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Part of the Australasian Lawyers' Group

Business Succession Instruction Form

Business / Company Details

Business / Company
 Name

Registered Address

PO Box

Town

Post Code

Business Activity

Date Business Started

Structure *Copies of documents will need to be provided with this instruction form if available*

- Partnership Company Trust
 Sole Proprietor

PARTNERSHIP DETAILS

Is there a Partnership Deed?

YES

NO

1. Surname

Mr/Mrs/Ms/Miss/Dr

First Name

Middle Name

Address

PO Box

Town

Post Code

Is this person actively involved in the business? YES NO Interest in Partnership %

If so, then in what capacity are they involved?

2. Surname

Mr/Mrs/Ms/Miss/Dr

First Name

Middle Name

Address

PO Box

Town

Post Code

Is this person actively involved in the business? YES NO Interest in Partnership %

If so, then in what capacity are they involved?

3. Surname Mr/Mrs/Ms/Miss/Dr
 First Name Middle Name
 Address
 PO Box Town Post Code
 Is this person actively involved in the business? YES NO Interest in Partnership %
 If so, then in what capacity are they involved?

COMPANY DETAILS – Please provide a current company extract and a copy of the Company Articles.

Company Name
 Australian Company Number
 Registered Address
 PO Box Town Post Code

Please provide the following details for all Shareholders and Directors

1. Name
 Address
 Is this person actively involved in the business? YES NO
 If so, then in what capacity are they involved?
 If a shareholder how many shares does she/he own?

2. Name
 Address
 Is this person actively involved in the business? YES NO
 If so, then in what capacity are they involved?
 If a shareholder how many shares does she/he own?

3. Name
 Address
 Is this person actively involved in the business? YES NO
 If so, then in what capacity are they involved?
 If a shareholder how many shares does she/he own?

4. Name

Address

Is this person actively involved in the business? YES NO

If so, then in what capacity are they involved?

If a shareholder how many shares does she/he own?

Are there any special rights granted with the issued shares?

If so, please advise. (This usually applies if there are different classes of shares issued)

Is there a Shareholders Agreement in place? YES NO *If yes, please provide a copy of the Agreement*

SOLE PROPRIETOR

1. Surname Mr/Mrs/Ms/Miss/Dr

First Name Middle Name

Address

PO Box Town Post Code

TRUST STRUCTURE (Discretionary or Unit Trust) *Please provide a copy of the trust deed and its most recent financial statements*

Name of the Trust

Name of Trustee

Address of Trustee

	Name	Relationship to you
Appointor (s)
Guardian(s)
Name of Beneficiary (s) or Unit Holder (s)

Are there any other entities involved with the business? YES NO

This usually applies if the business conducts itself as a group of entities. If so, please provide the details of those entities as above and advise of its position in the business's structure.

CONTINUITY OF BUSINESS

Would you like the business to continue after your:	Death	YES	NO
	Retirement	YES	NO
	Total & Permanent Disability (TPD)	YES	NO

If so, do you currently have an arrangement in place which would ensure that the business continues? YES NO

If yes, please provide details:

Please name the individuals whom you would like to see continue the business:-

If these individuals are not currently involved in the business, are they or will they be actively involved in the business. YES NO

LIFE INSURANCE *Please provide details of all insurance for those individuals that are actively involved in the business*

Name of Individual: _____

Do you have life insurance on your life:- *If yes, please provide details* YES NO

Name of Insurance Agent? _____ Contact number? _____

Name of owner of Policy? _____ Type & Amount of Benefit? _____

Who are the nominated beneficiaries?

Name	Relationship to you	% Nominated

Name of Individual:

Do you have life insurance on your life:- *If yes, please provide details* YES NO

Name of Insurance Agent? Contact number?

Name of owner on Policy? Type & Amount of Benefit?

Who are the nominated beneficiaries?

Name	Relationship to you	% Nominated

BUSINESS REAL PROPERTY

Please list any land that is used by the business and provide copies of the Certificates of Title, if available. Alternatively, we will obtain current copies of the Certificates of Title on your behalf.

Address	Estimated Current Value	Current Mortgage Liability

Are any of the above listed properties and/or buildings owned by a Superannuation Fund? YES NO
If so, please provide a copy of the trust deed and its most recent financial statements

BUSINESS DEBTS AND LIABILITIES

Does the business have any debts? *Please provide details* YES NO

1. Name of Lender Amount?
Asset(s) which secure the Debt:
Name(s) of Guarantors

2. Name of Lender Amount?
Asset(s) which secure the Debt:
Name(s) of Guarantors

3. Name of Lender Amount?
Asset(s) which secure the Debt:
Name(s) of Guarantors

4. Name of Lender	Amount?
Asset(s) which secure the Debt:	
Name(s) of Guarantors	
5. Name of Lender	Amount?
Asset(s) which secure the Debt:	
Name(s) of Guarantors	
6 Name of Lender	Amount?
Asset(s) which secure the Debt:	
Name(s) of Guarantors	

PAYMENT OF DEBTS

Do you want ALL business debts paid upon either the death, retirement or TPD of you or another principal of the business? *If No, please specify debts not to be paid out* YES NO

BUSINESS FINANCIALS *It is imperative that we have the most recent financial statements of your business and related entities for your business succession plan.*

Name of Business Accountant:

Address

Phone No Facsimile

Email

Are we able to contact your accountant regarding further information if necessary? YES NO

WILL

Do you have a Will? YES NO

 If YES, does your Will reflect any of your wishes with respect to your business interest? YES NO

 If NO, or if your Will does not reflect your wishes regarding your family, would you like us to prepare a Will for you so that your wishes regarding your business interest or any proceeds from the sale of your business interests are carried out? YES NO

ENDURING POWER OF ATTORNEY

Do you have an Enduring Power of a Attorney? YES NO

CHECKLIST – Have you provided copies of the following documents?

- | | | |
|---|---|--|
| <input type="checkbox"/> Partnership Agreement | <input type="checkbox"/> Company Extract | <input type="checkbox"/> Trust Deeds (Discretionary or Unit) |
| <input type="checkbox"/> Enduring Power of Attorney | <input type="checkbox"/> Company Articles | <input type="checkbox"/> Superannuation Trust Deed |
| <input type="checkbox"/> Life Insurance Policies | <input type="checkbox"/> Will | <input type="checkbox"/> Copies of Certificates of Titles |
| <input type="checkbox"/> Current Financial Statements | | |