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my personal
reflections



AUSTRALIAN
CANCER
RESEARCH
FOUNDATION

www.acrf.com.au







Reflect and record

We understand that leaving a gift to a charity in your Will is an important decision to make as you determine your lasting legacy.

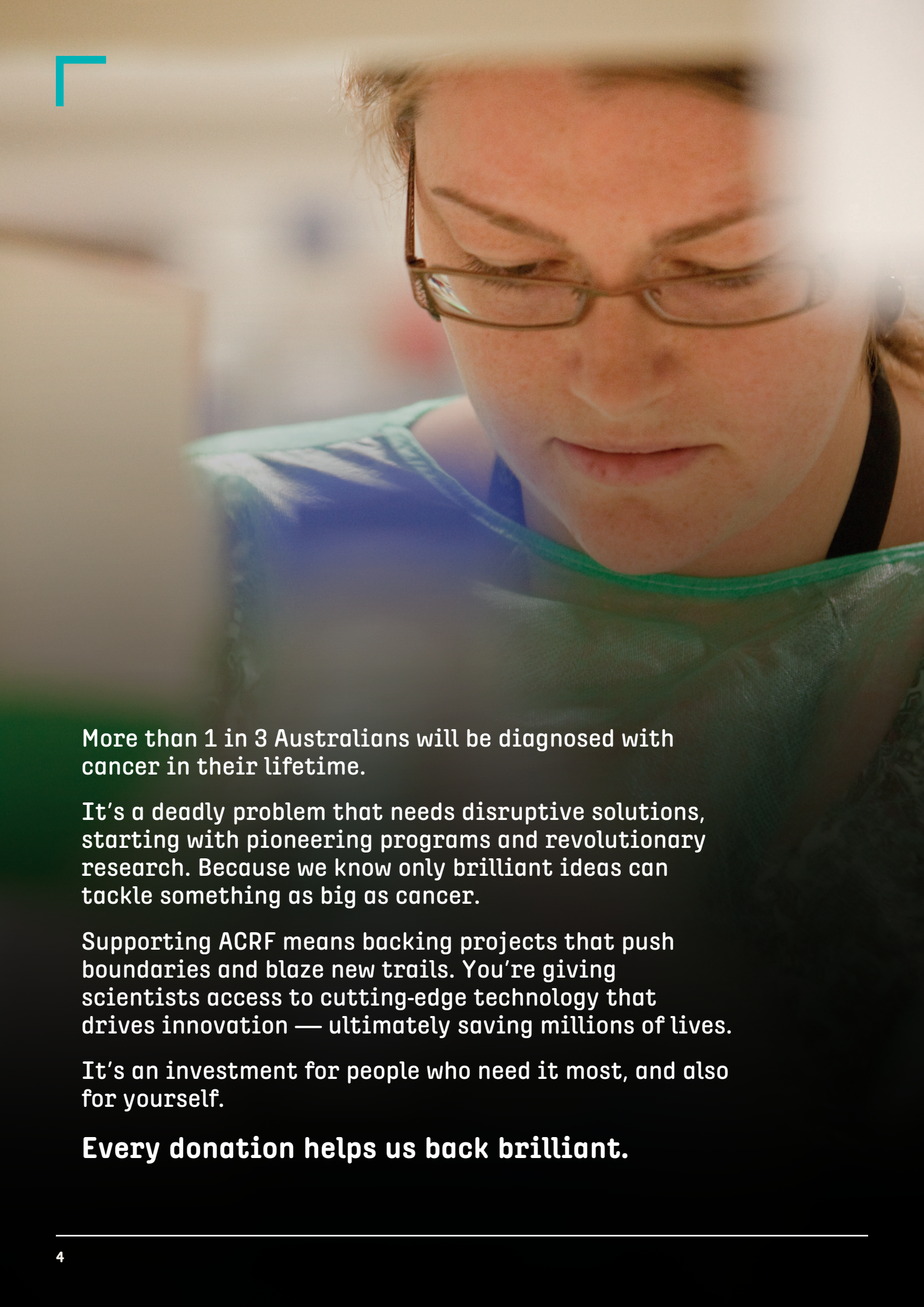
At Australian Cancer Research Foundation (ACRF) we know that only brilliant ideas can tackle something as big as cancer. So when you leave a gift in your Will to ACRF you are helping us to support the best and boldest cancer research in Australia.

We know cancer research brilliance goes further and faster when it's backed by technology. Your gift will help give Australia's best cancer researchers the tools they need, leading to breakthroughs and saving lives.

You can leave a legacy knowing that ACRF funds research that seeks to progress and transform the way we prevent, detect and treat ALL cancers, giving hope to one day reach a world without cancer. You'll be giving the people you love Australia's best cancer research.

We've developed the ACRF Personal Information Booklet to enable you to place key information about yourself in one place. Please keep this booklet and any documents you include in a safe and secure place.

Thank you for backing brilliant.

