



Association of NATO/ACE Retired Civilian Personnel

ANARCP

Association du Personnel Civil Retraite OTAN/ACE



Manual for Next of Kin

Death compels us to reflect
on what we have and what we had.



Association of NATO/ACE Retired Civilian Personnel
(ANARCP: Netherlands Branch)
website: <http://www.anarcp.nl/>

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Liability

The information provided in this manual cannot be used as the basis for any claims to entitlements.

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Information



Introduction

This manual (compiled from various sources of information) is a guide to issues and aspects that face the next of kin after a retired civilian staff member has died. The manual briefly covers the basic issues by providing appropriate forms.

After the death of a former NATO civilian staff member, you should contact the NATO Pensions Unit and Vanbreda International immediately by telephone (and subsequently send a copy of the death certificate). Contact details are as follows:

- NATO Pensions Unit with regard to pension payment, stating the pension number:
*NATO Pensions Unit, Room AA 229
 1110 Brussels, Belgium
 Tel.: + 32.2.707.4581, Fax: + 32.2.726.92.93*
- Vanbreda International with regard to medical insurance, stating the medical insurance number (Vanbreda card number):
*Vanbreda International
 Postbus 69
 2140 Antwerp, Belgium
 Tel.: Toll-free + 800 32 710 7081, Fax + 32 3 235 01 24*
- The NATO Group Insurance Policy with Vanbreda includes funeral cost insurance for retired staff members and their partners.
- ~~A retired staff member may be exempt from paying various kinds of national social security contributions, and in the event of death this entitlement may be transferable to the retired staff member's spouse. For further information, please contact ANARCP, which may also be able to provide a suitable application form for this exemption.~~
- The tax adjustment payment for the next of kin will have to be recalculated because the pension payable by NATO will decrease.
- If you need further information or have any questions, please check the ANARCP website or contact an ANARCP representative.

Comment: which apparently does not exist any more, or is at least inaccessible.

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Checklist



After a person has died there is a lot to arrange and do, but the next of kin often find it difficult to get their thoughts together. The chronologically arranged checklist below (*originally provided in Dutch by the Monuta funeral organization*) briefly indicates the actions and important decisions that have to be taken. A lot of information may already be available in the **Forms for next of kin**, if the necessary details have previously been filled in.

Before the funeral

Done	Actions and decisions
01	Contact a physician to obtain <i>medical certification of death</i> .
02	In case of death while travelling, call the <i>travel insurance company's emergency helpline</i> and/or the <i>Vanbreda International toll-free number</i> .
03	In case of accidental death, contact the <i>accident or life insurance company's emergency helpline</i> and/or the <i>Vanbreda International toll-free number</i> .
04	Check whether there is a <i>will</i> or a <i>personal statement of wishes relating to the funeral</i> .
05	Check whether there is a life insurance or funeral cost insurance policy, apart from the coverage provided by Vanbreda International.
06	Contact a <i>funeral services company (or more than one, to obtain quotations)</i> .
07	Contact the official registrar to obtain a <i>death certificate</i> (this task may also be performed by the funeral services company).
08	Check whether the retired staff member was registered as an organ donor.
09	
10	

Comment: This question is superfluous. Life insurance and funeral costs insurance is provided by the NATO Group Insurance policy. The question could be realigned to read "Check whether there is a life insurance or funeral cost insurance policy, apart from the coverage provided by Vanbreda."

After the funeral

Done	Actions and decisions
01	Arrange the granting of (<i>documentary certification of</i>) <i>probate</i> .
02	Inform <i>banks and other financial institutions</i> .
03	Use the certificate of probate to arrange authorization to use or

	close accounts with banks and other financial institutions.
04	Notify benefit payment agencies
05	Apply for bereavement allowance, if you qualify for this.
06	Inform social security agencies and the tax authorities.
07	If you are receiving a rent allowance, arrange for it to be adjusted.
08	Apply for a state pension, if you qualify for this.
09	Inform other organizations and official bodies with which the retired staff member was registered.
10	

