

## IMPORTANT INFORMATION

Name: \_\_\_\_\_

# What I own and where to find it

With compliments from

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**This checklist is to help family and/or your executor deal with your affairs should it become necessary.**

**Your Name**

Address

Health (Please answer as appropriate and provide more detail if you have a condition which might not be known to your Powers of Attorney)

NI No.

Date of Birth

Tax Reference

**Spouse/Partner Name**

Address

Health (Please answer as appropriate and provide more detail if you have a condition which might not be known to your Powers of Attorney)

NI No.

Date of Birth

Tax Reference

**Child Name**

**Child Name**

Address

Address

Date of Birth

Date of Birth

**Child Name**

**Child Name**

Address

Address

Date of Birth

Date of Birth

Name of Financial Adviser/Firm: **[insert]**

Address: **[insert]**

Contact No: **[insert]**

Email Address: **[insert]**

**Name of Solicitor Firm/Contact**

Address

Contact No.

Email Address

**Name of Accountant Firm/Contact**

Address

Contact No.

Email Address

**Where is my Will held**

Dated

Date of Latest Review

Next of Kin

Executor 1

Executor 2

Details of beneficiaries can be listed on page 10

Other information such as Medical Research bequests, Deeds, Trusts, Safe Box access, Computer codes

**Power of Attorney**

Made by

Name & Address of Attorneys

Registered Yes/No

**Bank Accounts (Single & Joint)**

Bank Name/Address	Sort Code	Account No.	Single or Joint / Name

**Credit Cards**

Name of Credit Card Company	Account No.

**Loans**

Name of Company	Account No.

**My Assets**

Investment Bond/UT (state name of Platform if any)	Investment Info	Plan No./Account No.	Single/Joint / Name
ISA/LISA/etc. (state name of Platform if any)	Investment Info	Plan No./Account No.	Single/Joint / Name
Savings Plans	Investment Info	Plan No./Account No.	Single/Joint / Name
Shares (State if on a Platform)	Investment Info	Plan No./Account No.	Single/Joint / Name

**My Assets (continued)**

Other Assets e.g. National Savings	Investment Info	Plan No./Account No.	Single/Joint

**My Inheritance Tax (IHT) Exempt Assets**

Name	Type of shares e.g. EIS/BPR company shares	Date purchased, or date business established	Date became IHT exempt	Date it might pay out (back in Estate for Inheritance Tax purposes)

**Trust that I am a Beneficiary of & Details of any Inheritances Received**

Name of Donor & your relationship to Donor	Title of Trust if applicable	Date gift or Trust Established	Where is a copy of the Trust deed?	Extent of interest in Gift or Trust e.g. outright gift of cash, right to income etc.

**Notes**

**Life Assurances and other related Policies (*Pensions, Disability and Personal Accident Policies*)**

Owner	Company	Policy No.	Life Cover	Purpose	Document Location

**Other Info**

**My Pension**

Provider (plus name of any Platform)	Latest Plan Value £	Plan No.	Is it paying you an income? Yes/No / Details

**Notes****My Main Residence**

Address

Approximate Value £

Ownership Single/Joint  
In Trust?

Outstanding Loan information

**Holiday Home**

Address

Approximate Value £

Ownership Single/Joint

Outstanding Loan information



**Investment Properties**

Address

Approximate Value £

Ownership Single/Joint

Outstanding Loan information

Tenanted Yes/No

Rent Information &amp; Name of any Agent

**Notes** e.g. where are Deeds, Tenancy Agreements**Gifts made in my Lifetime**

Date

Gift made by

Amount and/or  
Asset

Recipient

Documentation  
e.g. Trust Deed, Letter

**Beneficiary Contact Information**

Name

Address

Contact Information

Name

Address

Contact Information

Name

Address

Contact Information

Name

Address

Contact Information

Name

Address

Contact Information

Name

Address

Contact Information

**GP**

Name of GP (if any)

Surgery Name &amp; Address

Contact No.

Email

**Dentist**

Name of Dentist

Surgery Name &amp; Address

Contact No.

Email

**Pets**

Name &amp; Type of Pet(s)

Name of Vet

Surgery Name &amp; Address

Contact No.

Email

Pet Insurance Yes/No?

Insurance Co. Name &amp; Address

Contact No.

Email

**Miscellaneous Information e.g. Organisations/Clubs**

Name

Membership No.

Contact Information

**Other Contacts e.g. Utilities**

*(attach a current list of Standing Orders & Direct Debits from each Bank Account)*

Name	Account Reference	Contact Information

**Additional Information** e.g. where items listed in this document are stored

**Funeral Arrangements**

Cremation Yes/No

Burial Yes/No

If you plan on cremation, where would you like your ashes interred or scattered?

Location of Cemetery or Crematorium

Location for any Church or Funeral Service including Minister

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The Service

Music at Entry

Hymn/Song 1

Hymn/Song 2

Hymn/Song 3

Readings

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Any Special Tributes and by Whom

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Music at Exit

Any other wishes?

**Cars**

Owner

Reg No.

The Registration Document/MOT Certificate may be found

The car is insured with

Address

Telephone

The Insurance Certificate may be found

The Insurance Policy may be found

The car is/is not subject to an HP/Finance/Loan Agreement with

Address

Telephone

The Agreement may be found

**Other things to attach**

- ✓ Will
- ✓ Power of Attorney
- ✓ Copy of any Certificates
- ✓ Latest Valuations
- ✓ Record of Gifts

**Signed****Dated**