



Association of NATO/ACE Retired Civilian Personnel

ANARCP

Association du Personnel Civil Retraite OTAN/ACE



Manual for Next of Kin of NATO Retirees and Relatives

Prepared by
Association of NATO/ACE Retired Civilian Personnel
(ANARCP: Branch the Netherlands)

Version 2023 EN

Liability

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

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1 **INTRODUCTION**

This manual can be used as a reference for next of kin in the event a retired NATO civilian staff member has died. It gives the next of kin the opportunity to meet specific wishes of the retired NATO staff member and arrange the handling of practical matters after his death.

This manual can prevent many ambiguities and problems, because you can indicate very clearly what you do or do not want. This manual can also be a trigger to start the conversation about the end of life so that your wishes and expectations can be expressed and discussed. We know from experience that this manual offers some guidance and support to the next of kin during an emotionally very difficult period.

By completing this manual by the retiree, you demonstrate your sense of responsibility towards your next of kin.

This manual consists of two parts. The first part consists of a concise checklist for next of kin and indicates in time order which steps and important decisions must be taken after a death.

The second part consists of a collection of forms in Annex 1 in which the retiree or his partner can already record important personal data and wishes with regard to the funeral or cremation, but can also make an overview of important financial matters and assets and of current subscriptions and memberships.

It is important that the retiree completes the forms on time, as the effectiveness of this manual largely depends on the fact that all relevant information has been completed. Once completed, it will still have to be checked regularly to see if they are still complete and up to date.

Also make sure to store this completed manual as a printed copy in a known place or store it digitally somewhere where it can be found by the next of kin.

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Some parts of the original text of this manual are tailored to the situation in the Netherlands and are less (or not at all) applicable elsewhere as the situation regarding steps to take following a death may vary from nation to nation.

A particularly obvious example of this is the 'Euthanasia Declaration', which may not be permitted by Law in other Countries.

2 CHECKLIST FOR RELATIVES

After a person has died it is often difficult for the next of kin to get their thoughts straight, while there is still a lot to arrange and do.

The chronologically arranged checklist below indicates which steps and important decisions have to be taken by the next of kin.

A lot of extra information will be available in [APPENDIX A \(Forms for Retirees\)](#), if these have been completed.

2.1 BEFORE THE FUNERAL

OK	Actions and decisions
01	Contact a physician to obtain a <u>medical certification of death</u> .
02	Inform <u>family members and next of kin</u> .
03	In case of death while travelling, call the <u>travel insurance</u> company's emergency helpline and/or the <u>Allianz helpline</u> .
04	In case of accidental death, contact the accident or <u>life insurance</u> company's emergency helpline and/or the <u>Allianz helpline</u> .
05	Check if there is <u>funeral insurance</u> that makes funeral arrangements? Then contact the <u>funeral services company</u> (see A.4.3-Insurances).
06	Check if there is a <u>will or a personal statement of wishes</u> relating to the funeral (see A.7.2-Directives and power of attorney), if so then contact the notary.
07	Check if the retired staff member was registered as an <u>organ donor</u> . (see A.7.2-Directives and power of attorney).
08	Contact the <u>official registrar</u> to obtain a <u>death certificate</u> (this task may also be performed by the funeral services company).

2.2 AFTER THE FUNERAL

OK	Actions and decisions
01	Arrange the granting of <u>(documentary certification of) probate</u> .
02	Inform <u>banks</u> and other financial institutions.
03	Use the certificate of probate to arrange authorization to use or <u>close accounts with banks</u> and other financial institutions.
04	Inform the <u>NATO Pensions Unit</u> . This can be done by phone followed by the submission of a death certificate (see important addresses here below in para 2.4).
05	Notify other <u>benefit payment agencies</u> .
06	Inform the <u>Allianz health insurance</u> helpdesk and ask for the payment of the funeral expenses. The Allianz health insurance pays out a fixed amount to cover the costs of a funeral for all insured members. To apply for this benefit, a death certificate must be sent to Allianz. (see important addresses here below in para 2.4).
07	Inform <u>national Social Security Agencies</u> in case you receive a state pension.

