

COSGRIFF ORCHARD

LEGAL

ESTATE PLANNING INSTRUCTION SHEET

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 feel free to call Jenny Orchard on 5480 6344.

Personal Details	Surname(s)	
	Given names	
	Residential Address	
	Postal Address (if different)	
	Contact Nos	Business Home Fax Mobile
	Email address	
	Referral	

Financial Advisor Details	Surname(s)	
	Given names	
	Residential Address	
	Postal Address (if different)	
	Contact Nos	Business Home Fax Mobile
	Email address	

Insurance Broker Details	Surname(s)	
	Given names	
	Residential Address	
	Postal Address (if different)	
	Contact Nos	Business Home Fax Mobile
	Email address	

Ownership of Investment Assets (attach a diagram or flow chart for "tiered" structures)

Significant "Non-Super" Assets eg family home, shares portfolio, business	Owner eg joint, family trust	Estimated value	Associated Debt	Pre/Post 1985 (CGT)

Name(s) of Superannuation Fund(s) If a SMSF, show all member balances	Member	Membership Phase, ie benefit (pension) or investment (growth)	Current Balance	BDBN

Life Insurance		Type of cover eg death, TPD, trauma	Nominated Beneficiary eg superfund, self owned	Level of cover
Insured	Insurance Co			

Transfers of assets that need (or may need) to be anticipated/taken into account (if any) eg lifetime gifts; transfers to superannuation funds on sale of business; transfer to prescribed private fund/other charitable trust

Ownership of Business Assets (if any - attach a diagram or flow chart for tiered structures, as well as copies of all intra business agreements, eg shareholder and funded "buy-sell" agreements)

Business	Owner eg trustee of family trust	Estimated value	Associated Debt	Pre/post CGT

Personal Circumstances

Status of domestic relationship Married Partnered Marriage contemplated
 Single Widowed Separated Separation contemplated Divorced
 Divorce contemplated

Name of spouse or partner (if estate planning is being done separately): _____

Does new partner have any dependents? NO Yes)give details:_____

Names, Ages & Addresses of Children/Intended Beneficiaries

<input type="checkbox"/> Possibility of more children <input type="checkbox"/> Control age_____ years

Details of step children (if any): _____

Details of any other financial dependents (if any): _____

Proposed exclusion of, or reduced benefit for, a spouse, partner or child from benefit from the Wills, superannuation fund or family trust No Yes-reason:_____

Specific Objectives and Concerns regarding Intended Beneficiaries (to be discussed at initial meeting)

Risk of relationship breakdown Risk of challenge to Wills and superannuation benefits
 Education of children/grandchildren Risk of bankruptcy Financial susceptibility

Vulnerability or Disability of an Intended Beneficiary (if any -to be discussed at initial meeting)

Intellectual disability Acquired illness or injury Other _____

Does the intended beneficiary have, or is likely to have, dependents? Yes No

Likelihood of assessment as having a severe disability for Government means testing purposes?
 High Low

Guardians of Young Children (if applicable)

Full Names, Addresses & relationship (if any)	
Initial Guardians	Reserve Guardians

Decision Making (this page can be left blank and discussed at the initial meeting)

EXECUTORS - Full Names, Addresses, Relationship (if any) & Name of Firm (if any)	
Initial Executor(s) - maximum of 4 people	Reserve Executors(s)

Enduring Power(s) of Attorney - Financial: Already in place To be prepared

Primary Attorney(s): As per initial Executor(s) _____

Date of effect: Immediate On defined event: _____ On incapacity only

Restrictions (if any, eg to apply only in respect of a specific business): _____

Express power to confirm binding death benefit nominations(BDBN) Yes Not required

Instructions (if any, eg to give priority to a particular type of investment): _____

Reserve Attorney(s): As per Reserve Executor(s) _____

Note: if there are 2 or more reserve powers of attorney, a separate document will need to be prepared for Victorian reserve powers of attorney

Date of effect: If a primary beneficiary is unable to act On incapacity only

On other defined event ie _____

Restrictions, express power to confirm BDBNs and super instructions: As for primary attorney

As follows: _____

Guardianship (accommodation)

Not required Already in place To be prepared

Primary Attorney (one only): As per Initial Executor _____

Reserve Attorney (one only): As per Initial Executor _____

Restrictions (if any): _____

Is a letter of wishes to be sorted with the powers?

Other Powers needed, eg general power for specific transaction, advanced health directive(Qld)?

Medical Treatment (Advanced Health Directive - Qld)?

Not required Already in place To be prepared

Primary Attorney (one only): As per Initial Executor _____

Reserve Attorney (one only): As per Initial Executor _____

Restrictions (if any): _____

Is a letter of wishes to be sorted with the powers?

Other Powers needed, eg general power for specific transaction, advanced health directive(Qld)?

Corporate

Not required Already in place To be prepared

Primary Attorney (one only): As per Initial Executor _____

Reserve Attorney (one only): As per Initial Executor _____

Restrictions (if any): _____

Is a letter of wishes to be sorted with the powers?

Other Powers needed, eg general power for specific transaction, advanced health directive(Qld)?

Please ensure that you provide this completed form to your solicitor at your initial meeting. We look forward to working with you to achieve your estate planning objectives.

Kind Regards

Cosgriff Orchard Legal


Cosgriff Orchard Legal Pty. Ltd.
ABN 52 401 731 028