

250 Anstruther Street Echuca 3564
Ph: 5480 6344 Fx: 5480 6393

WILL INSTRUCTIONS

Please complete this form as best you can and bring it to your initial meeting together with all the documents requested. It is important that you provide as much information as possible so that we can properly consider your estate planning needs.

The information you provide is treated as strictly confidential. If you have any queries when completing the form, please fee free to call Jenny Orchard on 5480 6344.

YOUR PERSONAL DETAILS										
Full Name If you have ever been known by another name (e.g. maiden name), please provide details										
Address										
Postal										
Contact details	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Bus Ph:</td> <td style="width: 50%;">Mobile:</td> </tr> <tr> <td>AH Ph:</td> <td>Email:</td> </tr> <tr> <td>Fax:</td> <td>Preferred contact method:</td> </tr> </table>	Bus Ph:	Mobile:	AH Ph:	Email:	Fax:	Preferred contact method:			
Bus Ph:	Mobile:									
AH Ph:	Email:									
Fax:	Preferred contact method:									
Date of Birth	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">/ /</td> <td style="width: 40%;">Referral</td> </tr> <tr> <td style="text-align: center;">/ /</td> <td></td> </tr> </table>	/ /	Referral	/ /						
/ /	Referral									
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Occupation	and									
Marital status	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Single</td> <td><input type="checkbox"/> Engaged</td> <td><input type="checkbox"/> Married</td> </tr> <tr> <td><input type="checkbox"/> De facto</td> <td><input type="checkbox"/> Divorced*</td> <td><input type="checkbox"/> Widowed</td> </tr> <tr> <td colspan="3" style="text-align: center;">/ /</td> </tr> </table> <p><small>* Please advise date of divorce and Family Court orders and whether you have ongoing financial commitments (e.g. child support)</small></p>	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/> De facto	<input type="checkbox"/> Divorced*	<input type="checkbox"/> Widowed	/ /		
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/ /										
Your Children	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Child 1 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any): </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Child 2 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any): </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> Child 3 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any): </td> <td style="vertical-align: top; padding: 5px;"> Child 4 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any): </td> </tr> </table>	Child 1 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any):	Child 2 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any):	Child 3 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any):	Child 4 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any):					
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Child 3 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any):	Child 4 Full name: Date of birth: Financially dependent? Yes/No No. of children (if any):									

Special Needs Does any child have special needs because of a physical or intellectual handicap or drug, alcohol or gambling addiction	
Accountant	

YOUR ASSETS

ASSETS	DETAILS	OWNER	VALUE
Personal Assets (including house, car, etc)			
Bank Accounts			
Investment Pty			
Insurance Policies			
Shares	Company SRN No. of shares		
Superannuation	Have you nominated a beneficiary? If so, whom:		

Other Assets (e.g. Business)			
Do you own any overseas assets? If so, provide details.			

WILL INSTRUCTIONS

Executors	The Role of the Executor The Executor is responsible for carrying out your wishes as set out in your will. The Executor can also be a beneficiary. You should appoint someone that you trust who is familiar with your affairs. You should nominate more than one executor or a second choice in case your first choice dies before you or is not able or willing to act.		
	Full name: Address: Relationship: (e.g. wife/brother/daughter)	and	Full name: Address: Relationship:
Substitute	Full name: Address: Relationship:	or	Full name: Address: Relationship:

BENEFICIARIES

Specific Gifts List any assets you wish to leave as specific gifts to specific beneficiaries.	
Do you wish to leave all your assets (after specific gifts) to your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I want to leave my assets as set out later in these instructions.
If your spouse dies before you, do you wish to leave your assets to your children in equal shares?	<input type="checkbox"/> Yes <input type="checkbox"/> No, I want to leave my assets as set out later in these instructions.

<p>If your spouse and one or more of your children die before you, then do you want the share that would have been given to your deceased child to go instead to his or her children equally?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No, I want to leave my assets as set out later in these instructions.</p>
<p>If you do not wish to leave your assets as set out above, then to whom do you wish to leave your assets?</p>	
<p>If you have infant children, who do you wish to appoint as guardian of your infant children if both you and your spouse die before your children reach 18 years?</p>	<p>Full name: Address:</p> <p>Relationship:</p>
<p>At what age do you want your beneficiaries to take their inheritance?</p>	<p>18 21 23 25 30</p>
<p>Do you wish to specify in your will how you wish to be buried?</p>	<p>Buried / Cremated and my ashes spread</p>
<p>Do you wish to allow your body to be available for organ donation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you wish to allow your body to be available for medical research?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>