Dying Well ICE (In Case of Emergency) Pack

Important Information For...

|  |  |
| --- | --- |
| Name |  |
| Date Last Reviewed |  |
| Who Has Copies? |  |

|  |
| --- |
| This document should be reviewed at least annually or whenever you experience a life changing event.  It can be used in whatever way you may wish to use it. Not all sections may apply and there may be some additional sections you wish to include.  We recommend you do not store passwords or document numbers electronically. It may be sensible to add in hand-writing or to use a password manager service like 1Password, LastPass or Dashlane to secure (and keep up-to-date) any passwords in regular use.  We recommend you keep a printed copy of this document in a fireproof safe and / or with at least one trusted person.  **Importantly, people need to know what the document is for and where to find it if needed.** |

Table of Contents

[A Note to My Family 3](#_Toc194327988)

[About Me 4](#_Toc194327989)

[Trusted Advisers 5](#_Toc194327990)

[Official Documents 6](#_Toc194327991)

[People to Contact 8](#_Toc194327992)

[My Savings, Investments & Pensions 9](#_Toc194327993)

[My Debts 17](#_Toc194327994)

[My Insurance Policies 18](#_Toc194327995)

[My Digital World 21](#_Toc194327996)

[My Wishes 23](#_Toc194327997)

[Funeral 23](#_Toc194327998)

[Medical Treatment 24](#_Toc194327999)

[Organ Donor Consent 24](#_Toc194328000)

[My Peaceful End 25](#_Toc194328001)

[My Pets 25](#_Toc194328002)

[Probate & Inheritance Tax Information 26](#_Toc194328003)

[My Reflections 27](#_Toc194328004)

# A close-up of a paper AI-generated content may be incorrect.A Note to My Family

I have put this document together with the hope that it makes life easier for you should something happen to me.

I’ve laid out all I think you may need; from where to find my Will to what my preferences are for medical care / comfort at a time when I almost certainly will not be able to speak for myself.

**When it comes to dealing with legal and financial matters, I urge you to reach out to the trusted advisers I have listed in this document before you make any decisions. I am sure their help will be invaluable.**

# About Me

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **National Insurance Number** |  |
| **Phone Numbers** |  |
| **Email Addresses (all used)** |  |
| **My Religion** |  |

Next of Kin

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Phone Number** |  |
| **Email** |  |

Notes

|  |
| --- |
|  |

# Trusted Advisers

Financial Adviser

|  |  |
| --- | --- |
| **Company Name** |  |
| **Adviser Name** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Note** |  |

Accountant

|  |  |
| --- | --- |
| **Company Name** |  |
| **Adviser Name** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Note** |  |

Solicitor

|  |  |
| --- | --- |
| **Company Name** |  |
| **Adviser Name** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Note** |  |

# Official Documents

My Will

|  |  |
| --- | --- |
| **Location of Original Will**  (Copy not acceptable for use) |  |
| **Date of Latest Will**  (Any earlier Will will not be valid) |  |

My Executors

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

Notes

|  |
| --- |
|  |

Power of Attorney

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Powers of Attorney in Place** | Property / Finance | Health / Welfare | | None |
| **Attorneys Can Act** | As Individuals | | Must Act Together | |
| **Location of Original Documents**  (Copy not acceptable for use) |  | | | |

My Attorneys Are

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

My Certificate Provider (Person Appointed to Protect My Interests)

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Relationship to Me** |  |

Other Important Legal Documents

**Where to Find Them**

|  |  |
| --- | --- |
| **Birth Certificate** |  |
| **Wedding Certificate** |  |
| **Passport** |  |
| **Other** |  |

# People to Contact

People to Notify of My Death / Serious Illness

|  |  |
| --- | --- |
| A black and orange logo  AI-generated content may be incorrect. | * Use this as an opportunity to remind your loved ones of people who may not immediately come to (their) mind * It could also be a good place to ensure the contact details of important people are easy to find |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Notes** |  | | |

# My Savings, Investments & Pensions

Bank Account(s)

|  |  |
| --- | --- |
| **Account Owner** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company** |  |
| **Account Number / Sort Code** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Account Owner** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company** |  |
| **Account Number / Sort Code** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Account Owner** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company** |  |
| **Account Number / Sort Code** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Account Owner** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company** |  |
| **Account Number / Sort Code** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

