

Will & Delegations Planning Questionnaire

Date _____

Your Details			
Full Name			
Address			
Occupation		Marital Status	
Phone No (home)		Phone No (work)	
Mobile		Email	
Date of Birth		Place of Birth	

Spouse/Partner			
Full Name			
Occupation		Marital Status	
Date of Birth		Place of Birth	

Children		
Full Name	Relationship- Natural, Adopted, Step, Dependant	Date of Birth

Balance of Family Tree		
Full Name	Relationship	Address

A. WILL

Executors			
	Name and Relationship to You	Address	Occupation
Main Executor/s			
Substitute Executor/s			

Guardians of Minor Children

Name and Relationship to You	Address

Do you want to give specific items to anybody?

(eg. antiques, artwork, jewellery)

Full description of asset	
Full name/relationship of beneficiary	
Does gift apply immediately you die? (or only if both you and your spouse or partner die?)	
Full description of asset	
Full name/relationship of beneficiary	
Does gift apply immediately you die? (or only if both you and your spouse or partner die?)	
Full description of asset	
Full name/relationship of beneficiary	
Does gift apply immediately you die? (or only if both you and your spouse or partner die?)	

Do you want to make gifts of specific amounts of money to anybody?

Full name	
Amount	
Full name	
Amount	
Full name	
Amount	

Residue (the balance of your estate)

To your spouse?	Yes / No
If your spouse dies (or you have none), to your children?	Yes / No (if yes, complete section below)

Gift equally?	Yes / No
At what age?	
Substitute children of any child who dies?	Yes / No
If none of the above survive you (or the above do not apply) who do you want the balance of your estate to pass to?	

Important Information

Is there anybody who may be unhappy with the will you are proposing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever agreed with anybody to put certain gifts or provisions in your will or not to change your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Funeral Instructions: (not mandatory: complete if instructions to be included in will)

Place of funeral	
Type of service	
Burial / Cremation	Prepaid funeral / funeral bond / no arrangements
Special instructions	

Assets

Please provide brief details of your assets and liabilities.

(A general description only is required. We do not need bank account numbers or precise details of shareholdings, etc).

Type of Asset	Description	Who Owns & if joint is it joint tenants or tenants in common in particular shares	Approximate Value
Your Home:			
Other real estate:			
Bank accounts:			
Shares, managed funds, etc (excluding super)			
Superannuation			

Life Insurance			
•	Have you (and your partner if applicable) nominated a death benefit beneficiary for your superannuation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes; who has been nominated?	
•	Do you have a family trust (including any involvement in one, eg. set up by parents)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Do you have shares in a private company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Do you own (or have an interest in) a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Have you loaned money to anybody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Do you have any assets overseas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Do you have any significant assets not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Liabilities

Please provide brief details:

Mortgages			
Home:	Approximate loan balance:		
Other properties:	Approximate loan balance:		
Credit Cards			
Approximate balances:			
Personal loans and Car loans			
Approximate balances:			
Business Loans			
Approximate balances:			
Security:			
Guarantees			
Have you ever guaranteed a loan taken out by somebody else, or by a business or company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

DELEGATIONS

B. POWERS OF ATTORNEY

Do you have a current power of attorney/Enduring Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no: Who do you wish to appoint as your attorney:	

C. APPOINTMENTS OF ENDURING GUARDIAN

Do you have a current appointment of enduring guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no: Who do you wish to appoint as your guardians?:	

D. ADVANCE CARE DIRECTIVE

Do you have an Advance Care Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no: Who do you wish to appoint?:	