Checklist

08	Request a <u>Reversion Pension from the NATO Pensions Unit</u> (only for participants to the Coordinated Pension Scheme). Note that the <u>tax adjustment</u> for dependants will be re-calculated by the NATO Pensions Unit and takes into account the reduced reversion pension and thus reduced tax adjustment. This also implies that already received tax adjustment may have to be refunded. The NATO Pensions Unit will send a message accordingly.
09	Inform the <u>tax office</u> in case taxes are paid monthly in advance to ask to adjust these monthly payments.
10	Change the name of the <u>rental contract</u> or cancel the rent (in case the deceased was the only tenant).
11	If you are receiving a <u>rent allowance</u> , arrange for it to be adjusted (if necessary).
12	Change the <u>registration of the car</u> and car insurance (if necessary).
13	Inform <u>other organizations</u> and official bodies with which the retired staff member was registered (eg. energy, telephone, internet, insurances etc.).

2.3 **AS TIME PERMITS**

OK	Actions and decisions
01	Arrange <u>guardianship</u> , child care or family support services.
02	Adjust <u>financial arrangements for any children</u> attending higher education study courses.
03	List any <u>credit card accounts</u> , outstanding cheques, <u>automatic debits and payment orders</u> from bank accounts, and cancel them if necessary.
04	Verify <u>bank account balances</u> existing on date of death.
05	List any outstanding <u>debts</u> (taxes, mortgage, funeral costs, etc.).
06	List any <u>property / household items</u> , and arrange valuation if necessary.
07	<u>Inform insurance companies</u> and request any payment of death benefits. If necessary change the name of the insurance holder.
08	Inform the <u>mortgage bank</u> and assess if a life insurance was coupled to the mortgage that would pay off the mortgage. If necessary change the name of the mortgage holder.
09	Open the <u>safe deposit box</u> at the bank. If necessary empty it and cancel the hire.
10	Check for <u>stocks/securities deposited</u> with financial institutions and arrange for further management of them.
11	Arrange the management of <u>real estate</u> . If necessary change the name of ownership.
12	Complete the <u>inheritance tax declaration</u> after request from the tax office.
13	<u>Share out the estate</u> in accordance with the terms of the will.
14	Cancel or transfer <u>memberships, subscriptions and social networks</u> .

2.4 **IMPORTANT ADDRESSES**

- **NATO Pensions Unit** with regard to pension payments, stating the pension number:

*NATO HQ
Room L2.1.201
Boulevard Leopold III
B-1110 Brussel – België
Tel.: 0032.2.707.7933
e-mail: mailbox.pensions@hq.nato.int*

- **Allianz Worldwide Care** with regard to the medical insurance, stating the medical insurance number:

*Allianz Worldwide Care
32 Boulevard Roi Albert II
B-1000 Brussel – België
Tel.: 00800 1514 8585 (toll-free)
e-mail: unityhelpline@e.allianz.com*

3 **INSTRUCTIONS WHEN FILLING IN FORMS**

Below are instructions on how to prepare and how to fill in the “Forms for Retirees” in [APPENDIX A](#). It may also be useful for the partner and others to fill in certain forms.

The forms must be completed by the retiree and can be used by relatives as a guideline when arranging practical and financial matters surrounding a funeral and afterwards.

When you have completed a form, it is useful to tick the OK "checkbox" in the overview form in Appendix A. This makes it easy to check which forms are still missing.

Complete all forms (including the overview) and print them (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 placed on a (secure) storage medium, for example on a USB stick.

When a certain form is not applicable, it can still be useful to save and print the (empty!) form and check it in the overview form.

Put an “X” in the relevant grey checkboxes in the forms; for example in:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
----	--------------------------	-----	--------------------------

In the event of changes, the relevant form must be entered again and printed. Entering the date at the top of the form is an indication of how recent the information is.

