

# CLIENT INFORMATION FOR WILLS



FULL NAME: .....

ANY NAME YOU ARE ALSO KNOWN BY (aka): .....

ADDRESS: .....

OCCUPATION: .....

DATE OF BIRTH: .....

PHONE NUMBERS: .....

EMAIL ADDRESS: .....

## 1. EXISTING WILL

1.1 Do you have an existing Will **YES / NO**

If **yes** please advise where this is held so that we can uplift for you: .....  
.....

## 2. TIME CONSTRAINTS

2.1 Are there any current issues ie: travel or ill health we should be aware of that requires your Will(s) to be completed urgently? **YES / NO** Please specify: .....

2.2 Required by when .....

## 3. MARITAL STATUS (please tick which one)

3.1 Married  De-facto  Single  .....  
**FULL** name of your husband/wife/partner?

3.2 Do you have any children? If so please detail **FULL** names and ages.

(1) Name: ..... (3) Name: .....

Age: ..... Age: .....

(2) Name: ..... (4) Name: .....

Age: ..... Age: .....

3.3 Are these children with your Husband/Wife/Partner **YES / NO**

## 4. EXECUTOR(S) AND TRUSTEE(S)

### Couples

4.1 Would you like your Husband/Wife/Partner to be your Executor and Trustee **YES / NO**

**Please make sure you have put the full names with correct spelling, including any middle names.**

**4.2** Who would you like as an alternate (someone to act if the first Trustee/Executor cannot) you can choose either 1 or 2 people:

(1) Full Name: .....	(2) Full Name: .....
Address: .....	Address: .....
.....	.....
.....	.....
Phone: .....	Phone: .....
Occupation: .....	Occupation: .....
Relationship to You: .....	Relationship to You: .....

**Singles**

**4.3** If you are single who would be your Trustee and Executor – we recommend 2 people.

(1) Full Name: .....	(2) Full Name: .....
Address: .....	Address: .....
.....	.....
.....	.....
Phone: .....	Phone: .....
Occupation: .....	Occupation: .....
Relationship to You: .....	Relationship to You: .....

**5. GIFTS / LEGACIES**

**5.1** Do you wish to make any specific gifts (items) or legacies (gifts of money) **YES / NO**. If **yes** go to 5.2.

**5.2** Please give a full list of names, addresses and occupations of the recipients of the gift or legacy and full details of what you wish to leave them:

(i) GIFT (specify): .....	Full Name: .....
Legacy: \$..... (amount)	Address: .....
	.....
	Relationship to You: .....
(ii) GIFT (specify): .....	Full Name: .....
Legacy: \$..... (amount)	Address: .....
	.....
	Relationship to You: .....
(iii) GIFT (specify): .....	Full Name: .....
Legacy: \$..... (amount)	Address: .....
	.....
	Relationship to You: .....

**Please make sure you have put the full names with correct spelling, including any middle names.**

- (iv) GIFT (specify): ..... Full Name: .....  
 Legacy: \$..... (amount) Address: .....  
 .....  
 Relationship to You: .....
  
- (v) GIFT (specify): ..... Full Name: .....  
 Legacy: \$..... (amount) Address: .....  
 .....  
 Relationship to You: .....

**5.3 Digital legacy** – You can give your Trustees instructions on how you wish your online presence to be dealt with in respect of computer passwords or social media. You would need to ensure you can provide sufficient information for your Trustees access a storage place of passwords etc.

**5.4** Do you wish to make provision for your digital footprint? **YES / NO**

**5.5** Please advise whether you wish this to include removing your social media profile(s). **YES / NO**

**6. BENEFICIARIES**

**6.1** Please provide details of your **Beneficiaries** (eg: children)

- |   |  |
|---|--|
| <p>(1) Full Name:..... (2) Full Name: .....</p> <p>Address: ..... Address: .....</p> <p>.....</p> <p>.....</p> <p>Phone: ..... Phone: .....</p> <p>Occupation: ..... Occupation: .....</p> <p>Relationship to You: ..... Relationship to You: .....</p> <p>Share to receive ie: ¼, ½ or percentage:..... Share to receive ie: ¼, ½ or percentage: .....</p> |  |
|---|--|

