

MY LIFE AND LEGACY RECORD



NEW ZEALAND
RED CROSS
RIPEKA WHERO AOTEAROA



With compliments from:

Our gift to you

Here at New Zealand Red Cross, we understand how important family, friends and loved ones are and we wanted to find a way to capture what is important for you to share with them at the end of your life.

This booklet gives you the opportunity to tell your story and make your end of life plans so that when the time comes all the information is in one place.

This helps to ensure that your wishes are known and all the arrangements faced by your loved ones are made easier at a difficult time.

This booklet is designed to sit alongside your Will and Power of Attorney documents to give a comprehensive and holistic guide to your family, friends and/or executors.

We do recommend you review your will every few years, particularly if your circumstances change.

We hope that as you fill in this booklet you take the opportunity to recall the important people, organisations and memories from your life and think about how you would like to be remembered.

We all have a story to tell and we genuinely hope this gives you a template to capture your story and history for those you love.

Once completed, keep this booklet somewhere safe.

When the time comes, those who will oversee your estate/funeral will appreciate your thoughts and guidance on how you wish to be remembered

Index

Personal Information	2
Family Information	3/5
Memberships	6/7
Medical History	8
Legal Documents	9
Property/Insurance/Shares	9
Personal History	12
Funeral Instructions	14
Personal Property and Gifting Register	16
Instructions for Executor	18
Creating a Legacy	20

Personal Information

Full name

Address

Suburb

City

Postcode

Home phone

Mobile phone

Email

Social media profile

Facebook Instagram Twitter LinkedIn Other

Date of birth

Place of birth

If born overseas, date of NZ residency/arrived in NZ

Religion

Occupation

Previous occupations

NZ Pension Number

Overseas Pension Number

Tax Number

NHI Number

Relationship status

Married De Facto Single Widowed Separated Divorced

Full name of spouse/partner

Date of marriage

Place of marriage

Previous marriage (IF APPLICABLE)

Full name of spouse

Date of marriage

Date of divorce

Place of marriage

Previous marriage (IF APPLICABLE)

Full name of spouse

Date of marriage

Date of divorce

Place of marriage

Family Information

Parents

Birth Father's full name

Date of birth

Place of birth

Date of death

Place of death

Occupation

Grave/memorial site

Birth Mother's full name

Date of birth

Place of birth

Date of death

Place of death

Occupation

Grave/memorial site

Adopted Father/Stepfather's full name

Date of birth

Place of birth

Date of death

Place of death

Occupation

Grave/memorial site

Adopted Mother/Stepmother's full name

Date of birth

Place of birth

Date of death

Place of death

Occupation

Grave/memorial site

Family Information *Continued*

Siblings

1. Name	Full <input type="radio"/>	Half <input type="radio"/>	Step <input type="radio"/>	Deceased <input type="radio"/>
Address				
Email				
Phone	Date of death (IF APPLICABLE)			
2. Name	Full <input type="radio"/>	Half <input type="radio"/>	Step <input type="radio"/>	Deceased <input type="radio"/>
Address				
Email				
Phone	Date of death (IF APPLICABLE)			
3. Name	Full <input type="radio"/>	Half <input type="radio"/>	Step <input type="radio"/>	Deceased <input type="radio"/>
Address				
Email				
Phone	Date of death (IF APPLICABLE)			
4. Name	Full <input type="radio"/>	Half <input type="radio"/>	Step <input type="radio"/>	Deceased <input type="radio"/>
Address				
Email				
Phone	Date of death (IF APPLICABLE)			
5. Name	Full <input type="radio"/>	Half <input type="radio"/>	Step <input type="radio"/>	Deceased <input type="radio"/>
Address				
Email				
Phone	Date of death (IF APPLICABLE)			
6. Name	Full <input type="radio"/>	Half <input type="radio"/>	Step <input type="radio"/>	Deceased <input type="radio"/>
Address				
Email				
Phone	Date of death (IF APPLICABLE)			

Additional space for family can be found on page 24

Children in order of birth (living and deceased/stepchildren)

1. Name	Step <input type="radio"/>	Deceased <input type="radio"/>
Address		
Email	Phone	
Date of birth	Date of death (IF APPLICABLE)	
2. Name	Step <input type="radio"/>	Deceased <input type="radio"/>
Address		
Email	Phone	
Date of birth	Date of death (IF APPLICABLE)	
3. Name	Step <input type="radio"/>	Deceased <input type="radio"/>
Address		
Email	Phone	
Date of birth	Date of death (IF APPLICABLE)	
4. Name	Step <input type="radio"/>	Deceased <input type="radio"/>
Address		
Email	Phone	
Date of birth	Date of death (IF APPLICABLE)	
5. Name	Step <input type="radio"/>	Deceased <input type="radio"/>
Address		
Email	Phone	
Date of birth	Date of death (IF APPLICABLE)	
6. Name	Step <input type="radio"/>	Deceased <input type="radio"/>
Address		
Email	Phone	
Date of birth	Date of death (IF APPLICABLE)	

Additional space for family can be found on page 24

Membership of Organisations

New Zealand Red Cross, Lions, Rotary, Probus, U3A, Sporting clubs...