3.1 **GENERAL ADVICE WHEN COMPLETING THE FORMS**

OK	Description
<input type="checkbox"/>	Fill in and complete the attached forms as much as possible, taking into account that information is subject to change.
<input type="checkbox"/>	Place these forms, as well as all other relevant papers (e.g. will, birth certificates, passport, marriage certificate, insurance policies, etc.) in a folder and keep these in a (if possible fireproof) place known to the next of kin.
<input type="checkbox"/>	At a minimum, inform your partner and/or other relations of the relevant information regarding your financial affairs and of the (electronic) whereabouts of this manual.
<input type="checkbox"/>	Make sure that bank account(s), safe deposit boxes , etc. are jointly registered in your name and the name of your partner in order to minimize account/fund blocking issues in case one of the partners dies.
<input type="checkbox"/>	Clearly indicate on life insurance policies , who the beneficiary(ies) is(are) in the event of death.
<input type="checkbox"/>	If you want to make special provisions in case of death, go to a lawyer or notary and have a will drawn up.
<input type="checkbox"/>	It is advisable for unmarried couples who are living together to arrange a registered partnership through a contract drawn up by a lawyer or notary. This can prevent problems in the event one of the partners dies. NOTE: A registered partnership is currently not seen by NATO as the equivalent to a marriage. A reversion pension will only be provided in case of an official civil marriage.

Instructions

	<p>If necessary, you can also draw up a living will by a lawyer or civil-law notary, in which you can record who can arrange your medical and financial affairs when you are legally incapacitated and in which you can also record your wishes with regard to medical treatments that are still desirable or exclusions thereof.</p>
	<p>An ex-partner of the NATO retiree is entitled to a reversion pension if a court has ruled on a financial arrangement, for example in the form of alimony. After the death of the NATO retiree, the ex-partner must apply for a pension from the NATO Pensions Unit, sending a copy of the court decision. This is absolutely necessary, because without that court ruling there is no entitlement to a reversion pension for the ex-partner.</p>
	<p>After death, the financial situation will change significantly! Consider asking a financial advisor to make a risk analysis, which includes all financial matters that play a role in case of the death of one of the partners: NATO pension, state pension, family support cost, life insurance, mortgage, etc.</p>
	<p>The tax adjustment for the surviving partner will be re-assessed by the NATO Pensions Unit after the NATO retiree's death because the pension payable by NATO will decrease.</p> <p>Please note that the tax compensation of the deceased will decrease and any overpaid tax compensation must be refunded. The NATO Pensions Unit will send a message about this.</p>
	<p>Inform one of your members of household of the relevant information regarding your financial affairs and where to find this document.</p>

4 SUMMARY

This manual contains **advice** and **forms** that can assist next of kin of NATO retirees 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.

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.

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APPENDIX A

FORMS FOR RETIREES

Forms

The effectiveness of the information provided in the forms is highly dependent on the accurate completion of all **forms** below.

Filling out the forms takes a lot of time. Some forms can also be used by the partner and others.

The instructions for **completing** these forms, as well as general advice on matters that are important when completing the forms, can be found in [Chapter 3](#).

The forms are divided into 7 categories as indicated in the overview below. There are several forms in each of the categories and all forms are included in the overview in this chapter. If a form has been completed, it is wise to indicate this in this overview by placing an “X” in the “Done” field of the relevant form.

A.1. <i>Personal details</i>	A.4. <i>Financial matters</i>	A.7. <i>General matters</i>
A.2. <i>Obligations</i>	A.5. <i>Funeral</i>	
A.3. <i>Inheritance</i>	A.6. <i>Personal possessions</i>	

A.1. Personal details

Done	Title of Form
A.1.1 <input type="checkbox"/>	<u>Personal details of retired staff member</u>
A.1.2 <input type="checkbox"/>	<u>Personal details of partner</u>
A.1.3 <input type="checkbox"/>	<u>Personal details of children</u>

A.2. Obligations

Done	Title of Form
A.2.1 <input type="checkbox"/>	<u>Guardianship</u>
A.2.2 <input type="checkbox"/>	<u>Alimony children</u>
A.2.3 <input type="checkbox"/>	<u>Alimony ex-partner</u>

A.3. Inheritance

Done	Title of Form
A.3.1	<u>Executor of inheritance</u> Details of the executor, who is responsible for settling the inheritance. If there is a will, the executor can be designated in the will.
A.3.2	<u>Certificate of probate</u> This is a declaration prepared by a lawyer or notary, stating who has died, whether there is a will and what has been determined in it as well as who are the heirs are and who the <u>executor</u> is (see above) to settle the inheritance.

