

INFORMATION FOR WILLS / POWERS OF ATTORNEY

PART A – PERSONAL DETAILS

QUESTION 1

YOUR DETAILS

Full Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Address		D.O.B
Home phone number	Mobile phone number	Work phone number	
Email:			
Occupation:			
Address for correspondence:			

(IF NO PARTNER PROCEED TO QUESTION 2)

DETAILS OF YOUR PARTNER

Full Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Address		D.O.B
Home phone number	Mobile phone number	Work phone number	
Email:			
Occupation:			
Address for correspondence:			

QUESTION 2 (IF YOU DO NOT HAVE ANY CHILDREN OR STEP CHILDREN PROCEED TO QUESTION 3)

CHILDREN (INCLUDING STEP CHILDREN)

Full Name	Address	D.O.B	Relationship (if not a biological child)

QUESTION 3 (IF YOU DO NOT HAVE ANY DEPENDANTS PROCEED TO PART B)

OTHER DEPENDANTS

Full Name	Address	D.O.B	Relationship

PART B – ASSET DETAILS

ASSETS (ONLY APPROXIMATE OR “BALL PARK” VALUES ARE REQUIRED)

QUESTION 4 (IF YOU DO NOT HAVE ANY REAL ESTATE PROCEED TO QUESTION 5)

REAL ESTATE

Your main residence

- Sole Joint Tenants in common

Full Address	Owner	Value	Mortgage
		\$	
Location of title:			

Other Real Estate
 Sole Joint Tenants in common

Full Address	Owner	Value	Mortgage
		\$	
Location of title:			
Use (eg holiday home or rental)			

Other Real Estate
 Sole Joint Tenants in common

Full Address	Owner	Value	Mortgage
		\$	
Location of title:			
Use (eg holiday home or rental)			

QUESTION 5**CASH, CHEQUE AND DEPOSIT ACCOUNTS**

Institution	Name on account	Current balance
		\$
		\$
		\$

QUESTION 6 (IF YOU DO NOT HAVE ANY SHARES OR OTHER INVESTMENTS PROCEED TO QUESTION 7)**SHARES AND OTHER INVESTMENTS**

Name of Company	Number of shares	In whose name is it held?	Value
			\$
			\$
			\$

Other Investments:	In whose name is it held?	Value
		\$
		\$
		\$

QUESTION 7 (IF YOU DO NOT HAVE ANY CARS PROCEED TO QUESTION 8)**CARS**

Name on registration certificate	Make and model	Value
		\$
		\$
		\$

QUESTION 8 (IF YOU HAVE NOT MADE ANY LOANS TO FAMILY MEMBERS PROCEED TO QUESTION 9)**LOANS TO FAMILY MEMBERS OR OTHERS**

Who was the loan to?	Value	Who lent the money (eg you, a trust, a company etc)
	\$	
	\$	
	\$	

QUESTION 9 (IF YOU DO NOT HAVE ANY GIFTS YOU HAVE MADE TO BE CONSIDERED PROCEED TO QUESTION 10)**GIFTS TO BE TAKEN INTO ACCOUNT**

Gift to	Description of gift and its value

QUESTION 10 (IF YOU DO NOT HAVE ANY OTHER SUPERANNUATION (EXCLUDING A SELF MANAGED SUPERANNUATION FUND), PENSION, OR OTHER DEFERRED COMPENSATION PLANS PROCEED TO QUESTION 11)**SUPERANNUATION, PENSION, OTHER DEFERRED COMPENSATION PLANS**

Super Fund/Company	Who is the member/owner of the plan	Value	Life insurance attached?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have any binding death benefit nominations been made

Yes (if yes please provide a copy)

No

QUESTION 11 (IF YOU DO NOT HAVE ANY LIFE INSURANCE PROCEED TO QUESTION 12)

ASSETS – LIFE INSURANCE

Life insurance company	In whose name is the policy held	Who will be the beneficiary of the policy	Value
			\$
			\$
			\$

IF YOU DO NOT HAVE A SELF MANAGED SUPERANNUATION FUND OR AN INTEREST IN ANY TRUSTS OR COMPANIES PROCEED TO QUESTION 14)

QUESTION 12 (IF YOU DO NOT HAVE A SELF MANAGED SUPERANNUATION FUND PROCEED TO QUESTION 13)

SELF MANAGED SUPERANNUATION FUNDS (SMSF)

Are there any existing SMSFs?

