



## In Case of Emergency: A Guide to My Affairs and Contingency Plans

This document is a comprehensive guide to my personal, financial, and business affairs in case of an emergency. It outlines all critical information to assist those who may need to manage my affairs in situations where I am unable to do so. Please ensure that a trusted person has a copy of this document and knows where the original is stored.

### Personal Details

**Full Name:** .....

**Date of Birth:** .....

**Address:** .....

**Phone Number:** .....

**Email Address:** .....

**National Insurance Number:** .....

**Medical Information: allergies, medication, blood type, GP details**

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**Emergency Contacts:** .....

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### Emergency Scenarios

**If I am injured or critically ill (with capacity) do the following first:**

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**If I am injured or critically ill (without capacity) do the following first:**

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**On my death do the following first:**

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### Family Details

**Names, Relationships, and Contact Information:**

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### Estranged Family Addresses

**Names and Last Known Addresses:**

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### Will/Lasting Power Of Attorney

**Location of Will/LPA(s):** .....

**Solicitor/Contact Handling the Will:** .....

**Instructions and Beneficiaries:** .....

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**Executor Name:** .....



Practical Plans, Financial Confidence.

**Address:** .....

**Phone Number:** .....

**Email:** .....

## Friends and Support Network

### Names and Contact Information:

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## Limited Company/Sole Trader/Employer Details

**Limited/Sole Trader/Employer Name:** .....

**Address:** .....

**Your Role/Position:** .....

**Key Business/Partner Names & Role:** .....

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**Contact Phone Number:** .....

## Professional Representation

**Solicitor:** .....

**Financial Adviser:** .....

**Accountant:** .....

## Rental or Landowner



**Property Addresses:** .....

**Rental Agreements:** .....

**Owner/Landlord Contact Details:** .....

### Financial Accounts

**Personal Bank Accounts:** .....

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**Business Bank Accounts:** .....

**Credit Cards:** .....

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### Life Insurance

**Policy Details Provider & Policy Number:** .....

**Beneficiaries:** .....

**Notes:** .....

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### Trusts

**Trust Details:** .....

**Trustee Contact Information:** .....

**Instructions:** .....



## Who Has a Copy of This Document?

**Name & Contact Information:** .....

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## Specific Instructions for Each Scenario

*Employer/HR sick pay/income, life & critical illness policy/legal adviser/landlord/mortgage/bank/notify who in family/neighbour/kids schools, clubs/pets/commitments volunteer/hobbies/subscriptions*

**Scenario: Injured or Critically Ill with Capacity:**

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**Scenario: Injured or Critically Ill without Capacity:**

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**Scenario: On Death:**

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