A.4. Financial matters

Done	Title of Form
A.4.1	<u>Bank accounts</u> Details of bank accounts and savings accounts.
A.4.2	<u>Loans and claims</u> Mortgages, claims from third parties, debts, loans, stocks including location, etc.
A.4.3	<u>Insurances</u>
A.4.4	<u>Pensions</u>
A.4.5	<u>Tax advisor</u>
A.4.6	<u>Taxes</u>

A.5. Funeral

Done	Title of Form
A.5.1	<u>Funeral wishes</u> Form in which you can record all wishes regarding your funeral/cremation. (See also Codicil 7.2)
A.5.2	<u>Addresses</u> of persons and institutions that need to be informed
A.5.3	<u>Invitations</u> for the funeral

A.6. Personal possessions

Done	Title of Form
A.6.1 <input type="checkbox"/>	<u>Property/Assets</u> Description of (im)movable property and property rights.
A.6.2 <input type="checkbox"/>	<u>Household goods</u> Description the household contents, boat, caravan, camper, etc.

A.7. General matters

Done	Title of Form
A.7.1 <input type="checkbox"/>	<u>Important documents</u> Information about important documents such as passport, driver's license, car registration certificate, etc.
A.7.2 <input type="checkbox"/>	<u>Directives and power of attorney</u> Information about wills, donor registration, codicil, notarial powers of attorney (living will).
A.7.3 <input type="checkbox"/>	<u>Subscriptions</u>
A.7.4 <input type="checkbox"/>	<u>Membership</u>
A.7.5 <input type="checkbox"/>	<u>Safe deposit box or bank safe</u>
A.7.6 <input type="checkbox"/>	<u>Access codes and passwords</u>

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A.1 PERSONAL DETAILS

A.1.1 Personal details of retired staff member

Personal details of the retiree.

Family name					
First name(s)					
Date of birth					
Place of birth					
Social security number					
Address					
Postal code					
Town / city					
Country					
E-mail address					
Home telephone number					
Cell phone number					
Cohabitation contract?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Married?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Date end of marriage or cohabitation					
Organ donor?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Euthanasia declaration?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Will?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Directive on health care wishes?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Living will?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>
Date of death					
Further details					

A.1.2 Personal details of partner

Personal details of the partner of the retiree.

Family name						
First name(s)						
Date of birth						
Place of birth						
Social security number						
Address						
Postal code						
Town / city						
Country						
E-mail address						
Home telephone number						
Cell phone number						
Organ donor?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>
Euthanasia declaration?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>
Will?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>
Directive on health care wishes?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>
Living will?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date:	<input type="text"/>
Date of death						
Further details						

A.1.3 Personal details of children

Details of the children of the retiree (own, step, foster, adopted, etc.).

(Complete one (or more) forms if more than 5 children).

Number of children:	<input type="text"/>
---------------------	----------------------

Child #1

Family name												
First name(s)												
Date of birth												
Place of birth												
Address												
Postal code												
Town / city												
Country												
E-mail address												
Home telephone number												
Cell phone number												
Relation with the retiree?	None	<input type="checkbox"/>	Own	<input type="checkbox"/>	Step	<input type="checkbox"/>	Foster	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital status?												
Further details												

Form A.1.3 – Personal details - Children

Child #2

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree?	<input type="checkbox"/> None <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoption <input type="checkbox"/>
Marital status?	
Further details	

Child #3

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree?	<input type="checkbox"/> None <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoption <input type="checkbox"/>
Marital status?	
Further details	

Form A.1.3 – Personal details - Children

Child #4

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree?	<input type="checkbox"/> None <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoption
Marital status?	
Further details	

Child #5

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree?	<input type="checkbox"/> None <input type="checkbox"/> Own <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adoption
Marital status?	
Further details	

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A.2 OBLIGATIONS

A.2.1 Guardianship

Personal details of the (supervisory) guardian of the (minor) children of the retiree.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

Personal details of the guardian

Family name					
First name(s)					
Address					
Postal code					
Town / city					
Country					
E-mail address					
Home telephone number					
Cell phone number					
Further details					
Is guardian aware?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>

A.2.2 Alimony children

Details of the (minor) children for whom the retiree is obliged to pay alimony.

