items if applicable

## Property Papers

Vehicle titles	Last updated:
Original deeds to property	Last updated:
Boat ownership records	Last updated:
Copyrights and patents	Last updated:
Guarantees and warrants	Last updated:
Home improvement papers	Last updated:
Important receipts	Last updated:

## Other

Location of important passwords and pins (e.g., house alarm, online)	Last updated:
Loans payable	Last updated:
Loans receivable	Last updated:
Jewellery / coveted belongings	Last updated:
Other	Last updated:
Other	Last updated:
Other	Last updated:
Other	Last updated:
Other	Last updated:
Other	Last updated:
Other	Last updated:

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## Important Documents and Items

### Debit/Credit Card Inventory

Issuer	Card number	Expiration	Telephone	Credit limit
Issuer	Card number	Expiration	Telephone	Credit limit
Issuer	Card number	Expiration	Telephone	Credit limit
Issuer	Card number	Expiration	Telephone	Credit limit
Issuer	Card number	Expiration	Telephone	Credit limit
Issuer	Card number	Expiration	Telephone	Credit limit

### Home Contents Inventory

Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
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Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date
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Room / area	Total cost	Replacement cost	As of date
Room / area	Total cost	Replacement cost	As of date

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# Important Documents and Items

## Safe Deposit Box Inventory

Location			
Location of keys (include combination, if necessary)			
Contents	Date deposited	Date removed	Notes



# Digital Life Information

Device	Password
Desktop	
Laptop	
Tablet	
Mobile phone	

Online Account	Username	Password
Password manager online details		
Email		
Facebook		
LinkedIn		
Twitter		
Instagram		



# Financial Summary and Statements





# Simplified Financial Statement

Annual Income	
Earned (e.g., before-tax salary, bonus)	€
Unearned (e.g., rental or investment income)	€
Estimated Tax Payable	€
<b>Total Net Income</b>	€
Lifestyle expenses - after-tax requirement (total estimate of annual spend)	€
Assets	
Cash in hand (e.g., accessible cash deposits, Credit Union)	€
Guaranteed investments (e.g., An Post, trackers, gilts)	€
Equity-based investments (e.g., equity in portfolios, unit funds)	€
Cash value savings policies (e.g., fixed deposits and unit-linked policies)	€
<b>Total Liquid Assets</b>	€
Pension assets (e.g., company schemes, AVCs, PRSAs, retirement bonds)	€
Investment properties (e.g., generate rental income)	€
Business asset values (e.g., business(es) you own in full or partial)	€
Other investable assets (e.g., fine art, bloodstock)	€
<b>Total Illiquid Assets</b>	€
Personal residences (e.g., primary home, holiday home)	€
Other personal assets (e.g., family heirlooms, collectibles)	€
<b>Total Non-Investable Assets</b>	€
Liabilities	
Personal short-term debt (e.g., overdrafts, credit cards, car loans)	€
Investment debt (e.g., investment property, business)	€
Residential debt (e.g., primary and/or secondary residence)	€
<b>Total Liabilities</b>	€
<b>Total Net Worth</b>	€





# Summary of Assets

## Bank and Brokerage Accounts

Institution:	Main account number:
Primary contact:	Telephone:
Address:	Website:
User ID:	Password:
Account type:	Account name:
Signatory 1:	Beneficiary name(s) or group(s):
Signatory 2:	
Additional account(s):	

Institution:	Main account number:
Primary contact:	Telephone:
Address:	Website:
User ID:	Password:
Account type:	Account name:
Signatory 1:	Beneficiary name(s) or group(s):
Signatory 2:	
Additional account(s):	

Institution:	Main account number:
Primary contact:	Telephone:
Address:	Website:
User ID:	Password:
Account type:	Account name:
Signatory 1:	Beneficiary name(s) or group(s):
Signatory 2:	
Additional account(s):	



# Summary of Assets

Investment Assets						
Account Description	Market Value (€)	Asset Allocation Detail (€ or %)				Provider Contact Details
		Equity	Fixed Income	Alternative Investment	Cash	

Pension Assets			
Account Description	Account Type	Market Value	Provider Contact Details
	<input type="checkbox"/> DB <input type="checkbox"/> DC		
	<input type="checkbox"/> DB <input type="checkbox"/> DC		
	<input type="checkbox"/> DB <input type="checkbox"/> DC		
	<input type="checkbox"/> DB <input type="checkbox"/> DC		
	<input type="checkbox"/> DB <input type="checkbox"/> DC		
	<input type="checkbox"/> DB <input type="checkbox"/> DC		
	<input type="checkbox"/> DB <input type="checkbox"/> DC		



## Summary of Assets

### Stock and Stock Options

Description	Company	Vested	Non-Vested
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€

### Stock Options Details

### Future Vesting

Ticker	Type	Award Date	Expiration Date	Strike Price	Unexercised Shares (%)	Vested Shares (%)	Next Vesting Date (%)	# of Shares Vesting	Frequency

