



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.

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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

Pareto Financial Planning Limited, Level 7, Tower 12, The Avenue North,
18-22 Bridge Street, Spinningfields, Manchester, M3 3BZ

T: 0161 819 1311 **E:** enquiries@paretofp.com **W:** www.paretofp.co.uk

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