A close-up photograph of a woman with blonde hair tied back, wearing glasses and a green lab coat over a blue shirt. She is looking down intently at something out of frame, likely a sample or equipment in a laboratory setting. The background is blurred, showing other people and lab equipment.

More than 1 in 3 Australians will be diagnosed with cancer in their lifetime.

It's a deadly problem that needs disruptive solutions, starting with pioneering programs and revolutionary research. Because we know only brilliant ideas can tackle something as big as cancer.

Supporting ACRF means backing projects that push boundaries and blaze new trails. You're giving scientists access to cutting-edge technology that drives innovation — ultimately saving millions of lives.

It's an investment for people who need it most, and also for yourself.

Every donation helps us back brilliant.

Backing

your brilliance

ACRF Bequest Charter

- We recognise and appreciate the significance of your contribution to cancer research via your last Will and Testament.
- We acknowledge your passion for supporting research to significantly improve the lives and outcomes of those diagnosed with cancer.
- We will ensure that your contribution is assigned to projects that meet the ACRF standards of excellence for research grant funding, and that only the best and boldest research across Australia will receive your support.
- Your legacy will be used efficiently and cost effectively to ensure your support funds pioneering cancer research and your legacy will have a lasting impact on those affected by this dreadful disease.
- Your gift will be used to support research into ALL types of cancer in medical research institutes, universities and hospitals across Australia.
- You will be celebrated via our legacy honour board (unless instructed otherwise), and be remembered and acknowledged for your significant contribution to ACRF and the cancer research community.
- We will provide the option to your loved ones to be part of the outcomes and benefits of your contribution through invitations to events and communications around the impact of your support.
- We thank you for your generosity, we understand the privilege of this type of gift and will make sure that your legacy is honoured.



Personal details

Please use this space to record your key personal details, who you are and where you are from.

Full name: _____

Address: _____

State: _____ Postcode: _____

DOB: _____ Place of birth: _____

Nationality: _____

Citizenship/s: _____

Passport no: _____

Driver's licence no: _____

Will: _____

Solicitor: _____

Address: _____

_____ Phone number: _____

Executor of my Will: _____

Enduring power of attorney: _____

Phone number: _____



Other *important* contacts

Please use this space for the details of some of your most important contacts.

Accountant: _____

Phone number: _____

Financial advisor: _____

Phone number: _____

Hospital or nursing home: _____

Phone number: _____

Home care: _____

Phone number: _____

Next of kin: _____

Relationship: _____

Address: _____

Phone number: _____

Other: _____

Phone number: _____



Story of *my life*

Please use this space to reflect and record key moments of your life, who you are and what you would like future generations to remember – all the wonderful details of your life.

School

I attended Primary School at: _____

I attended High School at: _____

Left in year: _____ Level: _____

Further Education

TAFE: _____ Achieved: _____

University: _____ Achieved: _____

Other: _____ Achieved: _____

Employment

First job Employer: _____

Position: _____ from: ____ / ____ / ____ to: ____ / ____ / ____

Favourite job Employer: _____

Position: _____ from: ____ / ____ / ____ to: ____ / ____ / ____

Last job Employer: _____

Position: _____ from: ____ / ____ / ____ to: ____ / ____ / ____



Military Service

Rank: _____ Years of service: _____

Medals: _____

Places I have lived

Fondest memories

Proudest achievements



My family

Use this space to record details of your family, friends and nearest and dearest.

Spouse's full name (Maiden): _____

Date and place of birth: _____

Married at: _____

Date if deceased: _____

My children

Name: _____

Date and place of birth: _____

Date if deceased: _____

Address: _____

_____ Phone number: _____

Name: _____

Date and place of birth: _____

Date if deceased: _____

Address: _____

_____ Phone number: _____



Name: _____

Date and place of birth: _____

Date if deceased: _____

Address: _____

_____ Phone number: _____

Name: _____

Date and place of birth: _____

Date if deceased: _____

Address: _____

_____ Phone number: _____

Children's guardian (only if under 18 years of age)