1. Club name

Membership number

Roles held

Awards won

2. Club name

Membership number

Roles held

Awards won

3. Club name

Membership number

Roles held

Awards won

4. Club name

Membership number

Roles held

Awards won

5. Club name

Membership number

Roles held

Awards won

6. Club name

Membership number

Roles held

Awards won

Additional space can be used on pages 22 and 23 to expand on involvement

Military service record

Branch of service	Service number
Date entered service	Place
Date of discharge	Place
Rank/rating or grade	
Wars/conflicts served	
Additional information (awards won)	
Additional information/memories	

Red Cross International Delegate service record

Branch	Role
Location	Deployment date
Placement location	Date of service
Placement location	Date of service
Placement location	Date of service
Additional information/memories	

Additional space can be used on pages 22 and 23 to expand on involvement

Medical History

My general practitioner (doctor)

Address

Phone

Email

Other medical professional

Address

Phone

Email

Health insurance company

Policy number

Type of cover

Phone

Email

Address

I had medical treatment for the following

Cancer Year

Heart Disease Year

Circulatory disorder Year

Diabetes Year

Kidney disorder Year

Lung disorder Year

Other Year

Other Year

Type of treatment/details

Registered organ donor Yes No

If Yes, please ensure that your next of kin are aware of your wishes

I have/had the following allergies

1. 2.

3. 4.

This information can be very important for your children and their children

Estate Information

Solicitor/Trustee company

Address

Phone

Contact person

I have a will

Yes

No

Will dated

Will held with lawyer

Location of will

I have a power of attorney for welfare and property

Yes No Held with lawyer

Executor

Address

Phone

Contact person

Accountant/Financial Advisor

Address

Phone

Contact person

Investment company

Address

Phone

Contact person

Bank details

1. Name

Address

Phone

Contact person

2. Name

Address

Phone

Contact person

Safe deposit box location

Estate Information *Continued*

Real Estate/ Vehicles

Address of property 1

Address of property 2

Address of property 3

Location of deeds

Vehicle 1 - make/model/year

Registration

Vehicle 2 - make/model/year

Registration

Other assets

Life Insurance policies

Company

Value

Policy number

Company

Value

Policy number

Company

Value

Policy number

Company

Value

Policy number

Other Insurance policies

Type of insurance

Company

Value

Policy number

Type of insurance

Company

Value

Policy number

Type of insurance

Company

Value

Policy number

Type of insurance

Company

Value

Policy number

Investments including Superannuation Funds

Fund held by

Reference number

Address

Phone

Contact person

Fund held by

Reference number

Address

Phone

Contact person

Other investments (Shares/Bonds/Collections)

Personal History

When your family/friends pay remembrance to your life this gives them an outline.

Education

Primary school

From:

To:

Primary school

From:

To:

Secondary school

From:

To:

Secondary school

From:

To:

Tertiary education

From:

To:

Other education

From:

To:

Other education

From:

To:

Qualifications

School memories/special mentions

I belong to these education alumni societies

Community/Civic/Public Office

Special achievements/awards

Hobbies/interests

Funeral Instructions

Funeral director

Contact name

Phone

Address

Email

Pre paid funeral contract number

Pre-arranged funeral details are held by

My remains are to be

Buried

Cremated

Name of cemetery/crematorium

Details of burial plot/cremation memorial

I would like my ashes to be scattered

Yes

No

If yes, where

Service to be held at

Address

Preferred person to conduct my service

Email

Phone

Religious service

Yes

No

Military service

Yes

No

NZ Flag

Yes

No

Other flag

If yes, RSA membership number

If yes, RSA branch name/contact details

Masonic service

Yes

No

If yes, lodge name

Contact details

I would prefer

Flowers

Donations

If flowers, my preference would be

If donations, my preferred charity/charities would be

Funeral Wishes



A series of horizontal lines for writing, consisting of 25 thin, light blue lines spaced evenly down the page.

Description	Gifted to

Instructions For Executor

Thank you _____ for taking care of my estate. Here is some extra information that may help make this easier for you.

