



BUTLERS

*Barristers & Solicitors
Notary Public*

The Personal Law Firm

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Part of the Australasian Lawyers Group

Will & Estate Planning Instruction Form

Please note: This is not a Will

Please fill out this form and return to Butlers before your appointment.

PERSONAL DETAILS

Surname	_____	Mr/Mrs/Ms/Miss/Dr
First Name	_____	Middle Name _____
Place & County of Birth	_____	Date of Birth _____
Occupation	_____	
Physical Address	_____ _____	
Mailing Address	_____ _____	
Alternative Billing	_____	
Private & Confidential	Yes / No	Salutation: <u>Dear</u>
Telephone Daytime	_____	After Hours _____
Facsimile Daytime	_____	After Hours _____
Mobile	_____	Email _____
Referred By	_____	

Please Circle

- | | | | |
|----------|--|-----|----|
| 1 | Are you married or in a de-facto relationship? | YES | NO |
| 2 | If Yes, then is this Will to be made in conjunction with that of your partner?
<i>If YES, please complete another instruction sheet specifying only the information and issues which differ from your Will.</i>
<i>Please provide full name of your Partner: _____</i> | YES | NO |
| 3 | Have you entered into a Binding Financial Agreement with your Partner?
<i>If YES, please provide a copy of the agreement.</i> | YES | NO |

4	Have you had any prior Marriages?	YES	NO
	<i>If YES:</i>		
	What is the full name of your former spouse? _____		
	Has a property settlement been finalised with your former spouse?	YES	NO
	<i>If NO, what is the date of settlement? _____</i>		
	<i>Date of Divorce: _____</i>		

PREVIOUS WILLS / CODICILS

4	Do you have a Will?	YES	NO
	<i>If YES:</i>		
	What is the date of your Will? _____		
	Who now holds the original? _____		
	Please provide us a copy of any previous Will(s)		

CHILDREN

5	Do you have any children?	YES	NO
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6 *If YES, please provide us with details of your children below*

6a	Surname	_____	
	First Name	_____	Middle Name _____
	Date of Birth	_____	Occupation _____
	Address	_____	
	Is this child from your current relationship?	YES	NO
	Is this child from a previous relationship/marriage?	YES	NO
	Is this child married or in a de facto relationship?	YES	NO
	Does this child have any children? If so, how many? _____	YES	NO

6b	Surname	_____	
	First Name	_____	Middle Name _____
	Date of Birth	_____	Occupation _____
	Address	_____	
	Is this child from your current relationship?	YES	NO
	Is this child from a previous relationship/marriage?	YES	NO
	Is this child married or in a de facto relationship?	YES	NO
	Does this child have any children? If so, how many? _____	YES	NO

6c	Surname	_____	
	First Name	_____	Middle Name _____
	Date of Birth	_____	Occupation _____
	Address	_____	

Is this child from your current relationship?	YES	NO
Is this child from a previous relationship/marriage?	YES	NO
Is this child married or in a de facto relationship?	YES	NO
Does this child have any children? If so, how many? _____	YES	NO

6d Surname _____

First Name _____ Middle Name _____

Date of Birth _____ Occupation _____

Address _____

Is this child from your current relationship?	YES	NO
Is this child from a previous relationship/marriage?	YES	NO

Is this child married or in a de facto relationship?	YES	NO
Does this child have any children? If so, how many? _____	YES	NO

EXECUTOR – please refer to the Handouts “Choosing an Executor” & “Duties of an Executor”

7 Who would you like to appoint as your Executor(s)? *Your Executor must be at least 18 years old*

7a Surname _____

First Name _____ Middle Name _____

Occupation _____ Relationship to you _____

Address _____

7b Surname _____

First Name _____ Middle Name _____

Occupation _____ Relationship to you _____

Address _____

8 Who would you like to appoint should the above Executor(s) not survive you or be unable to act as your Executor(s)?

8a Surname _____

First Name _____ Middle Name _____

Occupation _____ Relationship to you _____

Address _____

8b Surname _____

First Name _____ Middle Name _____

Occupation _____ Relationship to you _____

Address _____

PAYMENT OF DEBTS

9 Do you want ALL of your expenses, eg medical and funeral expenses, paid at your death? YES NO
 If NO, please specify: _____