(Complete 1 form per child!)

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

Personal details of child that receives alimony

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Payment method	
Monthly amount in €	
Additional details	

A.2.3 Alimony ex-partner

Details of the ex-partner for whom the retiree is obliged to pay alimony.

NOTE! In the event of the retiree's death, the ex-partner is entitled to a survivor's pension if a court has ruled on a financial arrangement, for example in the form of alimony, during the divorce. After the death of the retiree, the ex-partner must apply for a pension from the NATO Pensions Unit, whereby a copy of the court decision must be sent. This is absolutely necessary, because without that court ruling there is no entitlement to a survivor's pension for the ex-partner.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

Personal details of the ex-partner in receipt of alimony

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Payment method	
Monthly amount in €	
Additional details	

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A.3 INHERITANCE

A.3.1 Executor of inheritance

The executor is the person responsible for settling the inheritance and is appointed in a will and can be one of the heirs or an outsider.

The rights and obligations of the executor are stated in the will.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

Personal details of the executor

Family name							
First name(s)							
Date of birth							
Place of birth							
Address							
Postal code							
Town / city							
Country							
E-mail address							
Home telephone number							
Cell phone number							
Further details							
Is the executor informed of his role?	<table border="1"> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>Date:</td> <td><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"/>		

A.3.2 Certificate of probate

The certificate of probate is drawn up by a notary or lawyer, who declares who has died, whether there is a will and what it stipulates. The notary also declares who the heirs are and who the executor (see above) is to settle the inheritance.

If no executor has been appointed in a will, the details of all heirs must be specified as well as a power of attorney of all heirs in which the executor is appointed and can act on behalf of all heirs.

(Complete one (or more) forms if there are more than 5 heirs).

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

Personal details of all heirs

Heir #1

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree	
Marital status	
Further details	

Form A.3.2 - Inheritance – Certificate of probate

Heir #2

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree	
Marital status	
Further details	

Heir #3

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree	
Marital status	
Further details	

Form A.3.2 - Inheritance – Certificate of probate

Heir #4

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree	
Marital status	
Further details	

Heir #5

Family name	
First name(s)	
Date of birth	
Place of birth	
Address	
Postal code	
Town / city	
Country	
E-mail address	
Home telephone number	
Cell phone number	
Relation with the retiree	
Marital status	
Further details	

A.4 FINANCIAL MATTERS

A.4.1 Bank accounts

Information about all **bank accounts**: such as bank, investment, mortgage, internet and savings accounts of the retiree.

With further information about **automatic payments** and **bank cards**.

The **description** field of an account, payment or card must contain information about the name, the account number, the pin code (?), the authorized representative(s) and the place where statements are kept.

Nowadays, many organizations require a login name and password to arrange online affairs. We advise you to store this data in a safe, but accessible manner, so that next of kin can also arrange these matters if necessary (see also Access codes and passwords [\(A.7.6\)](#))

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.4.1.1 Bank accounts

Type	Account	Type	Account	Type	Account
Ban	Bank	Cre	Credit	Sav	Savings
Inv	Investment	Int	Internet	?	<other>

(For the Account Type, enter the letter or sign as indicated above)

Type	Name Bank	Account.nr.	Account holder

A.4.1.2 Automatic Payments

(For the Account Type, enter the letter or sign as indicated above)

Type	Name Bank	Account.nr.	Description (see intro above)

A.4.1.3 Bank cards

(For the Account Type, enter the letter or sign as indicated above)

Type	Name Bank	Account.nr.	Account holder and pass number

A.4.2 Loans and claims

Details about **loans and claims** of the retiree:

- Mortgages
- Loans
- Debts
- Claims against third parties
- Security/Stock holdings

The storage location of documents should also be included under the **description/remarks** field in the table below.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.4.2.1 Loans and claims

