

CRISIS MANAGEMENT PACK

This document is designed as a comprehensive guide to help individuals organise and safeguard critical personal, financial, and legal information in preparation for unexpected life events or emergencies. It facilitates the collection and centralisation of essential details, including personal identification, financial records, insurance policies, legal arrangements, and digital legacy preferences.

By completing the sections provided, users can ensure that key information is accessible to themselves, their loved ones, or designated representatives during times of crisis. The pack also includes practical tools for planning ahead, such as steps for creating a will and managing liabilities.

Intended as a resource for peace of mind and preparedness, this pack is not a substitute for professional advice but aims to empower users with financial literacy and readiness.

TABLE OF CONTENTS

YOUR PERSONAL INFORMATION.....	3
YOUR FAMILY / DEPENDANTS.....	4
Your Civil Status:.....	4
Dependent Children Under 18.....	5
Adult Children Dependents.....	5
Your GP.....	6
Your Pets.....	6
Any Other Legal Arrangements.....	7
LOCATION OF IMPORTANT INFORMATION.....	8
FINANCIAL RECORDS:.....	10
Social Welfare & Allowances.....	10
Accounts.....	13
Credit Cards.....	14
Accounts for Other People.....	15
INSURANCE.....	16
General Insurance Policies.....	16
Life Assurance.....	17
PENSION.....	18
Private Pension(s).....	18
State Pension(s).....	19
MORTGAGE.....	20
LIABILITIES.....	21
Loans & Debts.....	21
Utilities & Bills.....	23
ASSETS.....	25
General Assets.....	25
Investments and Shares.....	26
DIGITAL LEGACY.....	27
MAKING A WILL.....	29
YOUR WILL.....	30
DISCLAIMERS.....	31
ACKNOWLEDGEMENTS.....	32
ACCESS CREDIT UNION - SIGNING IN SHEET.....	33
ACCESS CREDIT UNION - SIGN OUT SHEET.....	34
PERSONAL RETAINER PAGE.....	35

YOUR PERSONAL INFORMATION

First Name	
Surname	
Date of Birth	
Address	
Eircode	
Contact number	
Email Address	
PPS number	
NI Number / Tax Number from another country	<i>Please give details:</i>

YOUR FAMILY / DEPENDANTS

Your Civil Status:

You may tick more than one and provide details if relevant, e.g. you are divorced but now remarried.

Civil Status	YES or NO	Any Other Details
Single		
Married		
Civil Partnership		
Cohabiting		
Separated / Divorced		
Widowed		

If you have a partner, please provide their details:

Name	Address	Contact Number	Email

Dependent Children Under 18

If you have children aged under 18, if applicable, who are their appointed guardians?

Name	Address	Contact Number	Email

Adult Children Dependents

If you have adult children that will need financial support, who should be contacted?

Name	Address	Contact Number	Email

Your GP

Name and Contact Details of your GP:

Your Pets

*Details of your Pets:
(include pet names and dates of birth, if known)*

Name and Contact Details of your Vet:

Who should be contacted to make arrangements for your pets?

Name	Address	Contact Number	Email

Any Other Legal Arrangements

If you have made any other legal arrangements for your family, please detail them here:

--

LOCATION OF IMPORTANT INFORMATION

If any of the following documents are applicable, please provide details:

DOCUMENT	PLACE STORED
<i>Will/Trusts</i>	
<i>Insurance Policies</i>	
<i>Pension Policies</i>	
<i>Bank/Credit Card</i>	
<i>Property Deed(s)</i>	
<i>Marriage / Divorce Certs</i>	
<i>Birth / Death Certs</i>	
<i>Passport / Drivers Licence</i>	
<i>Power of Attorney</i>	
<i>Enduring Power of Attorney</i>	
<i>Co-Decision-Making Agreement</i>	
<i>Decision-Making Assistance Agreement</i>	
<i>Decision-Making Representation Order</i>	

DOCUMENT	PLACE STORED
<i>Advanced Healthcare Directive</i>	
<i>Funeral Arrangements</i>	
<i>Organ / Body Donation</i>	
<i>Other</i>	<i>Please give details:</i>

I would like the following documents to remain unread or destroyed, for example, personal diaries, personal letters, photographs etc.

FINANCIAL RECORDS:

Social Welfare & Allowances

Are you in receipt of any Social Welfare Payments or Allowances?

Payment Type	In Receipt?
<i>Basic Supplementary Allowance</i>	
<i>Benefit Payment for Over 65 year Olds</i>	
<i>Blind Pension</i>	
<i>Carer's Allowance</i>	
<i>Carers Benefit</i>	
<i>Disability Allowance</i>	
<i>Disablement Benefit</i>	
<i>Domiciliary Care Allowance</i>	
<i>Farm/Fish Assist</i>	
<i>Fuel Allowance</i>	

Payment Type	In Receipt?
<i>Guardian's Payment Contributory</i>	
<i>Guardian's Payment Non-Contributory</i>	
<i>Household Benefit Package</i>	
<i>Illness Benefit</i>	
<i>Invalidity Pension</i>	
<i>Jobseekers Allowance</i>	
<i>Jobseekers Benefit</i>	
<i>Jobseekers Benefit Self-Employed</i>	
<i>Living Alone Increase</i>	
<i>One Parent Family Payment</i>	
<i>State Pension Contributory</i>	
<i>State Pension Non-Contributory</i>	

Payment Type	In Receipt?
<i>Widow, Widower or Surviving Civil Partner's Pension Contributory</i>	
<i>Widow, Widower or Surviving Civil Partner's Pension Non-Contributory</i>	
<i>Other</i>	<i>Please give details:</i>

Accounts

Please list each account separately, for example, if you have two accounts with the same bank, list each on a separate line. Please include joint accounts here.

