



# IN CASE OF EMERGENCY FILE

A simple way to record your personal and financial details in one place.

WE ARE THERE IN THE  
GOOD TIMES AND THE  
BAD. PEOPLE MATTER  
TO US.



# CONTENTS

Do your family members know where all your important documents and information are held? An In Case of Emergency (ICE) file is a place where someone can find all your important information should an emergency arise. This document provides a template to help you record your financial and personal information clearly and easily in one place.

Personal details.....	04
Financial details.....	05-08
Insurance information.....	10-11
Useful contacts.....	13
Digital assets.....	14
Dependant Arrangements.....	15
Final preparations.....	16-18
Where to find important documents.....	19

## IMPORTANT NOTE

If you choose to complete this document, please ensure it is kept in a safe place. It will contain sensitive and confidential information. A locked filing cabinet, a safe or at your solicitor's office may be best - please **do not** leave in an unsecured location.

**DO NOT RECORD ANY PASSWORDS IN THIS DOCUMENT.**

The content in this brochure is for your general information and use only and is not intended to address your particular requirements. Content should not be relied upon in its entirety and shall not be deemed to be, or constitute, advice. Although endeavours have been made to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No individual or company should act upon such information without receiving appropriate professional advice after a thorough examination of their particular situation. We cannot accept responsibility for any loss as a result of acts or omissions taken in respect of any articles. Thresholds, percentage rates and tax legislation may change in subsequent Finance Acts. Levels and bases of, and reliefs from, taxation are subject to change and their value depends on the individual circumstances of the investor. The value of your investments can go down as well as up and you may get back less than you invested. Past performance is not a reliable indicator of future results.



# PERSONAL DETAILS

## YOUR DETAILS

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE AND PLACE OF BIRTH: \_\_\_\_\_

OTHER NAMES (I.E. MAIDEN NAME): \_\_\_\_\_

NATIONAL INSURANCE NUMBER: \_\_\_\_\_

NATIONAL HEALTH NUMBER: \_\_\_\_\_

TAX REFERENCE: \_\_\_\_\_

DRIVING LICENCE NUMBER: \_\_\_\_\_

ORGAN DONOR: \_\_\_\_\_

## NEXT OF KIN OF KEY CONTACT

FULL NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_



# FINANCIAL DETAILS

## CURRENT ACCOUNTS

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

## SAVINGS ACCOUNTS

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

## MORTGAGE

BANK / BUILDING SOCIETY: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_



# FINANCIAL DETAILS

## CREDIT AND STORE CARDS

ISSUER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ISSUER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ISSUER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

## PENSIONS

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REFERENCE NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REFERENCE NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REFERENCE NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

  
**INVESTMENTS**

PROVIDER NAME: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

NAME(S) IN WHICH ACCOUNT IS HELD: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

**SHARES**

COMPANY NAME: \_\_\_\_\_

WHERE CERTIFICATE IS KEPT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

WHERE CERTIFICATE IS KEPT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

WHERE CERTIFICATE IS KEPT: \_\_\_\_\_



# FINANCIAL DETAILS

## LOANS

PROVIDER NAME: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

## BENEFITS / ENTITLEMENTS

NAME OF BENEFIT: \_\_\_\_\_

NAME OF BENEFIT: \_\_\_\_\_

NAME OF BENEFIT: \_\_\_\_\_

NAME OF BENEFIT: \_\_\_\_\_

NAME OF BENEFIT: \_\_\_\_\_

## REGULAR PAYMENTS

(charity donations, club memberships, subscriptions etc)

ORGANISATION: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_



WRITING A WILL IS  
ESPECIALLY IMPORTANT  
IF YOU HAVE PEOPLE  
WHO DEPEND ON YOU  
FINANCIALLY





# INSURANCE DETAILS

## LIFE INSURANCE

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

## HEALTH INSURANCE

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

## HOUSE INSURANCE

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_



**CAR INSURANCE**

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

**ANNUITY POLICY**

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

**OTHER INSURANCE**

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

WHERE DOCUMENTS ARE KEPT: \_\_\_\_\_



THERE'S NO HARM IN  
HOPING FOR THE BEST  
AS LONG AS YOU'RE  
PREPARED FOR THE WORST



# USEFUL CONTACTS

SOLICITOR: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

FINANCIAL ADVISER: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

BANK: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

DENTIST: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

OPTICIAN: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

NEIGHBOUR (WITH KEYS): \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

FAMILY MEMBER (WITH PASSWORDS): \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_







# FINAL PREPARATIONS

## WILL

I HAVE MADE A WILL AND IT IS KEPT: \_\_\_\_\_

MY MOST RECENT WILL IS DATED: \_\_\_\_\_

I HAVE WRITTEN LETTER OF WISHES AND IT IS KEPT: \_\_\_\_\_

## FUNERAL PLAN

COMPANY FUNERAL PLAN IS HELD WITH: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_

DOCUMENTS ARE KEPT: \_\_\_\_\_

## EXECUTORS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_



**POWER OF ATTORNEY**

I HAVE A POWER OF ATTORNEY: \_\_\_\_\_

DATED: \_\_\_\_\_

REGISTERED WITH THE OFFICE OF THE PUBLIC GUARDIAN: YES  NO

**ATTORNEY DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**OTHER IMPORTANT DOCUMENTS AND WHERE THEY ARE KEPT**

BIRTH CERTIFICATE: \_\_\_\_\_

MARRIAGE CERTIFICATE: \_\_\_\_\_

PASSPORT: \_\_\_\_\_

OTHER: \_\_\_\_\_





# WHERE TO FIND IMPORTANT DOCUMENTS

DOCUMENT TYPE	DOCUMENT LOCATION
BIRTH CERTIFICATE	
NI NUMBER	
DRIVERS LICENCE	
TRUSTS	
LIVING WILL	
LAST WILL AND TESTAMENT	
POWER OF ATTORNEY	
HEALTH INSURANCE POLICY	
LIFE INSURANCE POLICY	
HOME INSURANCE POLICY	
CAR INSURANCE POLICY	
MORTGAGE RECORDS	
CEMETERY DEEDS	
STOCK CERTIFICATES	
BONDS	
PENSION INFORMATION	

For further information please contact:

**Pareto Financial Planning**

**T:** 0161 819 1311

**E:** [enquiries@paretofp.com](mailto:enquiries@paretofp.com)

**Pareto Financial Planning Limited**, The Old Schoolhouse, 5-7 Byrom  
Street, Manchester, M3 4PF

**T:** 0161 819 1311    **E:** [enquiries@paretofp.com](mailto:enquiries@paretofp.com)    **W:** [www.paretofp.co.uk](http://www.paretofp.co.uk)

Please ensure this document is kept in a safe place

Pareto Financial Planning Ltd is authorised and regulated by the Financial Conduct Authority. Pareto Financial Planning Ltd is registered in England and Wales No. 06582775. Registered Office The Old Schoolhouse, 5-7 Byrom Street, Manchester, M3 4PF