As time permits

Done	Actions and decisions
01	Arrange guardianship, child care or family support services.
02	Make financial arrangements for any children attending higher education study courses.
03	List any credit card accounts, outstanding cheques, automatic debits and payment orders from bank accounts, and cancel them if necessary.
04	Verify bank account balances existing on date of death.
05	List any outstanding debts (taxes, mortgage, funeral costs, etc.)
06	List any property / household items, and arrange valuation if necessary.
07	Obtain payment of benefits from insurance companies
08	Pay off the mortgage.
09	Open the safe deposit box at the bank. Empty it / cancel the hire of it if necessary.
10	Check for stocks/securities deposited with financial institutions and arrange for further management of them.
11	Arrange management of real estate.
12	Complete the inheritance tax declaration.
13	Share out the estate in accordance with the terms of the will.
14	
15	

Instructions

The form below lists the *actions* that have to be taken after a person's death, and it gives instructions on how to *fill in* the "forms for next of kin". You may also find it useful to give blank copies of these forms to your partner and/or other family members so that they can provide you a record of their corresponding details in case of emergency.

When you have finished filling in a form, put an 'X' into the 'Done' check box on the summary form. This makes it easy to check which forms have not yet been filled in.

Fill in all the forms (including the summary), print them out (via the menu *File > Print*) and store them in a safe place. Let someone know where these forms and other important documents are kept. Data can also be saved on a (locked!) storage device such as a USB stick.

If a certain form is not applicable, it may still be helpful to mark it as such, print it out and store it, and then tick it off in the summary form.

If any changes occur, the form concerned will have to be amended, printed out and/or stored.

Put an "X" into the appropriate grey check box, e.g. in:

No Yes

Done	Action item
<input type="checkbox"/>	Always contact the <i>NATO Pensions Unit</i> and <i>Vanbreda International</i> immediately. You can do this by telephone and then send a copy of the death certificate by mail.
<input type="checkbox"/>	A retired staff member may be exempt from paying various kinds of national social security contributions, and in the event of death this entitlement may be transferable to the retired staff member's spouse. For further information, please contact ANARCP, which may also be able to provide a suitable application form for this exemption.
<input type="checkbox"/>	The tax adjustment payment for the next of kin will have to be recalculated because the pension payable by NATO will decrease. If you need further information or have any questions, please check the ANARCP website or contact an ANARCP representative.

Comment: which apparently does not exist any more, or is at least inaccessible.

<input type="checkbox"/>	Place these forms and all other important documents (e.g. will, birth certificate, passport, marriage certificate, insurance policies, etc.) into a folder. Keep this folder in a (preferably fireproof) location and inform your next of kin where to find it.
<input type="checkbox"/>	Make sure that bank accounts, safety deposit boxes, etc. are jointly registered in your name and your partner's name in order to prevent problems resulting from deactivation of accounts or assets.
<input type="checkbox"/>	It is advisable for unmarried couples who are living together to arrange for a lawyer to draw up a cohabitation agreement. This should prevent the occurrence of problems if one of the partners dies.
<input type="checkbox"/>	<i>After the death of a retired staff member, his/her spouse's financial situation will change considerably!</i> To assist the adjustment process, fill in the attached forms, giving as much detail as possible. Remember that some data are liable to change in future.
<input type="checkbox"/>	If you are covered by a life insurance/assurance policy, make sure you clearly state the designated beneficiary in case of your death.
<input type="checkbox"/>	Explain to a member of your family the relevant information relating to your financial affairs, and tell him/her where to find this document.
<input type="checkbox"/>	If you want to make special provisions, go to a lawyer and arrange for a will to be drawn up, including any specific personal bequests you wish to make. If you later wish to amend any provisions of the will, you can arrange for the addition of a codicil.
<input type="checkbox"/>	Consider requesting a financial adviser to prepare a <i>risk analysis</i> taking account of all aspects that could be important in the event of your death: NATO pension, state pension, family support costs, life insurance, mortgage, etc.
<input type="checkbox"/>	
<input type="checkbox"/>	

Remember that the financial situation of your next of kin is going to change drastically!

I confirm that the forms checked off in the 'Done' column have been duly filled in (please sign and date below):

Date: _____ Signature: _____

Forms



Forms

The information you provide in the *forms* provided below will only be relevant if you fill them in as accurately as possible. Filling in these forms takes a lot of time. It is a task that will make sure you realise your responsibilities toward the next of kin who outlive you. Most of the forms can also be used by your partner and other family members.