ASSETS

10 Do you own or control any land? Eg through a trust, company etc YES NO
 If YES, please provide the following, including a copy of the Certificate of Title if available

10a Property Address _____
 Please list all owners as they appear on the title. _____

 If more than one registered owner, please state how the land is owned **Joint Tenancy or Tenancy in Common**

Is there a mortgage registered against this property? YES NO
 If YES, what is the amount owed? _____ Lender's name _____
 Date of Acquisition: _____ Est. current Market Value _____

10b Property Address _____
 Please list all owners as they appear on the title. _____

 If more than one registered owner, please state how the land is owned **Joint Tenancy Tenancy in Common**
 Is there a mortgage registered against this property? YES NO
 If YES, what is the amount owed? _____ Lender's name _____
 Date of Acquisition: _____ Est. current Market Value _____

10c Property Address _____
 Please list all owners as they appear on the title. _____

 If more than one registered owner, please state how the land is owned **Joint Tenancy Tenancy in Common**
 Is there a mortgage registered against this property? YES NO
 If YES, what is the amount owed? _____ Lender's name _____
 Date of Acquisition: _____ Est. current Market Value _____

SHAREHOLDINGS

11 Do you have any shareholdings in a public company? YES NO
 If YES, what is the approximate total value of your share portfolio? \$ _____

12	Do you have any shareholdings in a private company? <i>If YES, please provide details:</i>	YES	NO
<hr/> <hr/>			

OTHER ASSETS

13	Please list other assets you own other than your personal and household effects:
<hr/> <hr/>	

DEBT AND LIABILITIES

14	Do you have any debts that are owed to you? <i>If YES, please indicate the debtor and the amount of the debts:</i>	YES	NO
14a	Debtor: _____ Amount: _____		
14b	Debtor: _____ Amount: _____		
14c	Debtor: _____ Amount: _____		

15	At your death, would you like the above debt(s) to be forgiven?	YES	NO
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16	Do you have any major liabilities? <i>If YES, please provide details below of the liabilities you have, including the lender, the amount of the liability and the asset(s) which secure the debts(s) – please attach new sheet if necessary.</i>	YES	NO
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	Amount	Lender	Asset which secures the debt
16a			
16b			
16c			
16d			
16e			

17	Do you want ALL of you expenses and debts as at your death paid from any accounts or insurance you may hold? <i>If NOT, please specify</i> _____	YES	NO
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SUPERANNUATION AND LIFE INSURANCE

18 Do you have any Superannuation Policies? YES NO
Do you have a Self-Managed Super Fund? *If YES, please provide a copy of your superannuation deed.* YES NO
If YES, please circle one of the following: Accumulation or Retirement Phase
Please list the beneficiaries and their relationship to you:
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

19 Name of the Trustee of your Superannuation Fund: _____
Amount of Benefit in your Superannuation Fund: _____

Do you have a Binding Death Nomination? YES NO
If YES, in whose favour: _____

20 Do you own any life insurance policies? YES NO
If YES, please list the following:
Company name: _____
Amount of insurance: _____
Person insured: _____
Policy owner: _____
Nominated beneficiaries and their relationship to you:
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Company name: _____
Amount of insurance: _____
Person insured: _____
Policy owner: _____
Nominated beneficiaries and their relationship to you:
Name: _____ Relationship: _____
Name: _____ Relationship: _____

BUSINESS INTERESTS

21 Do you have an interest in a business? YES NO
If YES:
 What kind of business is it? _____
 Business name: _____

NO
Please go
to
question
26

22 What type of entity is it? Partnership Company Sole Proprietor Trust Structure

23 If your business is a Partnership or Company who are the other interested parties?

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

24 Is there a written agreement governing any business agreement? YES NO
IF YES, please provide a copy of this agreement.

25 Would you like the business to continue after your death? YES NO

GUARDIAN OF CHILDREN

26 Would you like to appoint a Guardian for your infant children? YES NO
If YES, please provide details.

Name: _____

Address: _____

Occupation: _____ Relationship to you _____

Name: _____

Address: _____

Occupation: _____ Relationship to you _____

In the event the individual(s) named above are unable or unwilling to act as Guardian,
 please provide details of an alternative Guardian, if any:

Name: _____

Address: _____

Occupation: _____ Relationship to you _____

27 Have the above persons been approached regarding acting as guardians? YES NO

FAMILY TRUSTS

28 Do you have a Discretionary Trust or Unit Trust? YES NO

IF YES, please provide a copy of the trust deed, together with any amendments made to the deed and the latest financial statements.

