LIFE FILE

PERSONAL INFORMATION Surname: **Full Names: Identity Number: Passport Number: Residential Address:** Postal Address: Telephone Number: Cell Number: **Email Address:** Income Tax Number: **MEDICAL INFORMATION** Medical Aid & Plan: Medical Aid Membership Number: **Contact Number:** Main Member: Name of GP: Contact Number: **Emergency Number: FINANCIAL INFORMATION** Accountant: Address: Telephone Number: Fax Number:

Email address:

Financial Advisor:	 	 	
Address:	 		
Telephone Number:	 		
Fax number:			
Email Address:	 		
Pension Fund			
Institution:	 	 	
Policy Number:	 	 	
Contact Person:	 	 	
Telephone Number:	 	 	
Email Address:	 	 	
Retirement Annuity			
Institution:	 	 	
Policy Number:	 	 	
Contact Person:	 	 	
Telephone Number:	 	 	
Email Address:	 	 	
<u>Life Annuity</u>			
Institution:	 	 	
Policy Number:	 	 	
Contact Person:	 	 	
Telephone Number:	 	 	
Email Address:	 	 	
Life Insurance Policy			
Institution:	 	 	
Policy Number:	 	 	
Contact Person:	 	 	
Telephone Number:		 	

Email Address:	
Funeral Policy	
Institution:	
Policy Number:	
Contact Person:	
Telephone Number:	
Email Address:	
<u>Shares</u>	
Institution:	
Share Certificate No.:	
Contact Person:	
Telephone Number:	
Email Address:	
<u>Shares</u>	
Institution:	
Share Certificate No.:	
Contact Person:	
Telephone Number:	
Email Address:	
Money Market Investme	<u>ents</u>
Institution:	
Account Number:	
Contact Person:	
Telephone Number:	
Email Address:	
Money Market Investme	<u>ents</u>
Institution:	
Account Number:	
Contact Person:	

Telephone Number:		
Email Address:		
Email Address:		
Short Term Insurance		
Institution:		
Policy Number:		
Contact Person:		
Telephone Number:		
Email Address:		
Short Term Insurance		
Institution:		
Policy Number:		
Contact Person:		
Telephone Number:		
Email Address:		
Banking Accounts		
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Bank Account 1		
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Type of Account:		
Pin Number: (If preferred)		
LIABILITIES/ACCOUNTS/SUBSCRIPTIO	NS/MEMBERSHIPS	
CREDITOR/SERVICE PROVIDER	TYPE OF ACCOUNT	ACCOUNT NUMBER
Single Figure 1 in Strate 1	111201710000111	7.000 OTT TOWNSER
ACCESS TO ONLINE INFORMATION		
Website:		
Username:		
Password:		
Security Question:		
Website:		
Username:		
Password:		

Security Question:

Website:	
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Security Question:	

CHECKLIST

(DOCUMENTS TO FILE WITH LIFE FILE)

- 1. Identity Documents
 - 1.1. Copy of my Identity Document;
 - 1.2. Copy of the Identity document of my Spouse;
 - 1.3. Copy of Birth Certificates of Minor Children;
 - 1.4. Copy of the Identity document of all Children
 - 1.5. Copy of Marriage Certificate
 - 1.6. Copy of Antenuptial Contract, If applicable.
- 2. Medical Aid Information
 - 2.1. Copy of Medical Aid Card
 - 2.2. Copy of Medical Aid Agreement
- 3. Driver's Licence
 - 3.1. Copy of my Driver's License Card (Back and Front)
 - 3.2. Copy of Driver's License of my spouse.
- 4. Firearm License
 - 4.1. Copy of Firearm License
 - 4.2. List of Firearms
- 5. Motor Vehicles
 - 5.1. Original Registration Documents
 - 5.2. Original License Documents
 - 5.3. Copy of vehicle finance agreement
- 6. Policies
 - 6.1. Copy of Life Annuity Policy Document
 - 6.2. Copy of Retirement Annuity Policy Document
 - 6.3. Copy of Funeral Policy Document.
- 7. Insurance
 - 7.1. Copy of Short-Term Insurance Policy Document
 - 7.2. Copy of Life Insurance Policy Document
- 8. Original Share Certificates
- 9. Copy of Latest Banking/Loan Account Statements
- 10. Copy of Divorce Order
- 11. Predeceased Spouse
 - 11.1. Copy of Letters of Executorship/Authority
 - 11.2. Copy of Death Certificate
 - 11.3. Copy of Liquidation and Distribution Account
- 12. Original Title Deeds for all Immovable Property
- 13. Copy of Recent Tax Return

- 14. Copy of latest Salary Slip
- 15. Copy of Municipal Account
- 16. Original Company Registration Documents
- 17. Original Trading Licenses
- 18. Copy of TV License document
- 19. Original VAT Certificate