

# Legacy Ledger



# Introduction

Thinking about the end of your life is something most of us naturally avoid. It's uncomfortable and easy to put off. Being organised and preparing important information about your legacy in advance can simplify the process for your loved ones at a time when they are coping with grief.

That's why we've created a practical and easy-to-use document to help ease that burden. The Legacy Ledger is designed to capture key information about your financial and household matters to ease the process for those left behind.

Here are some things to bear in mind when completing the Legacy Ledger:

## The importance of legal advice

The Legacy Ledger is not a legal document and cannot replace a Will or Power of Attorney; these documents should be completed separately. While it's designed to capture some of your wishes and preferences, these are not legally binding, so it's important that you seek legal advice to arrange a Will and Power of Attorney.

## Go at your own pace

The document isn't something you need to complete in one sitting. Take your time. You might find it helpful to tackle one section at a time. If you feel comfortable, consider discussing your plans with someone close to you, such as your financial adviser or a close family member. Their perspective might help clarify your own thoughts.

## Keep it up to date

Your Legacy Ledger should be reviewed and kept up to date, perhaps annually, to ensure that the information contained in it remains accurate.

## Keep it secure

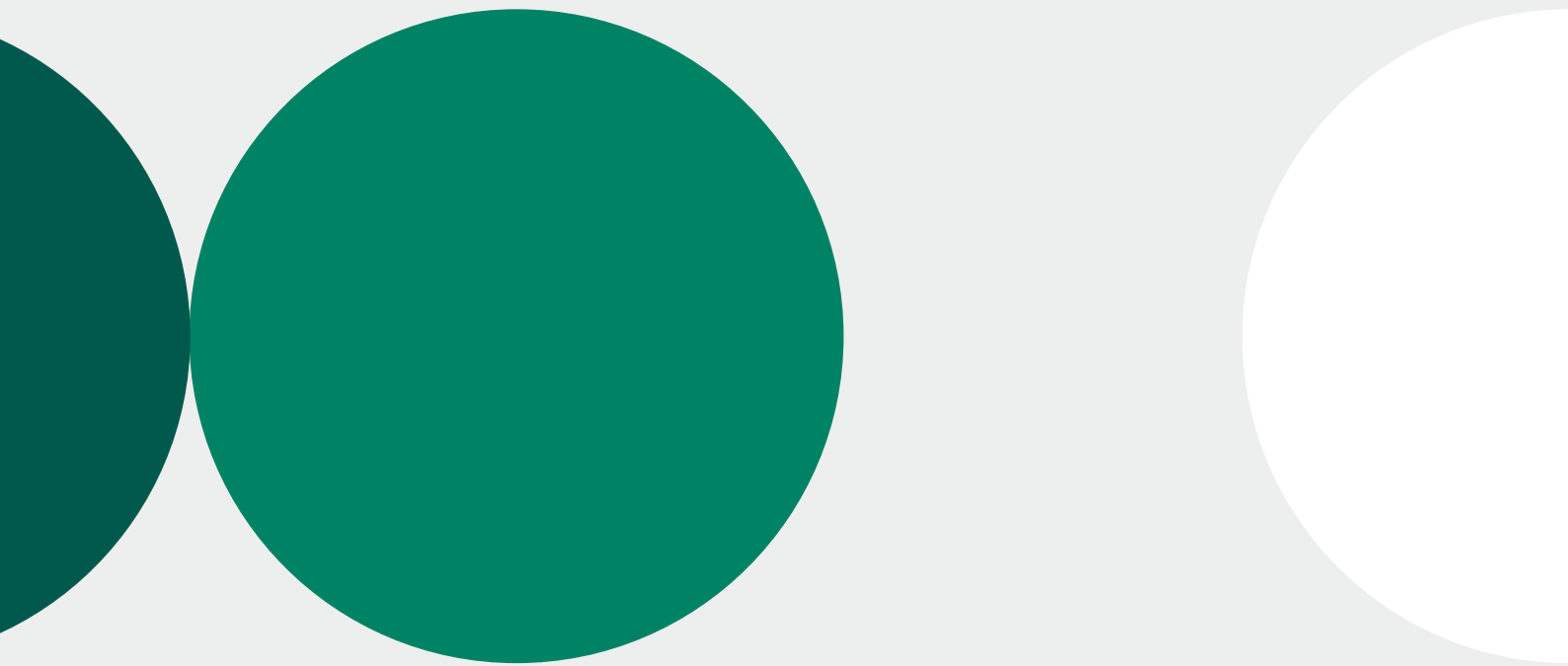
The details you'll be recording are personal and sensitive. Whether you're storing the organiser physically or digitally, make sure it's kept in a secure location. A locked drawer, safe, or password-protected file are all good options.