No (proceed to the next question)

Yes if yes, please bring to your appointment:

- A copy of the trust deed
- Any deeds of variation to the trust deed or any changes of trustee documentation
- Any binding death benefit nominations
- The latest financial statements for the SMSF

Name of SMSF	Trustee(s)	Director(s) (if applicable)

Member name	Approximate account balance	Binding nomination (BDBN) made?	Life insurance in SMSF?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 13 (IF YOU DO NOT HAVE AN INTEREST IN ANY TRUSTS OR COMPANIES PROCEED TO QUESTION 14) NOTE: YOU MAY USE PART E TO MAKE ANY ADDITIONAL NOTES

TRUSTS / COMPANIES

Are there any existing family trusts?

No

Yes *if yes, please bring to your appointment:*

- A copy of the trust deed
- Any deeds of variation to the trust deed or any changes of trustee documentation
- The latest financial statements for each trust)

Name of Trust	Appointor(s)	Trustee(s)
Do you have any special wishes in relation to the trust? <input type="checkbox"/> Yes <i>(if yes, fill in details below)</i> <input type="checkbox"/> No <hr/>		

Are there any unpaid present entitlements/beneficiary loans?

Yes *(provide details):* _____

No

Are there any family companies? Yes *(if yes, fill in details below)* No

Company name: _____
Directors: _____
Shareholdings: _____
Do you have any specific wishes in relation to the shares? <input type="checkbox"/> Yes <i>(if yes, fill in details below)</i> <input type="checkbox"/> No <hr/>

Are any of your assets active business assets or do you own or control entities that control active business assets? (CGT small business concessions)

Yes *(provide details):* _____

No

QUESTION 14 (IF YOU DO NOT HAVE ANY ASSETS OVERSEAS PROCEED TO QUESTION 15)

OVERSEAS ASSETS

Do you own assets overseas? (if yes, do you have an overseas will?)

<input type="checkbox"/> Yes (provide details): _____
<input type="checkbox"/> No

QUESTION 15 (IF YOU ARE NOT THE BENEFICIARY OR AN ESTATE PROCEED TO QUESTION 16)

BENEFICIARY OF AN ESTATE

Are you a beneficiary of an estate or do you have expectations?

<input type="checkbox"/> Yes (provide details): _____
<input type="checkbox"/> No

QUESTION 16 (IF YOU DO NOT HAVE ANY EXISTING AGREEMENTS PROCEED TO PART C)

EXISTING AGREEMENTS

Are there any agreements or orders that may affect your will? (Binding Financial Agreements, mutual wills)

ADDITIONAL PERSONAL QUESTION

QUESTION 17 (IF YOU DO NOT HAVE ANY FROZEN HUMAN OR REPRODUCTIVE TISSUE PROCEED TO QUESTION 18)

FROZEN HUMAN OR REPRODUCTIVE TISSUE

Are you participating in an IVF program?

Do you have, or is it possible that you will have in the future, frozen eggs, sperm or embryos?

If yes, do you consent to these being used by your partner after your death and/or do you consent to them being used by any other person?

Have you entered into any agreement with the facility storing these things or with the administrator of an IVF program which governs any of the issues referred to above?

QUESTION 18 (IF YOU DO NOT HAVE ANY DIGITAL ASSETS PROCEED TO PART C)

DIGITAL ASSETS

Digital assets include any item or text or media which is stored in a digital format, over which a person has rights.

This can include:

- Social media accounts (i.e. Facebook, Instagram, Twitter);
- Online accounts including banking;
- Financial assets such as cryptocurrency;
- Cloud storage accounts.

Do you hold or own any digital assets? If yes, please provide details including:

- What are the digital assets you hold or own?
- Where are the digital assets held or stored?
- How can the digital assets be accessed including what are the usernames?
- If passwords are required to access the digital assets, where are the passwords stored or how can they be accessed or found?
- Do you have two factor authentication required for access to digital assets and if so, what is the two factor authentication device/app?
- Is there a contact person or company that is responsible for managing/storing the digital assets?
- What is to happen to the digital assets? For example:
 - o Facebook/Instagram account: Notify Facebook and have the account memorialised.