What is the name of the Trust(s)? _____

29 Are you a Trustee, Appointor and/or Guardian for any Discretionary or other Trust? YES NO

If YES, please specify _____

29a Who would you like to appoint as your successor Appointor and/or Guardian?

Name: _____ Relationship to you _____

Name: _____ Relationship to you _____

Name: _____ Relationship to you _____

SPECIFIC GIFTS

30 At your death would you like to give specific items in your Estate to particular individuals? YES NO

If YES, please give details below and attach a new sheet if necessary.

30a Name: _____

Address: _____

Relationship to you _____ Gift: _____

Description: _____

30b Name: _____

Address: _____

Relationship to you _____ Gift: _____

Description: _____

30c Name: _____

Address: _____

Relationship to you _____ Gift: _____

Description: _____

31 Should any of the individuals listed above predecease you leaving children, do you wish for those children to receive what that parent would otherwise have received? YES NO

RESIDUARY ESTATE

Your residual Estate consists of all assets remaining after debts are paid and any specific gifts are made.

32 Who shall benefit from your Residuary Estate?

32a Name: _____ Relationship to you _____

Address: _____

33b Name: _____ Relationship to you _____

Address: _____

33c Name: _____ Relationship to you _____

Address: _____

34. Please explain what your testamentary objectives are with respect to your Estate and your beneficiaries.

TESTAMENTARY TRUST - Please refer to Handout re Testamentary Trusts

35 Do you wish to create a Testamentary Trust? YES NO
If YES, please provide details: _____

35a Who would you like to nominate as the Trustee(s) of the Testamentary Trust.
The Trustee manages the Trust and that you may nominate more than one individual to act.
Trustee(s) : _____

35b Who would you like to nominate as Appointor(s).
The Appointor oversees the Trustee and you may nominate more than one individual to act.
Appointor(s) : _____

DISPOSAL OF BODY

36 Do you wish to be buried or cremated? Buried Cremated
Please provide any details such as place of burial: religious rites;

37 Do you wish for your organs to be donated? YES NO

MISCELLANEOUS

38 Do you want to nominate Butlers as Estate Solicitors YES NO

39 Would you like to name an investment advisor eg accountant, financial planner, with whom your Trustees can consult with respect to your Estate? YES NO
If Yes, please provide name and profession: _____

ENDURING POWER OF ATTORNEY – please refer to the enclosed Handout on Enduring Powers of Attorney

40 Do you have an Enduring Power of Attorney? YES NO
If YES, please provide a copy of this EPA.
If YES, has the Enduring Power of Attorney been registered with Landgate (the Department of Land Information)? YES NO

41	Do you want us to prepare an Enduring Power of Attorney for you?	YES	NO
	<i>If YES, please provide the detail of your nominated attorneys (you may have up to 2 attorneys)</i>		
41a	Name: _____ Relationship to you _____		
	Address: _____		
41b	Name: _____ Relationship to you _____		
	Address: _____		

42	Do you want to nominate a substitute attorney(s) in the event your initial nominated attorney(s) is unable or unwilling to act as your attorney?		
	<i>If YES, please provide details of your substituted attorney(s).</i>		
42a	Name: _____ Relationship to you _____		
	Address: _____		
42b	Name: _____ Relationship to you _____		
	Address: _____		

43	When would you like your Enduring Power of Attorney to be effective?		
	Immediately? OR Only upon a declaration of incapacity?		

AUTHORITY TO RELEASE INFORMATION

44	Do you authorise us to provide information, if necessary, to your Accountant or Financial Advisor in relation to any work Butlers is doing on your behalf?	YES	NO
	<i>If YES, then please provide the name and contact number for your Accountant/Financial Advisor: _____</i>		
	<i>Postal address: _____</i>		

45	Do you authorise your Accountant or Financial Advisor to release any information, if necessary, to Butlers in relation to any work Butlers is doing on your behalf?	YES	NO
	<i>If YES, then please provide the name and contact number for your Accountant/Financial Advisor: _____</i>		
	<i>Postal address: _____</i>		