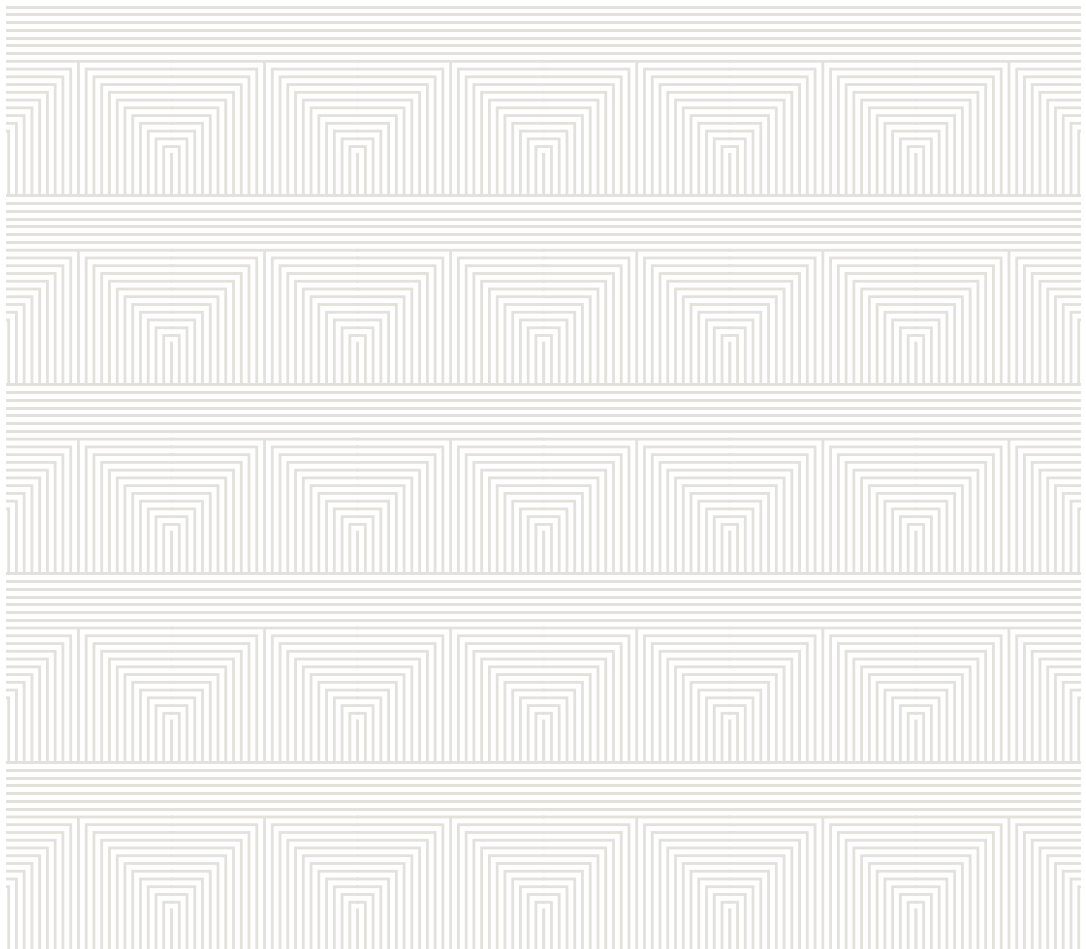




Estate Planning Instructions





Estate Planning Instructions

Date of meeting:

We request that you complete this form prior to our meeting. However, there may be areas that are not relevant to you, or you would like to discuss during our meeting prior to completing. In that event, please leave those sections blank and we will attend to those matters for you in our conference.

Clients	
Name	
Residential address	
Marital status	
Contact number	
Email	
Date of birth	
Occupation	
Does your occupation expose you to financial risk? If yes, please specify:	
Name	
Residential address	
Marital status	
Contact number	
Email	
Date of birth	
Occupation	
Does your occupation expose you to financial risk? If yes, please specify:	



1. Documents to be prepared

Will

Enduring Power of attorney

Statutory Declaration (re provision)

Binding Death Benefit Nomination

2. Existing Will and Enduring Power of Attorney

Is there an existing will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: <input type="checkbox"/> Client will arrange to cancel. <input type="checkbox"/> Authority to Release from previous solicitor as attached.
Is there another will intended for overseas assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an existing power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does it need to be revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Executor

Name	
Address	
Alternate executor:	
Name	
Address	
Further alternate executor:	
Name	
Address	



4. Guardian of Minor Children

Name/s	
Address	
Alternate guardian/s:	
Name	
Address	
<input type="checkbox"/> Statement of wishes – for executors and guardians re minor children?	