Type	Account/Contract	Type	Account/Contract	Type	Account/Contract
Mor	Mortgage	Loa	Loans	Cla	Claims
Sec	Securities/Stocks	Deb	Debts	?	<other>

(For the Account Type, enter the letter or sign as indicated above)

Type	Name bank/party	Account. nr.	Description / remarks	amount / value €

A.4.3 Insurances

Details about **insurances** of the retiree:

- The *name* of the insurance company
- The *policy number*
- in the *Description/Remarks* field of the table below specify the type of insurance, the location of the insured object, the place of the policy, invoices and statements of accounts, etc.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.4.3.1 Insurances

Type	Insurance	Type	Insurance	Type	Insurance
Acc	Accident	Equ	Equipment	Med	Medical
Aut	Automobile/Car	Fir	Fire	Mot	Motorcycle /bicycle
Boa	Boat	Gla	Glass	Thi	Third Party Liability
Bui	Building	Hou	Household Contents	Tra	Travel
Cam	Caravan/Camper	Lif	Life	?	<other>

(For the Insurance Type, enter the letter or sign as indicated above)

Type	Name insurance	Policy nr.	Description / remarks	Amount
				€

A.4.4 Pensions

Details on **pension entitlements** of the retiree and of the partner:

- The name of the company where the pension is accrued
- The name of the pension insurance
- The policy number

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.4.4.1 Pension entitlements of the retiree

Name Company / Organisation	Start date	End date	Pension insurance and number

A.4.4.2 Pension entitlements partner

Name Company / Organisation	Start date	End date	Pension insurance and number

A.4.5 Tax advisor

Contact details of the tax advisor.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.4.5.1 Personal details of the tax advisor of the retiree

Family name					
First name(s)					
Address					
Postal code					
Town / city					
Country					
E-mail address					
Office telephone number					
Cell phone number					
Is tax advisor aware?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date: <input type="text"/>

A.4.6 **Taxes**

Tax declaration forms for the various types of taxes after death are usually sent by the Tax and Customs Administration. This concerns:

- **Income tax** debited/credited to the inheritance and calculated over the current year up to and including the day preceding the day of the death.
 - **Inheritance Tax**.
-

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.4.6.1 **Income tax**

Address Tax office	
Postal code	
Town / city	
Point of contact	
Telephone number	
Description	

A.4.6.2 **Inheritance tax**

Address Tax office	
Postal code	
Town / city	
Point of contact	
Telephone number	
Description	

A.4.6.3 Other taxes

Address Tax office	
Postal code	
Town / city	
Point of contact	
Telephone number	
Description	

A.5 FUNERAL

A.5.1 Funeral wishes

Personal wishes and instructions for the next of kin to arrange the funeral: burial or cremation. The following things can be recorded here:

- Notification of death
- I wish that the following leads the funeral
- I wish that the funeral starts from
- I have the following wishes regarding the funeral
- During the funeral
- After the funeral
- Choice of burial or cremation
- Aspects of the burial
- Aspects of the cremation
- **Fout! Verwijzingsbron niet gevonden.**
- Additional wishes

Personal details of the retiree

Family name	
First names	
Address	
Postal code	
Town / city	
Country	
Date of birth	
Place of birth	
Filled in at (place)	
Filled in on (date)	

The following wishes and instructions have been recorded by me to serve as a guideline for the arrangement and execution of my funeral.

A.5.1.1 Notification of death

Would you like to send mourning cards?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Address list included in this manual?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Obituary announcement in newspaper(s)?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	

The Following text, poem or quote to be added on the death notification:

A.5.1.2 I wish that the following leads the funeral

Pastor / vicar	
Church	
Personal relationship	
Funeral services company	

A.5.1.3 I wish that the funeral starts from

Own house	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Funeral services premises	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Other location					

A.5.1.4 I have the following wishes regarding the funeral

With farewell visit before the ceremony?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
With flowers?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
If yes, which type (colours)?					
With church service?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
If yes, which church?					
In private?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Only with close relatives?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
With family, friends and interested parties?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	

