



## Estate Planning Fact Finder

*This Fact Finder is designed to provide background information to assist us to provide you with advice as to your needs and requirements at our first conference together. Please complete this Fact Finder as far as possible. The more detailed the information that you can provide us, the better we can advise you.*

### Will Maker's Details

#### Will Maker A

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

#### Will Maker B

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile (A) \_\_\_\_\_ Mobile (B) \_\_\_\_\_

Email: \_\_\_\_\_ Email \_\_\_\_\_

Relationship:  Married  Partnered  Single

### Document Checklist

Please bring with you to our initial meeting copies or originals of the following documents:

- Your Existing Wills, Powers of Attorney, Appointments of Enduring Guardians
- Your Latest Superannuation Statements and Nominations of Beneficiaries
- Your Partnership, Shareholder or other Business Agreements
- Your Deeds of Family Trusts or Self Managed Superannuation Fund



## Client needs

### Will

- Do you have a current Will? Yes / No

If so, where is the original? \_\_\_\_\_

- Does your Will need updating? Yes / No

### Power of Attorney – (Property & Financial Affairs)

- Do you have current Powers of Attorney? Yes / No

- Are they Enduring Powers of Attorney? (ie operate if you lose mental capacity) Yes / No

If so, where is the original? \_\_\_\_\_

- Do your Powers of Attorney need updating? Yes / No

- Who are to be your Attorney(s)?

Full Name: (1) \_\_\_\_\_

Address: (1) \_\_\_\_\_

Full Name (2) \_\_\_\_\_

Address (2) \_\_\_\_\_

- Who are to be your Reserve Attorney(s)? (ie if your first selected Attorney cannot continue to act)

Full Name (1) \_\_\_\_\_

Address (1) \_\_\_\_\_

Full Name (2) \_\_\_\_\_

Address (2) \_\_\_\_\_

- Are there any restrictions you want to place on your Attorney? (ie things that your Attorney cannot do) Yes / No

If so, please describe: \_\_\_\_\_

### Appointment of Enduring Guardian (lifestyle and health decisions)

- Do you have current Appointments in place? Yes / No

If so, where is the original? \_\_\_\_\_

- Do your Appointments need updating? Yes / No

- Who are to be your Guardian(s)?

Full Name: (1) \_\_\_\_\_

Address: (1) \_\_\_\_\_

Full Name (2) \_\_\_\_\_

Address (2) \_\_\_\_\_

- Are there any special functions/decisions you want your Guardian to make? Yes / No

If so, please describe: \_\_\_\_\_



## Asset Particulars

### Real Estate (Residence)

(1) Address: \_\_\_\_\_

Is this property Jointly Owned? Yes / No

If yes, provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

Estimated Value of the property: \$ \_\_\_\_\_

Associated debt with the property: \$ \_\_\_\_\_

Was the property purchase prior to 20.9.1985? (ie Capital Gains tax fee) Yes / No

(2) Address: \_\_\_\_\_

Is this property Jointly Owned? Yes / No

If yes, provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

Estimated Value of the property: \$ \_\_\_\_\_

Associated debt with the property: \$ \_\_\_\_\_

Was the property purchase prior to 20.9.1985? (ie Capital Gains tax fee) Yes / No

### Savings & Investments

(1) Institution: \_\_\_\_\_

Is the Account Jointly Owned? Yes / No

If yes, provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

Estimated Value of the property: \$ \_\_\_\_\_

(2) Institution: \_\_\_\_\_

Is the Account Jointly Owned? Yes / No

If yes, provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

Estimated Value of the property: \$ \_\_\_\_\_

### Share Portfolio

(1) Company: \_\_\_\_\_

Is the Company Jointly Owned? Yes / No

If yes, provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

Estimated Value of the property: \$ \_\_\_\_\_

No. of Shares: \_\_\_\_\_

(2) Company: \_\_\_\_\_

Is the Company Jointly Owned? Yes / No

If yes, provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

Estimated Value of the property: \$ \_\_\_\_\_

No. of Shares: \_\_\_\_\_



## Asset Particulars...cont'd...

### Business Interest:

Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Partnership     Company     Trust