## Make sure someone knows

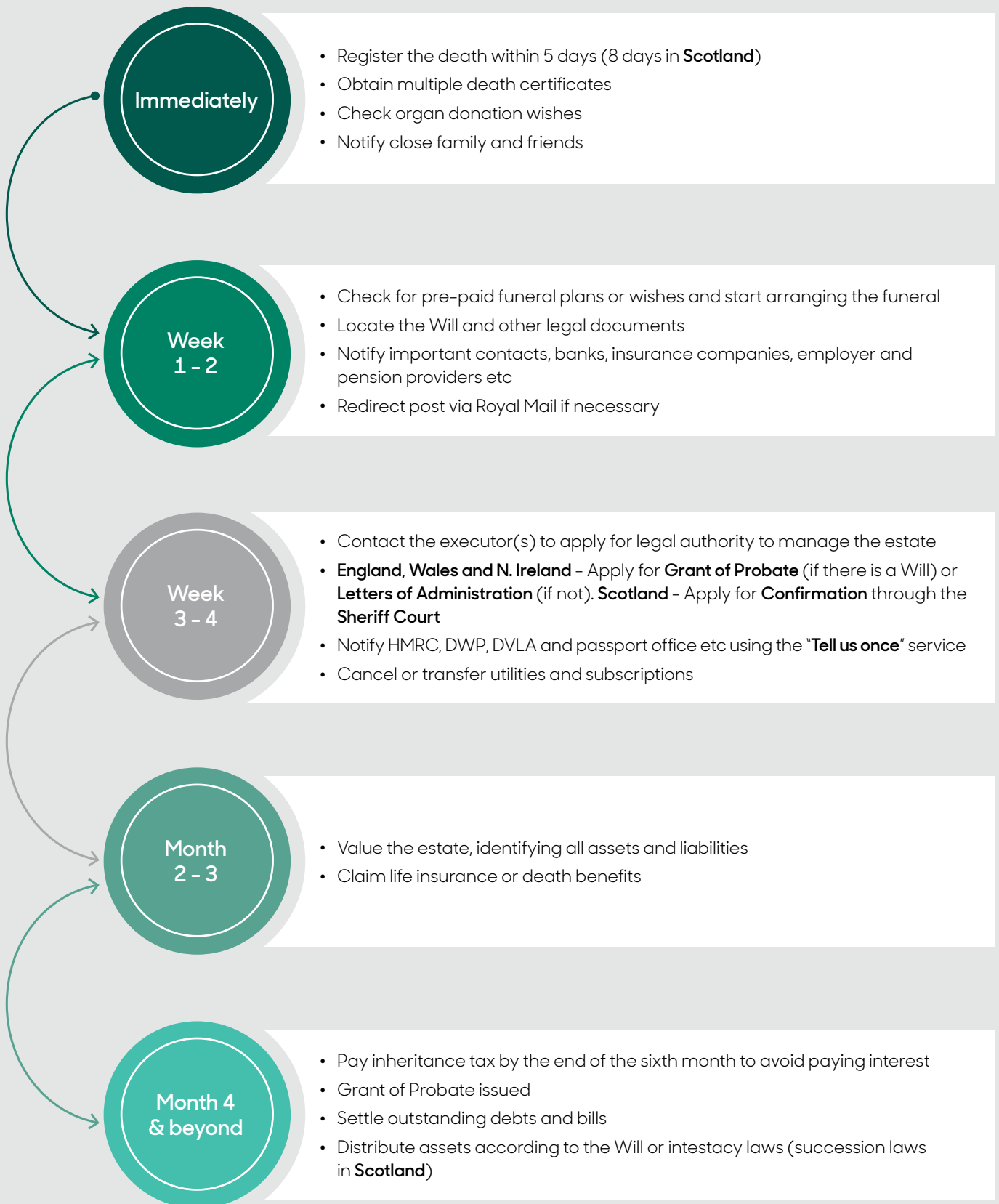
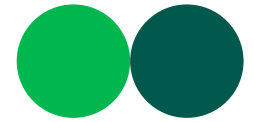
It's crucial that at least one trusted person knows that the Legacy Ledger exists and where to find it. You might even want to share a copy with them, so they're prepared when the time comes.