Investments

|  |  |
| --- | --- |
| **Company** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Company** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Company** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Company** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Company** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

|  |  |
| --- | --- |
| **Company** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes**  (eg What Account Used For) |  |

Pension Funds (Defined Contribution)

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Value At Time of Document** |  | | |
| **Expression of Wish in Place?** | Yes | No | Unsure |
| **Nominated Beneficiaries**  **and %** |  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Other Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Value At Time of Document** |  | | |
| **Expression of Wish in Place?** | Yes | No | Unsure |
| **Nominated Beneficiaries**  **and %** |  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Other Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Value At Time of Document** |  | | |
| **Expression of Wish in Place?** | Yes | No | Unsure |
| **Nominated Beneficiaries**  **and %** |  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Other Notes** |  | | |

Pensions Defined Benefits

The following pension plans should provide death benefits

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company / Employer** |  | | | | |
| **Policy Number** |  | | | | |
| **Phone Number** |  | | | | |
| **Age Pension Due to Start**  **(If not already in payment)** |  | | | | |
|  |  | | | | |
| **Expression of Wish in Place?** | Yes | No | | Unsure | |
| **Likely Benefits Payable on My Death** | Lump Sum | | £ | | |
| Widow’s Pension | | £ | | |
| Includes Unmarried Partner? | | Yes | | No |
| Unsure | | |
| Dependant’s Pension (for Children) | | £ | | |
| **Other Notes** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company / Employer** |  | | | | |
| **Policy Number** |  | | | | |
| **Phone Number** |  | | | | |
| **Age Pension Due to Start**  **(If not already in payment)** |  | | | | |
|  |  | | | | |
| **Expression of Wish in Place?** | Yes | No | | Unsure | |
| **Likely Benefits Payable on My Death** | Lump Sum | | £ | | |
| Widow’s Pension | | £ | | |
| Includes Unmarried Partner? | | Yes | | No |
| Unsure | | |
| Dependant’s Pension (for Children) | | £ | | |
| **Other Notes** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company / Employer** |  | | | | |
| **Policy Number** |  | | | | |
| **Phone Number** |  | | | | |
| **Age Pension Due to Start**  **(If not already in payment)** |  | | | | |
|  |  | | | | |
| **Expression of Wish in Place?** | Yes | No | | Unsure | |
| **Likely Benefits Payable on My Death** | Lump Sum | | £ | | |
| Widow’s Pension | | £ | | |
| Includes Unmarried Partner? | | Yes | | No |
| Unsure | | |
| Dependant’s Pension (for Children) | | £ | | |
| **Other Notes** |  | | | | |

Other

Crypto Currency

|  |  |
| --- | --- |
| A black and orange logo  AI-generated content may be incorrect. | * Remember that although you may be familiar with these things, others may not. Make sure you explain how to access and to sell |

|  |  |  |
| --- | --- | --- |
| **Approximate Value** |  | |
| **Website** |  | |
| **Log In Details** | **Username** |  |
| **Password** |  |
| **Notes** |  | |

Pre-Pay Accounts Which May Have Value

|  |  |
| --- | --- |
| A black and orange logo  AI-generated content may be incorrect. | * Some of these accounts may hold value as they can often be in credit for various reasons: * Consider things like Paypal accounts, pre-pay credit cards etc |

|  |  |  |
| --- | --- | --- |
| **Company** |  | |
| **Website** |  | |
| **Log In Details** | **Username** |  |
| **Password** |  |
| **Account Number** |  | |
| **Phone Number** |  | |
| **Notes**  (eg What Account Used For) |  | |

|  |  |  |
| --- | --- | --- |
| **Company** |  | |
| **Website** |  | |
| **Log In Details** | **Username** |  |
| **Password** |  |
| **Account Number** |  | |
| **Phone Number** |  | |
| **Notes**  (eg What Account Used For) |  | |