### Loans Receivable

Description	Loan Outstanding	Repayment Terms	Location of Records



## Summary of Assets

Property		
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed
Description	Address	<input type="checkbox"/> Personal use <input type="checkbox"/> Investment
Cost	Last valuation € _____ Date ____/____/____	Location of deed

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# Summary of Assets

## Business Assets

Description	Address	Estimated value
Ownership details	Last valuation € _____ Date            ___/___/___	<input type="checkbox"/> Active involvement <input type="checkbox"/> Passive involvement



Description	Address	Estimated value
Ownership details	Last valuation € _____ Date            ___/___/___	<input type="checkbox"/> Active involvement <input type="checkbox"/> Passive involvement

Description	Address	Estimated value
Ownership details	Last valuation € _____ Date            ___/___/___	<input type="checkbox"/> Active involvement <input type="checkbox"/> Passive involvement



Description	Address	Estimated value
Ownership details	Last valuation € _____ Date            ___/___/___	<input type="checkbox"/> Active involvement <input type="checkbox"/> Passive involvement

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## Summary of Assets

### Trust Funds

Trust name(s):	Date established:
Trustee name(s):	Trustee phone:
Beneficiary name(s):	Beneficiary phone:

Trust name(s):	Date established:
Trustee name(s):	Trustee phone:
Beneficiary name(s):	Beneficiary phone:

Trust name(s):	Date established:
Trustee name(s):	Trustee phone:
Beneficiary name(s):	Beneficiary phone:

Trust name(s):	Date established:
Trustee name(s):	Trustee phone:
Beneficiary name(s):	Beneficiary phone:



# Summary of Insurance

## Life Insurance

Insurance company:	Policy number:	Term: Y / N Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact details:	Name of insured:	
Beneficiary(ies):	Current cash value:	Death benefit:

Insurance company:	Policy number:	Term: Y / N Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact details:	Name of insured:	
Beneficiary(ies):	Current cash value:	Death benefit:

Insurance company:	Policy number:	Term: Y / N Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact details:	Name of insured:	
Beneficiary(ies):	Current cash value:	Death benefit:

Insurance company:	Policy number:	Term: Y / N Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact details:	Name of insured:	
Beneficiary(ies):	Current cash value:	Death benefit:

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# Summary of Insurance

## Health, Accident, Critical Illness, or Disability Insurance

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

## Home Insurance

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

## Mortgage Protection Policy

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

## Motor Insurance

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

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**Motor Insurance**

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

**Business Insurance**

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

**Section 72 Insurance**

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

**Other**

Policy type:	Insurance company:
Policy number:	Insurance agent:
Address:	Telephone:

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## Summary of Liabilities

### Loans Payable

Description	Balance Due	Interest Rate	Monthly Payment	Protection Policy attached details	FOR MORTGAGES ONLY		
					Origination Date	Type (fixed/variable)	Term

### Personal Loans

In the name of:	Loan outstanding:
Repayment terms:	Due date:
Lender:	Contact details:

In the name of:	Loan outstanding:
Repayment terms:	Due date:
Lender:	Contact details:

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**The following pages can be used as dividers should you wish to take full advantage of this organiser and build your own binder to store these essential documents and records**





# Legal and Estate Information







## Legal and Estate Information

### Enduring Power of Attorney

In the event of my incapacity, an Enduring Power of Attorney is held for me by:

### Will

Location of will:	Execution date:
Location of codicil:	Execution date:
Name of executor:	Telephone:
Address:	
Name of executor:	Telephone:
Address:	
Name of guardian(s):	Telephone:
Address:	
Will was drawn by:	



# Letters of Instruction and Final Wishes





# Letters of Instruction and Final Wishes

While not legally binding, the purpose of a Letter of Final Instruction is to provide helpful and useful information to your loved ones to assist them in planning and making key decisions.

Take the time to consider and respond to these prompts and retain this information in a safe secure place that can be accessed by your family or executors. You may wish to use these headings for the drafting of your own personal Letter of Final Instruction, using the spaces below to summarise the key points under each heading.

**People to notify** (including key advisers, clubs and associations)

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**Immediate cash needs** (instructions for access to cash, including account and contact details)

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**Pet care arrangements** (in the event of death caring for a pet may be an immediate concern)

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**Other** (business arrangements, heirlooms, real estate, insurance proceeds)

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## Additional Information

This page can be used for any necessary additional information. For ease of use, consider referencing the appropriate section to which the additional information relates.

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# Letters of Instruction and Final Wishes

## Funeral Arrangements

### Funeral Director

Name

Address

Contact number

### Grave Plot / Crematorium Details

Location

Contact name

Contact number

Reference number

### Other information

**Medical research bequests / donor card** (consider indicating the location of your donor card and any special requests or preferences with respect to medical research bequests)

### Other thoughts and wishes





# Personal and Financial Plans





# Pension Information





# Property





# Liabilities







# Taxes





# Health and Medical





# Government Benefits







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