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# Post-death timeline



# Primary details

Name	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	National insurance number	<input type="text"/>
Passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Driving licence number	<input type="text"/>
Organ donor	<input type="checkbox"/> Yes <input type="checkbox"/> No	NHS number	<input type="text"/>
Date Legacy Ledger completed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

## Important contacts

### Next of kin

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>

### Financial Adviser

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>

### Accountant

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Phone number	<input type="text"/>

## Important contacts – cont.

### Solicitor

Name

Address

Email

Phone number

### Doctor

Name

Address

Email

Phone number

### Employer

Name

Address

Email

Phone number

### Others

Name

Address

Email

Phone number



# Will and Power of Attorney



## My Will

My Will is located

My Will is dated

My Executor(s) are:

### Executor 1

Name

Address

Email

Phone number

### Executor 2

Name

Address

Email

Phone number

### Executor 3

Name

Address

Email

Phone number

## Powers of Attorney

My Power of Attorney is located

My Power of Attorney is dated

It has been registered with the Office of the Public Guardian ☐ Yes ☐ No

### My Attorneys are:

#### Attorney 1

Name

Address

Email

Phone number

#### Attorney 2

Name

Address

Email

Phone number

#### Attorney 3

Name

Address

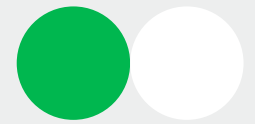
Email

Phone number





# Funeral wishes



There are several things to consider when thinking about your funeral, so use this section to outline your preferences. Here are some things to consider:

- Would you prefer a **burial** or **cremation**?
- Would you rather opt for a **direct cremation** or **burial** with no service?
- If you do want a funeral, what kind of service feels right – **religious, humanist, secular**, or something else?
- Is there a **specific cemetery** or **burial ground** you have in mind?
- If choosing cremation, what would you like done with your **ashes**?
- Are there any **specific readings, music**, or **prayers** you'd like included?
- Who would you like to be **invited to the funeral**?
- Would you like **flowers** at your funeral? If so, what kind?
- Is there a particular **venue for the wake** you'd prefer?
- Would you like **donations** to be made to any charities in your memory?

My funeral wishes:

# Savings and investments

## Bank and savings accounts

### Account 1

Bank	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Account 2

Bank	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Account 3

Bank	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Account 4

Bank	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Bank and savings accounts - cont.

### Account 5

Bank	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Account 6

Bank	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>	
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## Investments

Outline any investments that you hold such as ISAs, bonds, investment accounts or direct shareholdings and the details of the share registrar, if applicable.

**\*Please contact my financial adviser in the first instance regarding these investments.**

### Investment 1

Type of investment	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>

### Investment 2

Type of investment	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>

### Investment 3

Type of investment	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>

## Investments - cont.

### Investment 4

Type of investment	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>

### Investment 5

Type of investment	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>

### Investment 6

Type of investment	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>



# Pensions

My state pension is in payment ☐ Yes ☐ No

**\*Please contact my financial adviser in the first instance regarding these pensions**

## Pension 1

Type of pension	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>

## Pension 2

Type of pension	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>

## Pension 3

Type of pension	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>

**Pension 4**

Type of pension	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>

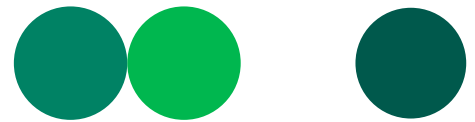
**Pension 5**

Type of pension	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>

**Pension 6**

Type of pension	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>

# Other assets



Detail any other assets such as property, vehicles, jewellery or artwork.

## Asset 1

Asset

Location of asset

Approximate value

Jointly owned?

☐

Yes

☐

No

Additional notes

## Asset 2

Asset

Location of asset

Approximate value

Jointly owned?

☐

Yes

☐

No

Additional notes

## Asset 3

Asset

Location of asset

Approximate value

Jointly owned?

☐

Yes

☐

No

Additional notes



**Asset 4**

Asset

Location of asset

Approximate value

Jointly owned?

☐

Yes

☐

No

Additional notes

**Asset 5**

Asset

Location of asset

Approximate value

Jointly owned?