A.5.1.5 During the funeral

Opportunity for speakers?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
With music?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Which music?				
Music choice of the family?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

A.5.1.6 After the funeral

Opportunity for condolences?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
With lunch or high tea?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, separate list of invitees? (see list under 5.3)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Specification of menu for lunch / high tea:				

A.5.1.7 Choice of burial or cremation

Burial (see A.5.1.8)?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Cremation (see A.5.1.9)?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

A.5.1.8 Aspects of the burial

I wish to be buried in:	Own grave	<input type="checkbox"/>	Common grave	<input type="checkbox"/>
<u>Specification of own grave:</u> Owned by: Town /city: Cemetery: Section, row & lot nr:				
Headstone on the grave?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Text on the headstone:				
Photo on the headstone?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

A.5.1.9 Aspects of the cremation

My ashes should be:	Buried <input type="checkbox"/>	Scattered <input type="checkbox"/>
If scattered: - scatter field crematorium: - at sea (ship/aircraft): - other:		
If buried in an urn: - in the grave of: - at the cemetery in: - in the urn gallery of the crematorium: - other:		
Commemorative plaque? Text on the plaque:	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Can the family members be present at the placing of the urn?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

A.5.1.10 Medical matters

I have donated my organs, tissues, etc. If yes, then act immediately after my death as stated in the donor registration in A.7.2.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
I have donated my body to science. If yes, then act immediately after my death as stated in my codicil in A.7.2.	No <input type="checkbox"/>	Yes <input type="checkbox"/>

A.5.1.11 Additional wishes

Additional personal wishes, instructions or announcements:	
--	--

A.5.2 Addresses

In this form you can enter the names and addresses of ***institutions and organisations*** who must be notified after the death. Guests to be invited for the funeral can be indicated on the form [A.5.3](#) hereafter.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.5.2.1 Addresses of institutions and organisations

#	Name of institution / organisation	Adres / e-mail
01	NATO Pensions Unit	NATO HQ Room L2.1.201 Boulevard Leopold III B-1110 Brussel – België Tel.: 0032.2.707.7933 e-mail: mailbox.pensions@hq.nato.int
02	Allianz	Allianz Worldwide Care 32 Boulevard. Roi Albert II B-1000 Brussel – België Tel.: 00800 1514 8585 (gratis van vaste lijn) e-mail: unityhelpline@e.allianz.com
03	General Practitioner	
04	Pastor / vicar	
05	Funeral services association	

Form A.5.2 - Funeral – Addresses

08	Notary	
09	Municipality office	
12	Bank	
13	Mortgage bank	
14	House owner	
15		
16		
17		

A.5.3 Invitations

In this form you can enter the names with addresses of the (possible) **guests for the funeral**. Another form [A.5.2](#) here above lists the names and addresses of *institutions and organisations* to be informed of the death.

(If you have more than 50 guests, fill in several forms and specify the form numbers)

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.5.3.1 Addresses of invited guests for the funeral

Form nr of

#	Name person / family	Address	Postal code, City	Tel. /e-mail
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				

Form A.5.3 - Funeral – Invitations

#	Name person / family	Address	Postal code, City	Tel. /e-mail
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Form A.5.3 - Funeral – Invitations

#	Name person / family	Address	Postal code, City	Tel. /e-mail
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

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A.6 PERSONAL POSSESSIONS

A.6.1 Property/Assets

In this form you can state all **personal property/assets** in your name. This can be *real estate* (house, holiday home, etc.) and *other property* (cars, motorcycles, bicycles, caravan, camper, boat, etc.). For other property, specify the location of the object.

The *household goods* of these assets are recorded on a different form [A.6.2](#).

(Fill in multiple forms if necessary)

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.6.1.1 Personal property/Assets

Form nr of

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Form A.6.1 – Possessions – Property/Assets

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

A.6.2 Household goods

In this form you can state the **household goods** that belong to the properties/assets as specified on the other form [A.6.1](#). This can be the interior furniture and fittings of the house, caravan, camper, boat, etc. Also specify the location of the object.

