

Personal details

Full name:			
Also known as (if applicable):			
Residential address:			
Mailing address (if different from residential address):			
Email Address:			
Current occupation:			
Former occupation (if retired):			
Date of birth:		Place of birth:	
Telephone numbers:	.....Home		
	.....Work		
	.....Mobile		

Marital status - please tick those that apply

Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Full name of spouse:					
De facto	<input type="checkbox"/>	Full name of domestic partner:					

Children – as per spouse’s questionnaire OR list below

1. Full name:		Age:	
2. Full name:		Age:	
3. Full name:		Age:	
4. Full name:		Age:	
5. Full name:		Age:	

Current Will

Do you have an existing Will?	YES	NO
If yes, please provide a copy and note below the location of the original Will.		
.....		

Personal assets – please indicate if jointly owned

Asset type	Current value (estimate)	Jointly owned?
Family home/unit	\$	Yes/No
Investment property	\$	Yes/No
Car:	\$	
Shares, bonds & unit trusts	\$	Yes/No
Insurance policies	\$	Yes/No
Superannuation	\$	
Bank/Credit Union accounts	\$	Yes/No
Furniture	\$	Yes/No
Household effects	\$	Yes/No
Jewellery	\$	
Other – i.e. beneficiary in a deceased estate, debts owed to you	\$	Yes/No
Overseas assets	\$	Yes/No
Total:	\$	

Personal liabilities – please indicate if debts are jointly owed

Liability type	Current value (estimate)	Jointly owed?
Mortgages	\$	Yes/No
Personal loans	\$	Yes/No
Credit card debts	\$	Yes/No
Other debts (i.e. tax owed)	\$	Yes/No

Superannuation & Life Insurance

Who is nominated as your beneficiary/ies?

- Spouse Yes/No
- Child/ren Yes/No
- Estate or Legal Personal Representative Yes/No
- Other (i.e. siblings or parents) Yes/No

For superannuation only, is the nomination a “binding nomination”?
(Refer to the annual or half yearly statement issued by your superannuation fund for this information.) Yes/No

Other Matters

Are any of the following relevant to you?

- Company, partnership or sole trader business Yes/No
- Trust structure Yes/No
- Self-managed superannuation fund Yes/No
- Second marriage Yes/No
- Children (or others) you wish to specifically leave out of your Will Yes/No
- Children or beneficiaries you wish to treat unequally in your Will Yes/No
- Beneficiaries who are experiencing or anticipating
 - Matrimonial problems Yes/No
 - Bankruptcy Yes/No
 - Mental impairment Yes/No

Executors

I wish to appoint my spouse then all children as my executors

Yes/No

OR

Executor 1 - Full Name:			
Relationship to you (i.e. sister):			
If no relationship, please state executor 1's occupation		Executor 1's age	..... years
Executor 1's residential address:	..... .....State:.....P/code.....		

Executor 2 - Full Name:			
Relationship to you (i.e. sister):			
If no relationship, please state executor 2's occupation		Executor 2's age	..... years
Executor 2's residential address:	..... .....State:.....P/code.....		
Please indicate whether Executor 2 is to be joint with or an alternate to Executor 1	Joint/Alternate		

Executor 3 - Full Name:			
Relationship to you (i.e. sister):			
If no relationship, please state executor 3's occupation		Executor 3's age	..... years
Executor 3's residential address:	..... .....State:.....P/code.....		
Please indicate whether Executor 3 is to be joint with or an alternate to Executor 1	Joint/Alternate		

Executors' Commission

An executor does not have an automatic right to charge commission for the time and trouble taken to administer your estate. A claim for commission can only be based on a commission clause in the Will, the consent of all beneficiaries or a Court award. You should discuss this issue with potential executors before making your will, as you have the option of prohibiting the charging of commission in your will. Please indicate below if your preference in this regard.