☐

Yes

☐

No

Additional notes

**Asset 6**

Asset

Location of asset

Approximate value

Jointly owned?

☐

Yes

☐

No

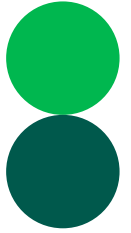
Additional notes

# Potential trust entitlements

Outline if you are the beneficiary or potential beneficiary of any trusts.

<b>Trust 1</b>		
Name of trust		
<input type="checkbox"/> Absolute beneficiary	<input type="checkbox"/> Discretionary beneficiary	
<input type="checkbox"/> Entitlement to capital	<input type="checkbox"/> Entitlement to income	<input type="checkbox"/> Both
<b>Trustee</b>		
Name		
Address		
Phone number		
<b>Financial adviser</b>		
Name		
Address		
Phone number		
<b>Trust 2</b>		
Name of trust		
<input type="checkbox"/> Absolute beneficiary	<input type="checkbox"/> Discretionary beneficiary	
<input type="checkbox"/> Entitlement to capital	<input type="checkbox"/> Entitlement to income	<input type="checkbox"/> Both
<b>Trustee</b>		
Name		
Address		
Phone number		
<b>Financial adviser</b>		
Name		
Address		
Phone number		

# Borrowings



Please detail any credit cards, loans, finance arrangements and mortgages.

**\*Please contact my financial adviser in the first instance regarding these borrowings.**

## Borrowing 1

Type of borrowing

Provider

Account number

Phone number

Jointly owned? ☐ Yes ☐ No

Financial adviser managed\*

## Borrowing 2

Type of borrowing

Provider

Account number

Phone number

Jointly owned? ☐ Yes ☐ No

Financial adviser managed\*

## Borrowing 3

Type of borrowing

Provider

Account number

Phone number

Jointly owned? ☐ Yes ☐ No

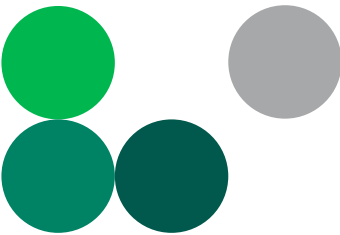
Financial adviser managed\*

# General insurances

Please outline any home, car or other general insurances.

**\*Please contact my financial adviser in the first instance regarding these insurances.**

Insurance 1	
Type of insurance	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>
Insurance 2	
Type of insurance	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>
Insurance 3	
Type of insurance	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>
Financial adviser managed*	<input type="text"/>



# Life insurances



Please outline any type of life insurance including whole of life, term insurance, mortgage protection, funeral plans or death in service with an employer.

**\*Please contact my financial adviser in the first instance regarding these insurances.**

Insurance 1	
Type of insurance	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Sum assured	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>
Insurance 2	
Type of insurance	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Sum assured	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>
Jointly owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser managed*	<input type="text"/>

# Lifetime gifts



Please keep an ongoing record of any gifts or transfers of value made to any individuals, charities, trusts or organisations.

**\*Please contact my financial adviser in the first instance regarding these gifts.**

Lifetime gift 1	
Date of gift	<input type="text"/>
Recipient name	<input type="text"/>
Recipient address	<input type="text"/>
Description of gift	<input type="text"/>
Value of gift	£ <input type="text"/> . <input type="text"/>
Financial adviser managed*	<input type="text"/>

Lifetime gift 2	
Date of gift	<input type="text"/>
Recipient name	<input type="text"/>
Recipient address	<input type="text"/>
Description of gift	<input type="text"/>
Value of gift	£ <input type="text"/> . <input type="text"/>
Financial adviser managed*	<input type="text"/>

**Lifetime gift 3**

Date of gift

Recipient name

Recipient address

Description of gift

Value of gift

Financial adviser  
managed\***Lifetime gift 4**

Date of gift

Recipient name

Recipient address

Description of gift

Value of gift

Financial adviser  
managed\***Lifetime gift 5**

Date of gift

Recipient name

Recipient address

Description of gift

Value of gift

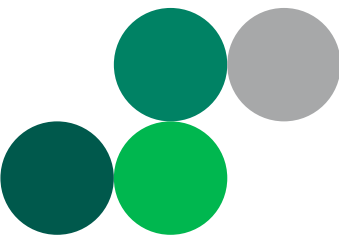
Financial adviser  
managed\*

# Regular gifts

Please keep an ongoing record of any gifts or transfers of value made to any individuals, charities, trusts or organisations.