(Fill in multiple forms if necessary)

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.6.2.1 Household goods

Form nr of

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Form A.6.2 Possessions – Household goods

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

Description	
Value (approx.)	
Address	
Postal code, City	
Remarks	

A.7 GENERAL MATTERS

A.7.1 Important documents

In this form you can state all information about **important documents** of the retiree: the name of the holder, the document number, the location where the documentation and copies are kept, etc.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.7.1.1 Important documents

Passport	Name: Nr: Location:	
Identity card	Name: Nr: Location:	
Drivers licence	Name: Nr: Location:	
Car registration	Name: Nr: Location:	
Marriage booklet	Name: Nr: Location:	

A.7.2 Directives and power of attorney

Data on **will, donor registration, directives, declarations and powers of attorney** of the retiree.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.7.2.1 Directives and power of attorney

Will Date: Location:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Donor registration Date: Location:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Codicil Date: Location:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Living will or power of attorney Date: Location:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Directive on medical treatment Date: Location:	No <input type="checkbox"/> Yes <input type="checkbox"/>

A.7.3 Subscriptions

In this form you can list all **subscriptions** in your name: daily newspapers, weekly magazines, public transport tickets, museum tickets, etc. Note that the name of the subscription can sometimes be transferred to another person (if necessary).

(Fill out one or more forms as necessary).

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.7.3.1 Subscriptions

Form nr of

Name magazine, etc.	
Kind of subscription	
Subscription nr.	
Address (publisher)	
Postal code, City	
e-mail or website	
Subscription fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name magazine, etc.	
Kind of subscription	
Subscription nr.	
Address (publisher)	
Postal code, City	
e-mail or website	
Subscription fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form A.7.3 - General - Subscriptions

Name magazine, etc.	
Kind of subscription	
Subscription nr.	
Address (publisher)	
Postal code, City	
e-mail or website	
Subscription fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name magazine, etc.	
Kind of subscription	
Subscription nr.	
Address (publisher)	
Postal code, City	
e-mail or website	
Subscription fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name magazine, etc.	
Kind of subscription	
Subscription nr.	
Address (publisher)	
Postal code, City	
e-mail or website	
Subscription fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

A.7.4 Membership

In this form you can list all **memberships** in your name. For example social, cultural, sport, charity, political, tourism and church memberships.

(Fill out multiple forms if necessary).

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.7.4.1 Membership

Form nr of

Name of club or society	
Kind of membership	
Membership nr.	
Address (club or society)	
Postal code, City	
e-mail or website	
Membership fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name of club or society	
Kind of membership	
Membership nr.	
Address (club or society)	
Postal code, City	
e-mail or website	
Membership fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Form A.7.4 - General - Membership

Name of club or society	
Kind of membership	
Membership nr.	
Address (club or society)	
Postal code, City	
e-mail or website	
Membership fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name of club or society	
Kind of membership	
Membership nr.	
Address (club or society)	
Postal code, City	
e-mail or website	
Membership fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Name of club or society	
Kind of membership	
Membership nr.	
Address (club or society)	
Postal code, City	
e-mail or website	
Membership fee	
Method of payment	
Continue after death?	<input type="checkbox"/> No <input type="checkbox"/> Yes

A.7.5 Safe deposit box or bank safe

Details about all **safe deposit boxes and/or bank safes** of the retiree.

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.7.5.1 Safe deposit box or bank safe

Name Bank	Location

A.7.6 Access codes and passwords

This form contains information about **digital access data** to bank accounts and the Internet.

- This information includes names, pin codes, account numbers, card numbers, authorized representatives.
- Also names, passwords and internet banking websites.
- For internet accounts details can include: the ISP (Internet Service Provider), user names and passwords and e-mail addresses.
- Digital Identification Number for official websites such as the tax office.
- **Make sure to store this form in a safe place!**

Personal details of the retiree

Family name	
First name(s)	
Date of birth	
Date when completed the form	

A.7.6.1 Digital data

Type	Account	Type	Account	Type	Account
Adm	Administration	Mai	E-mail	Soc	Sociale media
Int	Internet	Sto	Data storage	?	<other>

(For the Account Type, enter the letter or sign as indicated above)

Type	Name of website	User name	Pass word/pin code

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