Name: _____

Address: _____

_____ Phone number: _____

My parents

Father's name: _____

Date and place of birth: _____

Date if deceased: _____

Cause of death: _____

Mother's name: _____

Date and place of birth: _____

Date if deceased: _____

Cause of death: _____



Sibling's details

Name: _____

Date of birth: _____ Date if deceased: _____

Address: _____

_____ Phone number: _____

Name: _____

Date of birth: _____ Date if deceased: _____

Address: _____

_____ Phone number: _____

Name: _____

Date of birth: _____ Date if deceased: _____

Address: _____

_____ Phone number: _____

Name: _____

Date of birth: _____ Date if deceased: _____

Address: _____

_____ Phone number: _____

Name: _____

Date of birth: _____ Date if deceased: _____

Address: _____

_____ Phone number: _____



Other family

Name and relationship: _____

Address: _____

_____ Phone number: _____

Name and relationship: _____

Address: _____

_____ Phone number: _____

Name and relationship: _____

Address: _____

_____ Phone number: _____

Name and relationship: _____

Address: _____

_____ Phone number: _____

Name and relationship: _____

Address: _____

_____ Phone number: _____

Name and relationship: _____

Address: _____

_____ Phone number: _____



My friends

Name: _____

Phone number: _____

Name: _____

Phone number: _____

Name: _____

Phone number: _____

Name: _____

Phone number: _____

Name: _____

Phone number: _____

Name: _____

Phone number: _____

Name: _____

Phone number: _____



My wishes upon my death

I would like _____

The Priest/Minister/Celebrant I would like to conduct my service is _____

Favourite hymns/songs I would like played _____

Favourite psalm, poem or quote is _____

Other special requests _____

Funeral prepaid ☐ Yes ☐ No

Company : _____ Phone number: _____



Caring for pets

Name: _____ Breed: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

Vet name: _____ Phone number: _____

Carer: _____ Phone number: _____

Memberships/Clubs I belong to

Library: _____

Trade union: _____

Professional memberships: _____

Service clubs: _____

Sporting clubs: _____

Misc: _____

Household suppliers

Plumber: _____ Phone number: _____

Builder: _____ Phone number: _____

Electrician: _____ Phone number: _____

Council rates/water: _____ Phone number: _____

Gas: _____ Phone number: _____

Phone/Internet: _____ Phone number: _____

Foxtel/Netflix/Online entertainment: _____



My *medical* details

Please use this space to record your medical information, including the details of your doctor, dentist, and your medical history.

Medicare card: _____

Private health cover: _____

My doctor: _____ Phone number: _____

Address: _____

My dentist: _____ Phone number: _____

Address: _____

Medical history: _____

Organ donor ☐ Yes ☐ No

Prolonging my life by support systems ☐ Yes ☐ No

DNR in place ☐ Yes ☐ No



My *insurance* details

Please use this space for details of your life, home and contents insurance.

Insurance company: _____

Policy number: _____

Your life insurance policy and Australian Cancer Research Foundation.

Australian Cancer Research Foundation can be the beneficiary of a Life Insurance Policy.

Should you wish to make Australian Cancer Research Foundation a beneficiary of your life insurance policy, simply contact your insurance company.

Home and contents insurance

Home: _____ Policy number: _____

Contents: _____ Policy number: _____

Car: _____ Policy number: _____

Green slip: _____ Policy number: _____

Investment property: _____

Pet: _____ Policy number: _____

Business: _____ Policy number: _____

Other: _____



Assets

Home: \$ _____

Investment property: \$ _____

Bank, Credit Union, Building Society Balances: \$ _____

Bonds, shares and debentures: \$ _____

Superannuation: \$ _____

Life insurance policy: \$ _____

Investments: \$ _____

Business total assets: \$ _____

Family trust: \$ _____

Jewellery: \$ _____

Art works: \$ _____

Collections: \$ _____

Furniture estimate: \$ _____

Car: \$ _____

Electronics (laptop/phone/camera): \$ _____



Other assets: \$ _____

Other items: \$ _____

Total assets: \$ _____

Liabilities

Mortgage owed: \$ _____

Other loans: \$ _____

Bank overdraft: \$ _____

Credit card balances: \$ _____

Other debts: \$ _____

Total owed: \$ _____

Net worth

Assets: \$ _____

Less liabilities: \$ _____

Total: \$ _____

Thank you

for taking the time to record your details,
we hope you find this useful.



Steps you can take for a

life-saving gift

CONSIDER

Consider which family, friends or organisations you would like to honour with a gift, and how you would like to divide your assets to fulfill your planned legacy. Any gift to ACRF is greatly valued because it ensures continued support for cancer research.

SELECT

Select the way in which you'd like to leave your legacy.

SHARE

We suggest you share your intentions with the people close to you and let them know that cancer research is important to you. This can help ensure that your Will takes effect as you intend it to.

If you wish to leave a gift in your Will to ACRF, we invite you to share your intentions with us so we can showcase the progress you'll support. We would also love the opportunity to thank you personally.

We understand this is a very personal decision and will respect your privacy should you wish to remain anonymous.

DETERMINE

Determine whether your wishes will require a simple Will (using available templates such as those online at Gathered Here or Safewill, where you can search for ACRF) or will require legal input.

VISIT

If you require legal input or support, visit and discuss your plans with your solicitor. They will ensure your wishes are recorded in a legally binding way and will be carried out the way you intend.

UPDATE

If you already have completed your Will, you can easily amend or make small adjustments without rewriting the full original document. This is done by the inclusion of a codicil which your solicitor will be able to support you with.

How to *leave a gift* to ACRF in your Will

ACRF Will Wording

"I give to Australian Cancer Research Foundation (ABN 27 076 461 360) of Suite 903, 50 Margaret Street, Sydney NSW 2000 for the purposes of funding world class cancer research, free from all taxes and duties, (here please specify your gift, eg. the residue of my estate, XX% of the residue of my estate or the sum of \$XXX). I direct that the receipt of any director or other proper officer for the time being of that Foundation will be a sufficient discharge to my Trustees."

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