Social Media	Log-in details	
Company	User name or email address	Password
Facebook		
Instagram		
LinkedIn		
Twitter		

Instructions I'd like my profiles closed Please post a message of my passing

If I haven't written my passwords above, they can be found:

Subscriptions	Log-in details	
Company	User name or email address	Password

If I haven't written my passwords above, they can be found:

Utilities/type	Company	Account number
Power		
Phone		
Internet		
Gas		

People to notify

1. Name	Relationship
Address	
Email	Phone
2. Name	Relationship
Address	
Email	Phone
3. Name	Relationship
Address	
Email	Phone
4. Name	Relationship
Address	
Email	Phone

Pets

1. Name	
Vet name	Phone
Address	
Special requirements	
2. Name	
Vet name	Phone
Address	
Special requirements	
3. Name	
Vet name	Phone
Address	
Special requirements	

Your Will

Having a current legal will is Important and makes life easier for those you leave behind. It also ensures that your final wishes are carried out.

If you die without a will a Court will determine who will administer your estate, handle your financial affairs and act as a guardian for any minor children you may have.

When it comes to making a will we recommend you speak to a lawyer who can ensure:

- It is clearly worded
- It accurately reflects your wishes
- Its administration is professionally carried out
- Your beneficiaries will be fully consulted and informed on matters that affect their interests

What Legacy Would You Like To Leave Behind?

In preparing your will, your immediate family and loved friends will, quite rightly, be the ones that you first take care of when dividing up your estate.

Once family and friends are taken care of many people choose to create a legacy to an organisation they value and respect to ensure they can continue to offer the services that were meaningful to you.

You may wish to consider a gift in your will to New Zealand Red Cross to enable us to continue to serve humanity wherever the need is greatest.

New Zealand Red Cross have a long history of helping those in need and it is through the generosity of our supporters that we are able to be “Here For Good”.

When you make or update your will, the inclusion of a gift to New Zealand Red Cross – after taking care of family and friends – will ensure our work continues.

If you would like more information about leaving a gift in your will to New Zealand Red Cross

Please contact us:

New Zealand Red Cross, Bequests, PO Box 12140, Wellington

✉ Email: bequests@redcross.org.nz ☎ 0800 697 277

Wording For Leaving A Gift In Your Will To New Zealand Red Cross

You can specify an amount, a percentage, or the residue of your estate. Your solicitor or trustee company can advise you.

The wording required to include New Zealand Red Cross in your will is as follows:

*“I give free of all duties to New Zealand Red Cross Incorporated,
Registered Charity No CC21860, PO Box 132140, Wellington 6144*

The sum of _____

OR

The residue of my estate _____

OR

_____% of the residue of my estate

OR

Specific Items _____

To be used and applied for general purposes

OR

*I direct that the receipt of the Secretary General or other proper officer of
New Zealand Red Cross shall be a complete discharge to my executors.”*

When you choose to leave a gift in your will to New Zealand Red Cross we would love to know about it so that we can acknowledge and thank you.

This also gives you a chance to share your stories of any connection to Red Cross as these are an important part of the fabric of our ongoing history.



A series of horizontal lines for writing, consisting of 20 evenly spaced lines that fill the majority of the page.

Family Information *Additional*

1. **Sibling** **Child** Full Half Step Deceased

Name

Phone

Address

Email

Date of birth

Date of death (IF APPLICABLE)

2. **Sibling** **Child** Full Half Step Deceased

Name

Phone

Address

Email

Date of birth

Date of death (IF APPLICABLE)

3. **Sibling** **Child** Full Half Step Deceased

Name

Phone

Address

Email

Date of birth

Date of death (IF APPLICABLE)

4. **Sibling** **Child** Full Half Step Deceased

Name

Phone

Address

Email

Date of birth

Date of death (IF APPLICABLE)

5. **Sibling** **Child** Full Half Step Deceased

Name

Phone

Address

Email

Date of birth

Date of death (IF APPLICABLE)



NEW ZEALAND
RED CROSS
RĀPEKA WHERO AOTEAROA

OUR MISSION: — TO — *improve the lives* OF VULNERABLE PEOPLE

through mobilising the **POWER OF HUMANITY** and
enhancing community resilience.

WHAT WE DO

Disaster Risk Management – always ready when disaster strikes:

Supporting people and communities before, during, and after the impact of natural or man-made disasters and emergencies.

Migration – helping new Kiwis settle into their new homes:

Supporting former refugees to rebuild their lives in Aotearoa New Zealand, by providing settlement and employment support in multiple locations across the country.

International Programmes – making a positive impact around the globe:

Working with the International Federation of the Red Cross (IFRC), the International Committee of the Red Cross (ICRC) and other National Red Cross and Red Crescent Societies to address global humanitarian needs by deploying New Zealanders with expertise and skills to provide practical support in locations of great need.

First Aid – helping people look out for each other:

Delivering First Aid training courses to thousands of New Zealanders, giving them the lifesaving skills and knowledge to help someone in need at home, in the workplace, and the wider community.

**Thank you for considering making a gift
in your will to New Zealand Red Cross**

HERE
FOR
GOOD