**\*Please contact my financial adviser in the first instance regarding these gifts.**

Regular gift 1	
Date gifting commenced	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Recipient name	<div></div>
Recipient address	<div></div>
Date gifting stopped	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Value of gift	<div>£<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>.<div><div></div><div></div></div></div>
Frequency	<div></div>
Financial adviser managed*	<div></div>
Regular gift 2	
Date gifting commenced	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Recipient name	<div></div>
Recipient address	<div></div>
Date gifting stopped	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Value of gift	<div>£<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>.<div><div></div><div></div></div></div>
Frequency	<div></div>
Financial adviser managed*	<div></div>





**Regular gift 3**Date gifting commenced Recipient name Recipient address Date gifting stopped Value of gift £  . Frequency Financial adviser managed\* **Regular gift 4**Date gifting commenced Recipient name Recipient address Date gifting stopped Value of gift £  . Frequency Financial adviser managed\* **Regular gift 5**Date gifting commenced Recipient name Recipient address Date gifting stopped Value of gift £  . Frequency Financial adviser managed\*

# Utilities and subscriptions

Please outline the details of any utility providers, including gas, electricity, water, council tax, mobile phone, TV, broadband, landline telephone and any other subscriptions such as digital services, newspapers and magazines etc.

Utility / subscription 1	
Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

Utility / subscription 2	
Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

Utility / subscription 3	
Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

Utility / subscription 4	
Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

**Utility / subscription 5**

Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

**Utility / subscription 6**

Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

**Utility / subscription 7**

Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>

**Utility / subscription 8**

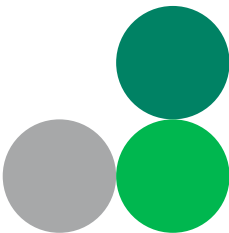
Type of utility / subscription	<input type="text"/>
Provider	<input type="text"/>
Account number	<input type="text"/>
Phone number	<input type="text"/>



# Clubs and societies

Outline details of any clubs or societies that you are a member of.

Club / Society 1	
Club / Society name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Is this a paid for subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Club / Society 2	
Club / Society name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Is this a paid for subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Club / Society 3	
Club / Society name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Is this a paid for subscription?	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Digital legacy

Your digital legacy includes all the information and digital assets that you've created or stored online. As technology becomes more integrated into our lives, it's increasingly important to consider what happens to physical devices such as laptops and phones as well as digital elements after you're gone. Whether you have music libraries, blogs, cloud photo albums, or social media accounts, documenting your wishes ensures they're handled according to your preferences.

Use the space below to list all your online accounts, along with the associated usernames or email addresses. For each account, note what you'd like to happen—whether it should be memorialised, passed on to someone (e.g., giving access to a family photo archive), or closed.

## Digital legacy 1

Online account /  
social media site /  
device

Username

Email address

How do you want  
the account to be  
managed?

☐

Memorialised

☐

Passed on

☐

Closed

Who do you want  
to manage the  
account?

## Digital legacy 2

Online account /  
social media site /  
device

Username

Email address

How do you want  
the account to be  
managed?

☐

Memorialised

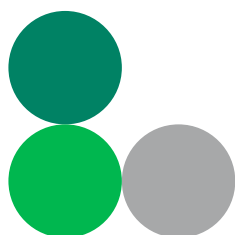
☐

Passed on

☐

Closed

Who do you want  
to manage the  
account?



### Digital legacy 3

Online account /  
social media site /  
device

Username

Email address

How do you want  
the account to be  
managed?

☐

Memorialised

☐

Passed on

☐

Closed

Who do you want  
to manage the  
account?

### Digital legacy 4

Online account /  
social media site /  
device

Username

Email address

How do you want  
the account to be  
managed?

☐

Memorialised

☐

Passed on

☐

Closed

Who do you want  
to manage the  
account?

### Digital legacy 5

Online account /  
social media site /  
device

Username

Email address

How do you want  
the account to be  
managed?

☐

Memorialised

☐

Passed on

☐

Closed

Who do you want  
to manage the  
account?



# Pets



Please outline your instructions for your pets.

## Additional notes

Add anything else of importance that you want your loved ones to know about your legacy.

# Additional notes





## For more information visit [aberdeenadviser.com](https://aberdeenadviser.com)

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