

## WILL MAKING CHECKLIST *Please complete all details in block letters.*

### YOUR DETAILS

full name: \_\_\_\_\_

date of birth: \_\_\_\_\_

occupation: \_\_\_\_\_

marital status: single / married / divorced / widowed / de facto (\* circle appropriate answer)

if relevant: \_\_\_\_\_

full name of spouse: \_\_\_\_\_

date of birth: \_\_\_\_\_

occupation of spouse: \_\_\_\_\_

if relevant: \_\_\_\_\_

children / step-children: \_\_\_\_\_

address for correspondence: \_\_\_\_\_

### CONTACT NUMBERS

• business: \_\_\_\_\_

• home: \_\_\_\_\_

• mobile: \_\_\_\_\_

• email: \_\_\_\_\_

• facsimile: \_\_\_\_\_

location of existing will (if any): \_\_\_\_\_

accountant: \_\_\_\_\_

financial advisor: \_\_\_\_\_

I do / do not have a current  
Enduring Power of Attorney: \_\_\_\_\_

Location of Enduring Power  
of Attorney: \_\_\_\_\_

## DETAILS OF ALTERNATE EXECUTORS WHO WILL BE TRUSTEES OF YOUR ESTATE

In the event that the person specified above predeceases you then you should nominate below alternate beneficiaries and executors. If however you have not completed the section above you should nominate executors and beneficiaries of your estate.

Please note you may nominate up to four executors of your estate, but we recommend that the number be limited to two or three to save on administration time however, each case should be dealt with on its own facts.

### FIRST EXECUTOR'S DETAILS

name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship to you: \_\_\_\_\_  
occupation: \_\_\_\_\_

### SECOND EXECUTOR'S DETAILS

name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship to you: \_\_\_\_\_  
occupation: \_\_\_\_\_

## ASSETS

Please list items such as real estate, motor vehicles, business assets, cash deposits etc. (If there is insufficient room please attach an additional sheet)

TYPE	OWNER/S	DATE OF PURCHASE	CURRENT VALUE

## CAPITAL GAINS TAX

Where are the records kept for the calculation of the above?

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## LIABILITIES

FINANCIER'S NAME	DEBT IN NAME OF	PURPOSE OF LOAN	AMOUNT



## SUPERANNUATION

COMPANY	POLICY NO.	INSURANCE \$	A/C VALUE	NOMINATED BENEFICIARY

Have you nominated beneficiaries under your policy and if so are they correct and current?

Yes

No

## LIFE INSURANCE

COMPANY	POLICY NO.	SUM INSURED	OWNER

## FAMILY COMPANIES AND TRUSTS

Please provide us with details of any family companies and the amount of shares you hold in those companies.

NAME OF COMPANY	TYPE, NUMBER AND CLASS OF SHARE

Name and address of beneficiary who is to receive these shares on your death:-

## SPECIFIC / MONETARY GIFTS (JEWELLERY, HEIRLOOMS)

ITEM / AMOUNT	NAME AND ADDRESS OF THE BENEFICIARY OF THE GIFT (IF ANY)



## RESIDUARY BENEFICIARIES

Residuary beneficiaries receive the balance of your estate after any of the specific gifts or monetary amounts have been distributed to named beneficiaries.

name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship: \_\_\_\_\_  
age if under 18: \_\_\_\_\_

name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship: \_\_\_\_\_  
age if under 18: \_\_\_\_\_

name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship: \_\_\_\_\_  
age if under 18: \_\_\_\_\_

name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship: \_\_\_\_\_  
age if under 18: \_\_\_\_\_

**Age of children** to take your estate e.g. eighteen (18) or twenty-one (21) years

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## GUARDIANS OF ANY MINOR CHILDREN:

first guardian's name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship: \_\_\_\_\_

second guardian's name: \_\_\_\_\_  
address: \_\_\_\_\_  
relationship: \_\_\_\_\_



**FAMILY HISTORY**

name of any previous spouse: \_\_\_\_\_

children of previous marriage: \_\_\_\_\_

adopted children: \_\_\_\_\_

step children: \_\_\_\_\_

Any other dependants and their relationship to you (e.g. parents, nieces, nephews):  
\_\_\_\_\_

**CHARITABLE DISTRIBUTION**

Yes       No

If yes, details \_\_\_\_\_