I wish to prohibit my executors from charging commission Yes/No

Executor/Trustee Powers

I request the following clauses from the Constable Connor & Co standard will be included:-

- Clause 6 – Power of advancement Yes/No
- Clause 7 – Power of investment Yes/No
- Clause 8 – Power of appropriation Yes/No

Guardians (children under 18 years)

Guardian 1 - Full Name:	
Relationship to you (i.e. sister):	
If no relationship, please state Guardian 1's occupation	
Guardian 1's residential address:	..... .....State:.....P/code.....

Guardian 2 - Full Name:	
Relationship to you (i.e. sister):	
If no relationship, please state Guardian 2's occupation	
Guardian 2's residential address:	..... .....State:.....P/code.....
Please indicate whether Guardian 2 is to be joint with or an alternate to Guardian 1	Joint/Alternate

Funeral arrangements, burial & cremation (optional)

My instructions are:

.....

Specific gifts (other than money)

Please circle NIL or list below:-

Description of item	Beneficiary's full name
1.....
2.....
3.....
4.....
5.....

Specific money gifts

Please circle NIL or list below:-

Amount	Beneficiary's full name
\$.....
\$.....
\$.....
\$.....
\$.....

Taxes & Death Duties re Specific gifts

Are taxes/death duties to be paid only from the residue of the estate? Yes/No

General beneficiaries

Spouse then children as per standard will clauses 2 & 4 Yes/No

If no, my instructions are:.....

Inheritance Age (for beneficiaries under 18 years)

I want my minor beneficiaries to inherit upon reaching years of age.

I want you to include a protective trust clause to ensure my beneficiaries cannot use the law to inherit before the age specified above Yes/No

Next Generation Clause

The children of any beneficiaries who die before me are to inherit the share of their deceased parent Yes/No

If no, my instructions are:.....

Significant others

Is there anyone **other than** your spouse, children or beneficiaries already provided for who you currently support or help to support? Yes/No

Name (1):	
<i>Address:</i>	
<i>Relationship:</i>	
<i>Support given:</i>	
Name (2):	
<i>Address:</i>	
<i>Relationship:</i>	
<i>Support given:</i>	

Life interest/Right of Occupancy

Full name of person entitled:	
Property address:	
Type of interest (circle):	Life interest OR Right of Occupancy
Interest to end on (circle):	Death OR Marriage OR Vacates property
Please circle who is to pay for rates, taxes, repairs etc?	Beneficiary/Estate
Is the property currently subject to a mortgage or charge?	Yes/No

Financial Power of Attorney

I want to appoint an attorney to act should I become physically or mentally incapable Yes/No

If yes, please tick when you wish the power of attorney to begin to operate

- IMMEDIATELY or CERTIFICATION BY TWO DOCTORS IN WRITING THAT I AM LEGALLY INCAPABLE

Attorney 1 - Full Name:	
Age:	
Attorney 1's residential address:	..... .....State:.....P/code.....
Attorney 2 - Full Name:	
Age:	
Attorney 2's residential address:	..... .....State:.....P/code.....
Attorney 2 is to be: (please tick)	<input type="checkbox"/> Joint attorney (Attorneys must act together) <input type="checkbox"/> Joint & several attorney (Attorneys can act independently of each other) <input type="checkbox"/> Substitute attorney (if Attorney 1 cannot act)

Medical Power of Attorney

I want crucial medical treatment decisions made by someone I trust if I am incapable of making them myself Yes/No

Agent 1 - Full Name:	
Relationship to you (i.e. sister):	
If no relationship, please state Agent 1's occupation	
Agent 1's age:	
Agent 1's residential address:	..... .....State:.....P/code.....

Medical Power of Attorney (continued)

Alternate Agent's - Full Name:	
Relationship to you (i.e. sister):	
If no relationship, please state Alternate Agent's occupation	
Alternate Agent's age:	
Alternate Agent's residential address:	..... .....State:.....P/code.....

OFFICE USE ONLY

Costs:	
Will:	\$
Enduring Power of Attorney:	\$
Medical Power of Attorney:	\$
Travel:	\$
Total:	\$

NOTES:.....