Details: \_\_\_\_\_  
 Associated Debt: \$ \_\_\_\_\_

### Significant Other Assets: (eg motor vehicles, boats, collections, memorabilia, Jewellery, unit trust)

Asset Details: \_\_\_\_\_  
 Estimated Value: \$ \_\_\_\_\_  
 Asset Details: \_\_\_\_\_  
 Estimated Value: \$ \_\_\_\_\_  
 Asset Details: \_\_\_\_\_  
 Estimated Value: \$ \_\_\_\_\_  
 Asset Details: \_\_\_\_\_  
 Estimated Value: \$ \_\_\_\_\_

## Superannuation

### Willmaker A

Fund Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member No: \_\_\_\_\_  
 Stage:  Accumulation     Pension    Current Balance: \$ \_\_\_\_\_  
 Nominated Beneficiary: \_\_\_\_\_  
 Binding Nomination: Yes / No

### Willmaker B

Fund Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member No: \_\_\_\_\_  
 Stage:  Accumulation     Pension    Current Balance: \$ \_\_\_\_\_  
 Nominated Beneficiary: \_\_\_\_\_  
 Binding Nomination: Yes / No

## Life Insurance

### Willmaker A

Insurers Name: \_\_\_\_\_  
 Type of Cover:  Death     TPD     Trauma     Income  
 Policy No: \_\_\_\_\_  
 Nominated Beneficiary: \_\_\_\_\_  
 Amount of Cover: \$ \_\_\_\_\_



## Life Insurance...cont'd...

### Willmaker B

Insurers Name: \_\_\_\_\_

Type of Cover:     Death                       TPD                       Trauma                       Income

Policy No: \_\_\_\_\_

Nominated Beneficiary: \_\_\_\_\_

Amount of Cover:    \$ \_\_\_\_\_

## Executors and Guardians of your Will

- Who are to be your Executor(s)?

Full Name: (1) \_\_\_\_\_

Address: (1) \_\_\_\_\_

Full Name (2) \_\_\_\_\_

Address (2) \_\_\_\_\_

- Who are to be your Reserve Executor(s)? (ie if your first selected Executors cannot continue to act)

Full Name: (1) \_\_\_\_\_

Address: (1) \_\_\_\_\_

Full Name (2) \_\_\_\_\_

Address (2) \_\_\_\_\_

- Do you require Testamentary Guardians for minor beneficiaries?                      Yes / No

If so, please provide Full Names: \_\_\_\_\_

and Address: \_\_\_\_\_

## Beneficiaries of your Will

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship:     Child                       Step Child                       Other: \_\_\_\_\_

Gifts or share of Estate to be given to Beneficiary: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship:     Child                       Step Child                       Other: \_\_\_\_\_

Gifts or share of Estate to be given to Beneficiary: \_\_\_\_\_



## Beneficiaries of your Will...cont'd...

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Relationship:       Child                       Step Child                       Other: \_\_\_\_\_  
 Gifts or share of Estate to be given to Beneficiary: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Relationship:       Child                       Step Child                       Other: \_\_\_\_\_  
 Gifts or share of Estate to be given to Beneficiary: \_\_\_\_\_

## Objectives concerning potential Beneficiaries

Please indicate if your Will needs to contain special provisions regarding any of the following:

<b>Concern:</b>	<b>Regarding:</b>
<input type="checkbox"/> Risk of Relationship Breakdown	_____
<input type="checkbox"/> Risk of Challenge to Will and/or Superannuation Benefits	_____
<input type="checkbox"/> Education of Children/Grandchildren	_____
<input type="checkbox"/> Risk of Bankruptcy	_____
<input type="checkbox"/> Establish Disability Fund	_____
<input type="checkbox"/> Charitable objectives	_____
<input type="checkbox"/> Financial susceptibility	_____
<input type="checkbox"/> Drug, alcohol or gambling dependency	_____
<input type="checkbox"/> Intellectual or mental disability	_____
<input type="checkbox"/> Other – please describe	_____