Click here for [instructions](#) on the *steps to be taken* and on *how to fill in these forms*. There is also a brief [checklist](#) of the actions and decisions to be taken. You will also find a brief [summary](#) at the end of this manual.

A list of available forms is shown below:

1. Personal details	4. Financial matters	7. Contracts
2. Obligations	5. Funeral	8. General matters
3. Estate	6. Personal possessions	

1. Personal details

Done	Title of form
1.1 <input type="checkbox"/>	Retired staff member
1.2 <input type="checkbox"/>	Retired staff member's partner
1.3 <input type="checkbox"/>	Retired staff member's children

2. Obligations

Done	Title of form
2.1 <input type="checkbox"/>	Guardianship
2.2 <input type="checkbox"/>	Maintenance obligations

3. Estate

Done	Title of form
3.1	Executor Personal details of the executor, the person who is responsible for settling the deceased person's estate. An executor is appointed in a will.
3.2	Certificate of probate This is a declaration prepared by a lawyer, stating the deceased person's details, whether a will exists, what is specified in the will, and the identity of the heir(s) and the executor(s) (<i>see above</i>).
3.3	

4. Financial matters

Done	Title of form
4.1	Financial matters Mortgages, claims against third parties, debts, loans, ownership of stocks / shares, place of safekeeping, etc.
4.2	Insurance policies
4.3	Accounts at financial institutions Details of bank accounts, giro accounts and savings accounts. (Contact the bank concerned to obtain advice for next of kin).
4.4	NATO pension, state pension, other pensions
4.5	Tax adviser
4.6	Taxes

5. Funeral

Done	Title of form
5.1	Funeral Extensive form in which you can record all your specific wishes relating to your funeral and burial/cremation.
5.2	Addresses of persons and institutions that have to be informed
5.3	Details of people to be invited to the funeral

6. Personal property

Done	Title of form
6.1	Personal property Description of real estate, movable personal property and rights of ownership.
6.2	Household goods Description of the goods and chattels in your (rented/owned) home, boat, caravan, camper van, etc.
6.3	

7. Legally significant documents

Done	Title of form
7.1	Organ donor registration For official information on the subject of organ donation and registration as a donor in your country of residence you can call ***** or go to the website www.***** .
7.2	Advance directive on health care A signed, dated directive in which a person gives health care instructions that are to be followed if he/she is no longer able to communicate with other persons. A directive of this kind is usually witnessed or notarized. Note: the law of the Netherlands also permits a person to provide a euthanasia directive – a document in which he/she specifies the circumstances in which he/she would personally want to undergo euthanasia.
7.3	Certificate of probate (see above)

8. General matters

Done	Title of form
8.1	Documents Details of important documents such passport, driving licence, vehicle registration document, etc.
8.2	Subscriptions
8.3	Memberships
8.4	Safe deposit box or bank safe
8.5	Access codes / passwords
8.6	
8.7	

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

Retired staff member

Details of the retired staff member, his/her employment and his/her relationship status (marriage / living with a partner).

1. Personal details of the former staff member:

Family name	
Maiden name	
First name(s)	
Date of birth	
Place of birth	
Social security number	
Street name and house number	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Registered as an organ donor?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: <input type="text"/>
Euthanasia declaration?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: <input type="text"/>
Other pension rights	
Further information or remarks	

2. Employment:

Name of organization	Start date	End date	Reason for end of employment

3. Marriage / Living together:

Type of marital agreement	Place and date of signature	Reason for termination of agreement	Date of termination

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

Retired staff member's partner

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Personal details of the *retired staff member's partner*:

Family name				
First name(s)				
Date of birth				
Place of birth				
Social security number				
Street name and house number				
Postal code				
Town / city				
Country				
E-mail address				
Home telephone number				
Cell phone number				
Registered as an organ donor?	No	Yes	Date:	
Euthanasia declaration?	No	Yes	Date:	
Other pension rights				
Further information or remarks				

I declare that I have provided the information above to the best of my knowledge and belief (*please sign and date below*):

Date:

Signature: _____

Retired staff member's children

Personal details of the (*underage*) children for whom the retired staff member was required to pay maintenance.

(If the retired staff member had more than 5 children, fill in one or more additional forms, as necessary.)