Other Things of Value

|  |  |
| --- | --- |
| A black and orange logo  AI-generated content may be incorrect. | * Note here any other things you have which you feel are valuable or need special care by your loved ones * Maybe consider collectables, art, jewellery, safe deposit boxes etc * Are there things you have hidden away somewhere safe? Does someone you know and trust know what to do / how to access? |

|  |
| --- |
|  |

# My Debts

|  |
| --- |
| **I have no debts** |

|  |  |
| --- | --- |
| **Borrower** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Debt Type** |  |
| **Lender** |  |
| **Expected End Date** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes** |  |

|  |  |
| --- | --- |
| **Borrower** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Debt Type** |  |
| **Lender** |  |
| **Expected End Date** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes** |  |

|  |  |
| --- | --- |
| **Borrower** | Me Only  Owned jointly with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Debt Type** |  |
| **Lender** |  |
| **Expected End Date** |  |
| **Account Number** |  |
| **Phone Number** |  |
| **Notes** |  |

# My Insurance Policies

|  |
| --- |
| **I have no life insurance policies that I am aware of** |

Death in Service (Employment Related)

|  |  |  |
| --- | --- | --- |
| **Company to Contact** |  | |
| **Person / Department** |  | |
| **Policy Number** |  | |
| **Phone Number** |  | |
| **Sum Assured** |  | |
| **Expression of Wish Filed (Date)** |  | |
| **Nominated Beneficiaries**  **and %** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other Notes** |  | |

Life & Critical Illness Policies

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Holder** | Me Only | Jointly With ... | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Sum Assured** |  | | |
| **Pays Out on Terminal Illness?** | Yes | No | Unsure |
| **Includes Critical Illness?** | Yes | No | Unsure |
| **Policy Expiry Date** |  | | |
| **Premium** |  | | |
| **Policy in Trust?** | Yes | No | Unsure |
| **Trustees (If Applicable)**  Contact Details Above |  | | |
|  | | |
|  | | |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Holder** | Me Only | Jointly With ... | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Sum Assured** |  | | |
| **Pays Out on Terminal Illness?** | Yes | No | Unsure |
| **Includes Critical Illness?** | Yes | No | Unsure |
| **Policy Expiry Date** |  | | |
| **Premium** |  | | |
| **Policy in Trust?** | Yes | No | Unsure |
| **Trustees (If Applicable)**  Contact Details Above |  | | |
|  | | |
|  | | |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Holder** | Me Only | Jointly With ... | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Sum Assured** |  | | |
| **Pays Out on Terminal Illness?** | Yes | No | Unsure |
| **Includes Critical Illness?** | Yes | No | Unsure |
| **Policy Expiry Date** |  | | |
| **Premium** |  | | |
| **Policy in Trust?** | Yes | No | Unsure |
| **Trustees (If Applicable)**  Contact Details Above |  | | |
|  | | |
|  | | |
| **Notes** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Holder** | Me Only | Jointly With ... | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Sum Assured** |  | | |
| **Pays Out on Terminal Illness?** | Yes | No | Unsure |
| **Includes Critical Illness?** | Yes | No | Unsure |
| **Policy Expiry Date** |  | | |
| **Premium** |  | | |
| **Policy in Trust?** | Yes | No | Unsure |
| **Trustees (If Applicable)**  Contact Details Above |  | | |
|  | | |
|  | | |
| **Notes** |  | | |

Private Medical Insurance

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** |  | | |
| **Policy Name / Type** |  | | |
| **Policy Holder** | Me Only | Jointly With ... | |
| **Policy Number** |  | | |
| **Phone Number** |  | | |
| **Includes Payout on Death?** | Yes | No | Unsure |
| **Notes** |  | | |

# My Digital World

Digital Access & Passwords

**It is not recommended to store these passwords electronically in this document – instead, consider handwriting them on the printed version you give to others.**

|  |  |
| --- | --- |
| **Gadget** | **How to Access / Password** |
| Mobile Phone |  |
| Computer  (include any log in names and master / administrator passwords) |  |
| Laptop  (include any log in names and master / administrator passwords) |  |
| Ipad / Tablet |  |
| Other |  |
| Other |  |

Social Media

|  |  |  |
| --- | --- | --- |
| **Social Media** | **Username** | **Password** |
| Facebook |  |  |
| Instagram |  |  |
| Twitter |  |  |
| LinkedIn |  |  |
| Tik Tok |  |  |
| Other |  |  |
| Other |  |  |
|  |  |  |