Name(s) on Account	Bank Name / Credit Union / An Post / Wise / Revolut / PayPal, etc.	Any other details:

Credit Cards

Name(s) on Account	Bank Name / Credit Union / An Post / Wise / Revolut / PayPal, etc.	Last Four Digits	Any other details:

Accounts for Other People

Are you a guardian of an account in someone else's name or have opened an account for someone else?

(E.g. if you hold savings accounts for grandchildren, or other family members)

Note: If you have an account in your own name that is intended for someone else, please list it with details on the previous page under your bank accounts list.

INSURANCE

General Insurance Policies

Type	Provider	Any other details:
<i>Health Insurance</i>		
<i>Car Insurance</i>		
<i>Mortgage Protection Insurance</i>		
<i>Pet Insurance</i>		
<i>Home Insurance</i>		
<i>Workplace Insurance</i>		
<i>Farm Insurance</i>		
<i>Travel</i>		
<i>Other</i>		

Life Assurance

Company	Any other details:

PENSION

Private Pension(s)

Do you have any private pension(s)?

☐ YES

☐ NO

If YES, please list them below. If you have a specific named beneficiary on your policy, please include that information here also.

Pension Provider	Country	Currency	Frequency of Payment (if applicable)

Any other details regarding private pension(s), including named beneficiaries:

--

State Pension(s)

Do you have any state pension(s)?



YES



NO

If YES, please provide details:

Country	Currency	Frequency of Payment	Any Other Details

MORTGAGE

Do you have any mortgage(s)?



YES



NO

If YES, how many do you have?

Mortgage Provider	Name(s) on the Account	Address of Property	Any Other Details

LIABILITIES

Loans & Debts

Are you a guarantor for a loan or other financial obligation for **someone else**?



YES



NO

If YES, please provide details:

--

Do you have any **outstanding loans**?



YES



NO

(E.g. car, bank loans, personal loans, furniture loans, etc.)

If YES, please provide details:

Institution / Company	Any other details

Do you have any active overdraft(s) or credit card liabilities?



YES



NO

If YES, please provide details:

Institution / Company	Any other details

Utilities & Bills

Do you have any of the following Utility Bills:

Utility	Provider	Details
Gas		
Electricity		
Oil		
Mobile Phone		
If you have a phone contract please include your phone number:		
Wi-Fi		

Do you have any of the following Subscriptions:

Subscription	List	Details
Netflix		
Disney		
Sky		
Amazon Prime		
Other		

ASSETS

General Assets

If you have any assets, please list them here:

(E.g. Property, Land, Car, Valuables, etc. Please include contact details of anyone managing the asset(s) if not you)

Type of Asset	Any Other Details

Investments and Shares

(E.g. Cryptocurrency, Stocks and Shares, Prize Bonds etc.)

Type of Asset	Any Other Details

DIGITAL LEGACY

This section provides information on how you would like your email and social media accounts to be used after your death.

Following a death, technology companies can either delete accounts or change your social media page to a memorialised account at the request of a close family member or the person who has an Enduring Power of Attorney.

Please detail here your wishes for your email and social media accounts, and any other relevant details. Note which accounts you have and if you wish them to be deleted where possible, memorialised:

Account Name	I have this account	Delete YES / NO	Memorialise YES / NO	Any other details
Email				
Facebook				
Instagram				
Twitter				
WhatsApp				
LinkedIn				

TikTok				
Snapchat				
Photobox				
Other				

Do you have a digital backup or storage account for photos that you would like someone to be able to access?



YES



NO

(e.g. Google Drive, iCloud, Photobox, etc.)

If YES, please give details

Any other details you would like to share about your digital/online legacy:

MAKING A WILL

A will is a way of saying what you want to happen to your estate (your assets) after you have died. It allows you to name persons (your executors) who will carry out your wishes after death.

Whatever age you are, writing a will is the only legally binding way to make sure your wishes about your assets are fulfilled after your death.

If you do not make a will, the law will decide on the distribution of your assets.

There are a number of affordable ways to make a will, for example the RNLI offers a free will writing service as part of their Free Wills Month. In Ireland, this takes place in May. Some solicitors may also have very competitive rates, for example MV Legal in Skibbereen offer a combined will writing service in conjunction with this form*.

Many individuals might have a will written themselves, but in this case they need to make sure it is valid. A valid will must:

- Be signed in the presence of two witnesses who are not direct beneficiaries of the will, or spouses / civil partners of beneficiaries.
- These witnesses must also sign the will in order for it to be deemed a legal document.