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Personal details of the retired staff member's *own children, step children, foster children, adopted children, etc.:*

Number of children:	
---------------------	--

#1

Family name					
First name(s)					
Date of birth					
Place of birth					
Street name and house number					
Postal code					
Town / city					
Country					
Home telephone number					
Cell phone number					
Relationship to retired staff member	Own child	Step child	Foster child	Adopted child	Other
Child's marital status					
Further information or remarks					

#2

Family name	
First name(s)	
Date of birth	
Place of birth	
Street name and house number	
Postal code	
Town / city	
Country	
Home telephone number	
Cell phone number	
Relationship to retired staff member	<input type="checkbox"/> Own child <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Adopted child <input type="checkbox"/> Other
Child's marital status	
Further information or remarks	

#3

Family name	
First name(s)	
Date of birth	
Place of birth	
Street name and house number	
Postal code	
Town / city	
Country	
Home telephone number	
Cell phone number	
Relationship to retired staff member	<input type="checkbox"/> Own child <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Adopted child <input type="checkbox"/> Other
Child's marital status	
Further information or remarks	

#4

Family name	
First name(s)	
Date of birth	
Place of birth	
Street name and house number	
Postal code	
Town / city	
Country	
Home telephone number	
Cell phone number	
Relationship to retired staff member	<input type="checkbox"/> Own child <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Adopted child <input type="checkbox"/> Other
Child's marital status	
Further information or remarks	

#5

Family name	
First name(s)	
Date of birth	
Place of birth	
Street name and house number	
Postal code	
Town / city	
Country	
Home telephone number	
Cell phone number	
Relationship to retired staff member	<input type="checkbox"/> Own child <input type="checkbox"/> Step child <input type="checkbox"/> Foster child <input type="checkbox"/> Adopted child <input type="checkbox"/> Other
Child's marital status	
Further information or remarks	

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date: _____ Signature: _____

Guardianship

Personal data of the (co-)guardian of the retired staff member's (underage) children.

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Guardian's personal details:

Family name							
First name(s)							
Date of birth							
Place of birth							
Street name and house number							
Postal code							
Town / city							
Country							
Home telephone number							
Cell phone number							
Further information or remarks							
Is the (co-)guardian aware of the retired staff member's death?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px;">No</td> <td style="width: 50px;"><input type="checkbox"/></td> <td style="width: 50px;">Yes</td> <td style="width: 50px;"><input type="checkbox"/></td> <td style="width: 50px;">Date:</td> <td style="width: 100px;"><input type="text"/></td> </tr> </table>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>		

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date: _____ **Signature:** _____

Maintenance obligations

Personal details of the (*underage*) children for whom the retired staff member had an obligation to pay maintenance. (*Fill in one form per child.*)

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Child's personal details:

Family name					
First name(s)					
Date of birth					
Place of birth					
Street name and house number					
Postal code					
Town / city					
Country					
Home telephone number					
Cell phone number					
Means of payment					
Monthly maintenance sum in €					
Further information or remarks					
Is the child aware of the former staff member's death?	<table border="1"> <tr> <td>No</td> <td>Yes</td> <td>Date:</td> <td></td> </tr> </table>	No	Yes	Date:	
No	Yes	Date:			

I declare that I have provided the information above to the best of my knowledge and belief (*please sign and date below*):

Date: _____ Signature: _____

Executor

The *executor* is the person responsible for carrying out the instructions given in a will. An executor is appointed in the will and may be one of the heirs or another person.

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Family name					
First name(s)					
Date of birth					
Place of birth					
Street name and house number					
Postal code					
Town / city					
Country					
Home telephone number					
Cell phone number					
Further information or remarks					
Is the executor aware of the former staff member's death?	<table border="1"> <tr> <td>No</td> <td>Yes</td> <td>Date:</td> <td></td> </tr> </table>	No	Yes	Date:	
No	Yes	Date:			

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

Financial matters

Details of the retired staff member's financial affairs:

- Mortgage(s)
- Claim(s) against third parties
- Debts
- Loans to third parties
- Ownership of securities/stocks

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Code	Financial interest	Type	Financial interest	Type	Financial interest
C	Claims against third parties	L	Loans to third parties	?	<other>
D	Debts	S	Securities/stocks		

(In the *Code* column, write the appropriate letter or symbol from the table above.)