- |   |  |
|---|--|
| <p>(3) Full Name:..... (4) Full Name: .....</p> <p>Address: ..... Address: .....</p> <p>.....</p> <p>.....</p> <p>Phone: ..... Phone: .....</p> <p>Occupation: ..... Occupation: .....</p> <p>Relationship to You: ..... Relationship to You: .....</p> <p>Share to receive ie: ¼, ½ or percentage:..... Share to receive ie: ¼, ½ or percentage: .....</p> |  |
|---|--|

**Alternatively** do you wish to provide your estate to a charity or organisation – If yes please provide details.

.....

**Please make sure you have put the full names with correct spelling, including any middle names.**

**6.2 Second / Substitute Beneficiaries**

If any beneficiary dies before you, what would you like to happen to his or her share? (For instance do you want it to go to the deceased beneficiary’s children.)

.....  
.....  
.....

**7. YOUR PROPERTY (HOUSE(S))**

**7.1** Is your property owned: **Solely** or **Joint Tenants** or **Tenants in Common** or **in a Trust?**  
*(please circle which one)*

**7.2** If owned in a Trust what is the Trust name and who are the Trustees.....

.....  
.....  
.....

**8. SHARES/SHAREHOLDING**

**8.1** Do you own any shares **YES / NO** (if **yes** please answer 8.2)

**8.2** Name of company(s) you own shares with .....

.....  
.....

**9. OTHER INVESTMENTS**

**9.1** Do you have any other Investments not owned jointly with your partner, if so, please list:

(i) ..... (iv) .....  
(ii) ..... (v) .....  
(iii) ..... (vi) .....

**10. OMISSIONS**

**10.1** If you are omitting any of your family from your Will, please indicate the reasons, as family omitted may apply to the Court for provision from the estate:

.....  
.....  
.....

***Please make sure you have put the full names with correct spelling, including any middle names.***

**11. OTHER**

**11.1** Have you made any promise, whether enforceable or not, to leave property by Will? If so please give details.

.....  
.....

**11.2** Do you have any power of appointment under any trust or estate or power to appoint directors, which can be exercised under your Will?

.....  
.....

**12. SPECIAL PROVISIONS**

**12.1** Are there any other special provisions you wish to make, for example, a life interest which allows a person to benefit from your estate for their life? **YES / NO**

.....  
.....  
.....

**13. APPOINTMENT OF TESTAMENTARY GUARDIAN(S)**

**13.1** Do you wish to appointment testamentary guardian(s) for your children under the age of 18 years?

<i>Name:</i> .....	<i>Name:</i> .....
<i>Address:</i> .....	<i>Address:</i> .....
.....	.....
.....	.....
<i>Occupation:</i> .....	<i>Occupation:</i> .....
<i>Relationship to You:</i> .....	<i>Relationship to You:</i> .....

**14. FUNERAL DIRECTIONS**

**14.1** Do you wish to be buried or cremated? .....

**14.2** Do you have any special funeral directions?

.....  
.....  
.....

**14.3** Are you a Donor? If so, do you have provision on your Drivers Licence? .....

***Please make sure you have put the full names with correct spelling, including any middle names.***

**15. ENDURING POWERS OF ATTORNEY**

**15.1** Do you have Enduring Powers of Attorney? **YES / NO**

If **yes**, do you have Personal Care and Welfare? **YES / NO**

and Property? **YES / NO**

**15.2** If you do not have Enduring Powers of Attorney would you like us to prepare these. **YES / NO**

If **yes** please complete our Enduring Powers of Attorney forms.

**NOTES**

- 1. It is really important to know how your property is held ie: either Joint Tenancy or Tenants in Common as Joint Tenancy is unable to be bequeathed and goes to the surviving owner on death.*
- 2. If you are in a reconstituted relationship ie: 2<sup>nd</sup> marriage with children of a previous relationship it is really important you discuss this with us to ensure your assets are structured correctly and that is reflected in your Will.*
- 3. If you intend to omit a family member ie: a child from your Will please discuss this further with us.*

***Please make sure you have put the full names with correct spelling, including any middle names.***