5. Gifts

<input type="checkbox"/> Specific bequests, gifts, donations	
Details	
<input type="checkbox"/> Right of residency or Life interest?	
Details	
<input type="checkbox"/> Then to:	<input type="checkbox"/> Residual estate
	<input type="checkbox"/> Other beneficiary:



6. Beneficiaries of Residue

To:	
Then to/or:	Children at age: <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Equally between all children <input type="checkbox"/> in the following proportions:
Then to/or:	Grandchildren at age: <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Equally between all grandchildren <input type="checkbox"/> in the following proportions:
Beneficiary/ies of last resort:	

7. Assets

Asset	Description	Owned As (Eg: Sole, Joint Tenant)	Year of Purchase and Price	Value
Real property				
Bank accounts				
Shares				
Other (including any loans owed to you by a family trust)				



8. Superannuation & Insurance

Super fund name:	
Client:	
Details:	
Binding nomination required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Interdependent <input type="checkbox"/> Estate <i>Note: Binding nominations are usually required to be renewed every three years.</i>
<input type="checkbox"/> Instructed to do so <input type="checkbox"/> Client will attend to	

Super fund name:	
Client:	
Details:	
Binding nomination required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Interdependent <input type="checkbox"/> Estate <i>Note: Binding nominations are usually required to be renewed every three years.</i>
<input type="checkbox"/> Instructed to do so <input type="checkbox"/> Client will attend to	

Insurance name:	
Client:	
Details:	
Binding nomination required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Interdependent <input type="checkbox"/> Estate
<input type="checkbox"/> Instructed to do so <input type="checkbox"/> Client will attend to	



9. Companies (or provide in a separate list if they do not fit on this form)	
Name of company	
ACN/ABN	
Registered office address	
Names and addresses of Directors	
Names and addresses of Shareholders	
Business Succession plan	
Name of company	
ACN/ABN	
Registered office address	
Names and addresses of Directors	
Names and addresses of Shareholders	
Business Succession plan	

10. Trusts	
Name of Trust	
Name and address of trustee	
ACN/ABN of Trustee	
Type of Trust	
Name of Trust	
Name and address of trustee	
ACN/ABN of Trustee	
Type of Trust	



11. Liabilities/Loans

Secured loan/s		
Property/s secured against	Security given by	Amount (\$)

Unsecured debts	
To whom owed	Amount (\$)

Guarantee/s given			
Name	Address	Tel Number	Amount (\$)

12. Family Provision Orders

<p>Is it likely that a family provisions order may be made under the Family Provision Act (ACT)/ Succession Act (NSW)? (Someone will claim more from your estate than your Will leaves them)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p> </p>	<p>If yes, details:</p>
<p>Has anyone been promised a benefit under the will?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Some reasons that might be appropriate for excluding the potential claimant from the will:</p>	<p> </p>



13. Family Law Risks

Are any Family Court orders still on foot, has a binding financial agreement been entered into, is there a registered relationship under the Civil Unions Act 2012 or an unregistered domestic partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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14. Other Risks

Please advise if you have any concerns regarding the beneficiaries of your estate (and who next to the relevant section)

Are any beneficiaries or executors foreign residents? If yes, <i>consider tax consequences</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
<input type="checkbox"/> Future risk of personal liability:	<input type="checkbox"/> Other (please detail)
<input type="checkbox"/> Risk of Bankruptcy:	

Please advise if you have any concerns regarding the beneficiaries of your estate (and who next to the relevant section)

<input type="checkbox"/> Intellectual disability:	<input type="checkbox"/> Mental Illness:
<input type="checkbox"/> Addiction/s:	<input type="checkbox"/> Other (please detail)
<input type="checkbox"/> Medicines affecting cognition:	

Any joint tenancies to be severed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>An example is changing a joint tenancy (which passes to the surviving owner/s when one dies, no matter what the will says) to a tenancy in common (where you can leave your share to whom you like) is when you want to be able to leave your share of a property to someone other than the other joint tenant owner/s.</i>	If yes, details:



15. Disposal of Body & Organ Donation

- Organ Donation
- Burial
- Cremation
- No wishes required

16. Power of Attorney

Jurisdiction: ACT NSW

17. Attorneys (ACT/NSW)

Attorney

Name

Address

Alternate Attorneys

Name

Address

Name

Address

Details of appointment (solicitor to complete following discussion)

Joint and separate, separate, majority, joint for some powers and separate for others?

Immediate/incapacity?

Company/trust/
superannuation powers?

Immediate/incapacity?

Revoking previous?



18. Guardians (NSW)

Guardian/MDMs	
Name	
Address	
Alternate Guardian	
Name	
Address	
Name	
Address	
Name	
Address	

19. Contemplation of Marriage

Name	
Address	

20. Costs & File Opening

Discussed costs:	<input type="checkbox"/> Yes <input type="checkbox"/> No Estimate: \$
Copy of ID on File?	<input type="checkbox"/> Yes <input type="checkbox"/> No



21. Source of work

22. Notes + family tree

You should discuss your documents with your accountant and/or financial advisors so they can provide any suggestions, if required. If you do not instruct us to send to your accountant and/or financial advisor, then we will assume you have arranged this yourself. We are happy to send the drafts on your behalf if you provide us with the authority to do so.

We can provide you with the details of an accountant or financial advisor if you do not have one.