Code	Organization / person	Account number	Description / remarks	Amount / value
				€

I declare that I have provided the information above to the best of my knowledge and belief *(please sign below)*:

Date: _____ *Signature:* _____

Code	Policy name	Policy number	Description / remarks

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date: _____ Signature: _____

2. Automated payments

Possible account types: bank account, loan account, investment account, giro account, mortgage account, Internet account, savings account, etc.

Type of account	Name of bank or institution	Account number	Description (see above)

3. Electronic bank cards

Possible account types: bank account, loan account, investment account, giro account, mortgage account, Internet account, savings account, etc.

Type of account	Name of bank or institution	Account number	Description (see above)

I declare that I have provided the information above to the best of my knowledge and belief (please date and sign below):

Date: _____ Signature: _____

Tax adviser

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Personal details of the retired staff member's tax adviser:

Family name	
First name(s)	
Street name and house number	
Postal code	
Town / city	
Country	
Home telephone number	
Cell phone number	
Further information or remarks	
Is the tax adviser aware of the retired staff member's death?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: <input type="text"/>

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date: _____ Signature: _____

Inheritance tax:

Tax office	
Street name and building number	
Postal code	
Town / city	
Person to be contacted	
Telephone	

Other taxes:

Description	
Postal code	
Town / city	

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

Funeral

Personal wishes and funeral instructions for the next of kin. The following aspects can be specified here:

- Notification of death to family, friends, acquaintances, etc.
- Who is to arrange the funeral?
- Where is the funeral to start from?
- Specific requests relating to the funeral
- Who is to be invited to the funeral?
- Specific requests relating to the funeral ceremony / religious service
- Post-funeral arrangements
- Burial or cremation?
- Details relating to burial
- Details relating to cremation
- Medical aspects
- Other information

Family name	
First name(s)	
Street name and house number	
Postal code	
Town / city	
Country	
Date of birth	
Place of birth	
Social security number	
This document was drawn up in (<i>place</i>)	
This document was drawn up on (<i>date</i>)	

I have specified the following wishes and instructions to provide guidelines for the arrangements for and conduct of my funeral:

1. Notification of death to family, friends, acquaintances, etc.

Has an appropriate list of addresses	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/>
--------------------------------------	-----------------------------	------------------------------	--------------------------

been prepared and attached to this form?	
Obituary announcement in newspaper(s)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Send mourning cards?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please include the following text, poem or quotation:

--

2. I want to entrust the funeral arrangements to:

Member of the clergy	
Personal friend / relation	
Funeral services company	

3. I want the funeral to start from:

My home	
Funeral company's premises	
Other location	

4. I wish the funeral to take account of the following aspects:

Farewell visit before the ceremony?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Flowers?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Religious service?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Member of the Society of Friends?	No <input type="checkbox"/> Yes <input type="checkbox"/>

5. I wish the funeral to be:

Completely private	
Conducted in the presence of my immediate family members only	
Conducted in the presence of family members, friends and acquaintances	

6. During the funeral:

Funeral address by speaker(s)?	No	Yes
Music?		
Are family members to have the opportunity to choose music?		

7. Post-funeral arrangements:

Opportunity for condolences?	No	Yes
Lunch / high tea?	No	Yes
List of people to be invited to the lunch / high tea? <i>(see attached list, if any)</i>		
Specification of menu for lunch / high tea:		

8. Choice of burial or cremation:

Burial?	No	Yes
Cremation?	No	Yes

9. Aspects relating to burial:

I wish to be buried in:	Individual grave	Common grave
Details of purchased burial plot: <i>Owned by:</i> <i>Town / city:</i> <i>Cemetery:</i> <i>Section, row & lot number:</i>		
Headstone on the grave?	No	Yes
Text on the headstone:		
Photo on the headstone?	No	Yes

10. Aspects relating to cremation:

My ashes are to be:	Buried	Scattered
scattered: <ul style="list-style-type: none"> • on a cremation green at the crematorium in: • at sea (from boat/ship/aircraft): • other: 		
buried in an urn: <ul style="list-style-type: none"> • in the burial plot of (name): • at the cemetery in: • in the urn gallery of the crematorium in: 		
Placing of the urn into the columbarium at the crematorium		
Memorial plaque required? Text for the memorial plaque:	No	Yes
Are family members permitted to attend the placing of the urn?	No	Yes