Please consider sending this message via my social media accounts before you close them down

|  |
| --- |
|  |

Digital Subscription Services

|  |  |  |
| --- | --- | --- |
| **Service** | **Username** | **Password** |
| Netflix |  |  |
| Spotify |  |  |
| Amazon |  |  |
| Apple TV |  |  |
| Mobile Phone Plan |  |  |

Other Passwords

If any other password is needed, I tend to store them here ...

|  |
| --- |
|  |

# My Wishes

## Funeral

|  |  |  |
| --- | --- | --- |
| **I wish my body to be** | Buried  Cremated  No strong views | Green / Natural Burial  Donated to Science |
| **I’d like to be dressed...** |  | |
| **I have already made the following funeral arrangements...**  (Eg pre-paid funeral plan, securing a specific burial plot)  Include provider name, phone number, policy number. Where is policy stored? |  | |
| **My preferences for religious / spiritual customs are ...** |  | |
| **My preferred location for burial / scattering of ashes is...** |  | |
| **I’d like these people to be invited to say a few words** |  | |
| **My preferences for music to be considered are...** |  | |
| **My thoughts on funeral flowers or charity donations to be requested** |  | |
| **My thoughts regarding a possible tombstone inscription / style** |  | |
| **Other Thoughts** |  | |

## Medical Treatment

This document outlines my healthcare wishes if I am ever unable to make or communicate decisions due to serious illness, injury, or incapacitation. It reflects my preferences for medical care, life-sustaining treatments, and comfort measures

If I am terminally ill, permanently unconscious, or in a condition with no reasonable expectation of recovery, I want the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **General Preferences** | No life-sustaining treatments  Only comfort care (pain relief, dignity, peace)  Full medical treatment, all available life support options  Choice left to next of kin under professional advice | | |
| **CPR** | Yes | No | Choice of kin |
| **Ventilation** | Yes | No | Choice of kin |
| **Tube Feeding** | Yes | No | Choice of kin |
| **Dialysis** | Yes | No | Choice of kin |
| **Pain Relief** | Any possible, even if it shortens my life | | Choice of kin |
| **Notes** |  | | |

## Organ Donor Consent

|  |  |  |
| --- | --- | --- |
| **I am happy for my organs to be donated to help others after my death** | Yes | No |
| **Notes** |  | |

## My Peaceful End

If it should ever become obvious that I am dying, even if I might not be able to ask for these things at the time, here’s what I’d like around me:

|  |  |
| --- | --- |
| A black and orange logo  AI-generated content may be incorrect. | * Would you like have nearby special photos or items that you have a strong emotional attachment to? * What about pets (it might not be possible)? * Are there particular scents you find relaxing? * Do you have any music you’d like to hear? * Is there some spiritual practice you would like? |

|  |
| --- |
|  |

## My Pets

|  |  |
| --- | --- |
| Pet Name / Description |  |
| Preferred Carer |  |
| Please consider ... |  |

|  |  |
| --- | --- |
| Pet Name / Description |  |
| Preferred Carer |  |
| Please consider ... |  |

|  |  |
| --- | --- |
| Pet Name / Description |  |
| Preferred Carer |  |
| Please consider ... |  |

# Probate & Inheritance Tax Information

Record of Gifts Made

This information may be needed for probate purposes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Gift** | **Description of Gift** | **Recipient Name & Relationship** | **Value at Date of Gift** | **Exemption Applied** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Guide

**It is important to take advice on this**. In the first instance, the financial adviser should be helpful. However the main points are:

Some gifts are exempt from inheritance tax (Normally **small gifts** of £250 or gifts made within the **Annual Allowance** of £3,000). Some gifts are **Potentially Exempt Transfers (PETs)**. These are normally exempt from inheritance tax if I survive for more than 7-years after the gift was made. Gifts to **Charities** are always exempt. However, ALL gifts should be recorded to aid compliance with HMRC and with probate

Evidence

It may be necessary to evidence these gifts were made. In which case, my bank statements should suffice.

# My Reflections

|  |  |
| --- | --- |
| A black and orange logo  AI-generated content may be incorrect. | Use this space to record anything that you wish to. It may include your thoughts on what you are most proud of you in your life or simply a place for you to record what you feel have been your special moments. Sharing these memories here will help them live on with others. What about any final messages for loved ones? Is there anything you’d like to share with future generations? |

|  |
| --- |
|  |