There is very helpful information on making a will on the Citizens Information website at the following location: [Making a will](https://www.citizensinformation.ie/en/death/before-a-death/making-a-will/)
(<https://www.citizensinformation.ie/en/death/before-a-death/making-a-will/>)

*Contact MV Legal on: 028 23787

YOUR WILL

Have you made a will?



YES



NO

If YES, where is it stored?

If you have a Solicitor, please provide their details:

Solicitor Name	Solicitor Contact Details

Any other details:

DISCLAIMERS

This document is provided for informational purposes only and is not intended as legal, financial, or professional advice. The content is designed to promote financial literacy and assist readers in understanding general financial concepts. It should not be relied upon for making decisions without consulting a qualified professional. While efforts have been made to ensure the accuracy of the information, no guarantees are made regarding its completeness or applicability to individual circumstances. By using this document, you acknowledge that you do so at your own risk. For specific advice, please consult a licensed expert.

Disclaimer for Access Credit Union Document Storage

Access Credit Union provides this document storage service solely as a community support initiative to store sealed Crisis Management Packs. Access Credit Union does not have knowledge of, access to, or retain copies of the contents of the stored documents. This service is not offered as a general service to all members and is provided on an entirely voluntary basis.

Access Credit Union assumes no liability for the contents of the documents stored, including, but not limited to, their accuracy, completeness, or legal validity. Additionally, Access Credit Union is not responsible for the loss, damage, or destruction of stored documents due to fire, theft, or other unforeseen events. As this is not a standard service provided by the credit union, the contents of the stored packs are not covered by Access Credit Union's insurance policies.

By utilising this service, you acknowledge and agree to these terms and accept full responsibility for the contents of your Crisis Management Pack and any associated risks. For any specific concerns or requirements, it is recommended to seek independent professional advice.

ACKNOWLEDGEMENTS

The creation of this document would not have been possible without the generous funding provided by SOLAS and Adult Literacy for Life through the Collaboration & Innovation Fund 2024.



Special thanks go to our partners for this project; Cork Education & Training Board, Citizens Information Services, and University College Cork.

Additional gratitude goes out to a number of individuals and organisations who gave valuable input into this project; MV Legal, Skibbereen Family Resource Centre, and Access Credit Union.



ACCESS CREDIT UNION - SIGNING IN SHEET

If you wish to store this form at the Skibbereen Access Credit Union, please complete this page.

I hereby acknowledge and consent to Access Credit Union storing this document and any related personal data in accordance with applicable data protection laws, including the General Data Protection Regulation (GDPR). I understand that the Access Credit Union will take all reasonable measures to ensure the security and confidentiality of my information. This consent is provided with the understanding that my personal data will only be used for legitimate purposes in compliance with GDPR requirements.

Signed: _____

Print Name: _____

Date: _____

*Please bring a **photo ID** with you, such as a passport or driving license, so that the staff can make a copy to accompany your sign in and sign out sheets.*

My nominated **Next of Kin*** is: _____ and their relationship to me is _____. I give them my permission to sign out this pack should I become incapacitated or bereaved by obtaining and providing a letter from my doctor confirming the above.

**Leave blank if you do not wish for this to be applied.*

ACCESS CREDIT UNION - SIGN OUT SHEET

The staff member at Access Credit Union should complete this section and confirm that they have retained a copy or the stated document(s).

This Crisis Management Pack can be signed out by one of the following, please tick which applies:

- ☐ The owner of the Pack, providing photo ID.
- ☐ The stated Next of Kin on the Sign In Sheet. An original doctor's letter stating the person who signed the pack in is either incapacitated or bereaved has been provided.
- ☐ The executor of the Will of the person who signed the pack in. A certified copy of the Will has been provided.
- ☐ An appropriately named person providing a certified copy of a grant of Probate.

I confirm that I have received and taken a copy / retained a copy of the appropriate documents and cross-checked the photo ID provided. I have retained these copies together with this signed Sign Out Sheet, which will be retained by Access Credit Union. A copy of this sheet may be provided to the person signing out the Pack.

Staff Member Name: _____

This section must be completed by the person signing out the Pack.

I confirm that I have provided the appropriate documentation to sign out the Pack, and I am either the owner of the Pack, or I am acting in good faith on their behalf if they are either incapacitated or bereaved.

Print Name: _____

Signed: _____

Date: _____

PERSONAL RETAINER PAGE

This page is for you to keep, please do not include it in your Crisis Management Pack. Keep it somewhere safe and accessible.

My name is: _____

My Crisis Management Pack is stored at/in: _____

Any other details: _____

Reminder, if your Pack is stored with Access Credit Union here is information on signing it back out:

This Crisis Management Pack can be signed out by one of the following:

- ☐ The owner of the Pack, providing photo ID.
- ☐ The stated Next of Kin on the Sign In Sheet. An original doctor's letter stating the person who signed the pack in is either incapacitated or bereaved has been provided.
- ☐ The executor of the Will of the person who signed the pack in. A certified copy of the Will has been provided.
- ☐ An appropriately named person providing a certified copy of a grant of Probate.