11. Medical aspects

I have registered as a donor for the medical use of my organs, tissue, etc.: The documents relating to this are located in: The authorities mentioned in these documents are to be notified immediately after my death.	No	Yes
I have bequeathed my body to science. The actions to be taken immediately after my death are specified in the	No	Yes

documents located in:	
-----------------------	--

12. Other information:

Further personal wishes, instructions, announcements, etc:	
--	--

I declare that I have provided the information above to the best of my knowledge and belief (*please sign and date below*):

Date:

Signature: _____

05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date: _____ Signature: _____

Personal property

You can use this form to provide details of all personal property registered in your name, such as *real estate* (house, holiday home, etc.) and '*other goods*' (car, motorcycle, bicycle, caravan, camper van, boat, etc.). You should also state the location of the item concerned.

Fill in as many forms as necessary.

Your household goods are to be listed on a different form.

Signatory's personal details:

Family name	
First name(s)	
Social security number	

Page of

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

Household goods

You can use this form to provide details of all your household goods, such as the furniture and fittings of your house, caravan, camper van, boat, etc. You should also state the location of the item concerned.

Fill in as many forms as necessary.

Your items of personal property are to be listed on a different form.

Signatory's personal details:

Family name	
First name(s)	
Social security number	

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Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

Description of item	
Value approx.	
Street name and house number	
Postal code	
Town / city	
Further information or remarks	

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*;

Date:

Signature: _____

Subscriptions

You can use this form to provide details of all your current subscriptions: newspapers, magazines, TV / radio guides, public transport tickets, museum tickets, etc. Note: subscriptions are sometimes transferable to other people.

(Fill in as many forms as necessary.)

Signatory's personal details:

Family name	
First name(s)	
Social security number	

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Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="text"/>

Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="text"/>

Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	<input type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="checkbox"/>

Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	<input type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="checkbox"/>

Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	<input type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="checkbox"/>

Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	No <input type="checkbox"/> Yes, transfer it to <input type="checkbox"/>

Name of publication, etc.	
Type of subscription	
Subscription number	
Street name and building number (of publisher, etc.)	
Postal code	
Town / city	
Cost of subscription	
Means of payment	
Continue the subscription?	No <input type="checkbox"/> Yes, transfer it to <input type="checkbox"/>

I declare that I have provided the information above to the best of my knowledge and belief (please sign and date below):

Date:

Signature: _____

Memberships

You can use this form to provide details of all your current memberships, e.g. social, cultural, sports, charitable, political, professional, touristic, religious and other groups, clubs, associations and institutions. Memberships sometimes provide certain benefits, such as discounts or forms of assistance.

(Fill in as many forms as necessary.)

Signatory's personal details:

Family name	
First name(s)	
Social security number	

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Name of group, organization, etc.	
Type of membership	
Membership number	
Street name and house number <i>(of group, organization, etc.)</i>	
Postal code	
Town / city	
Membership fee	
Means of payment	
Continue the membership?	<input type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="text" value=""/>

Name of group, organization, etc.	
Type of membership	
Membership number	
Street name and house number <i>(of group, organization, etc.)</i>	
Postal code	
Town / city	
Membership fee	
Means of payment	
Continue the membership?	<input type="checkbox"/> No <input type="checkbox"/> Yes, transfer it to <input type="text" value=""/>

Internet bank account(s)

Type	Name of account holder	User name	Password

I declare that I have provided the information above to the best of my knowledge and belief *(please sign and date below)*:

Date:

Signature: _____

Summary

This manual contains *advice* and *forms* that can assist next of kin in dealing with all kinds of issues after the death of a retired staff member. It is advisable to follow the advice provided and to fill in all the details required on the forms.

As stated earlier, the advice and the forms were compiled with the aid of ideas from various sources. In the event of any inaccuracies or any aspects that are not covered, please contact ANARCP by sending an e-mail detailing your comments to admin@anarcp.nl.

You may also find it useful to give blank copies of these forms to your partner and/or other family members so that they can provide you with a record of their corresponding details in case of emergency.

Liability

The information provided in this manual cannot be used as the basis for any claims to entitlements.