

WILL QUESTIONNAIRE

The questionnaire is divided into two parts. Part A covers information about you, your family, your dependents and the persons to whom you would like to leave your estate and administer your estate. It is important to provide full names and the correct spelling of all names. Part B provides information about your assets. You may choose to provide general information in this section or complete it more fully. The information you provide will be transferred to an Estate Information Manual which will be stored with your copy Will. The manual does not form part of your Will but will provide an invaluable source of information for your executors and will minimise the costs and delay involved in gathering information after you die. We recommend you keep the Estate Information Manual up-to-date.

When you make an appointment to see your solicitor please bring as many of the following documents (or copies) with you:

- Your completed Will Questionnaire
- Your current and previous Wills
- Your Enduring Power of Attorney
- Your Enduring Guardianship
- Trust Deed (if you have a family trust or self managed superannuation fund)
- Superannuation nomination forms (if you have a nominated beneficiary of your superannuation policy)
- Life insurance policy documents
- Documentation showing ownership or the description of any real property (eg; certificate of title or registration confirmation statement)

Please note: this publication is intended as an introductory document to assist your legal practitioner to draft your Will. It is not a substitute for individual legal advice based on your own circumstances and requirements.

PART A

PERSONAL DETAILS

Your full name

Former or other name

Date of birth

Residential Address

Contact details

Home

Work

Mobile

Email

MARITAL STATUS

Are you

Married

In a de facto relationship

Engaged to be married

Widowed

Spouse or de facto partner's

Full name

Former name

Spouse or de facto partner's

Residential Address

Spouse or de facto partner's

Date of Birth:

Is your Will made in contemplation
of marriage?

Yes / No

OCCUPATION

Your occupation/title _____

Name of employer _____

Address _____

Telephone Number _____

Contact person _____

PREVIOUS WILLS

Have you ever signed a Will before? Yes / No

If yes, please provide details of
where the Will is kept _____

CHILDREN

Do you have any children? Yes / No (proceed to next section)

Child's name _____

Child's current age _____

Does the child live with you? Yes / No

Is this child wholly or partially dependent on you? Yes / No

The child is a
() Natural child
() Step child
() Adopted child
() Foster child

Child's name _____

Child's current age _____

Does the child live with you? Yes / No

Is this child wholly or partially dependent on you? Yes / No

The child is a
() Natural child
() Step child
() Adopted child
() Foster child

Child's name _____

Child's current age _____

Does the child live with you? Yes / No

Is this child wholly or partially dependent on you? Yes / No

The child is a
 Natural child
 Step child
 Adopted child
 Foster child

Child's name _____

Child's current age _____

Does the child live with you? Yes / No

Is this child wholly or partially dependent on you? Yes / No

The child is a
 Natural child
 Step child
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Child's name _____

Child's current age _____

Does the child live with you? Yes / No

Is this child wholly or partially dependent on you? Yes / No

The child is a
 Natural child
 Step child
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Child's name _____

Child's current age _____

Does the child live with you? Yes / No

Is this child wholly or partially dependent on you? Yes / No

The child is a
 Natural child
 Step child
 Adopted child
 Foster child

DEPENDANTS

Apart from your children,
does anyone rely on you for
financial support:

Yes / No
(if no, proceed to the next section)

If yes, details

Name _____

Relationship to you _____

Age of Dependant _____

Reason for dependency _____

Name _____

Relationship to you _____

Age of Dependant _____

Reason for dependency _____

Name _____

Relationship to you _____

Age of Dependant _____

Reason for dependency _____

Name _____

Relationship to you _____

Age of Dependant _____

Reason for dependency _____

EXECUTORS

Your executors are the persons who carry out the wishes contained in your Will. Your executors must be at least 18 years old but do not need to be beneficiaries .

It is generally recommended you appoint two executors. You may also name alternative executors in the event that any of your executors are unable or unwilling to act.

Executor Details

Full Name _____

Address _____

Relationship to you _____

Executor Details

Full Name _____

Address _____

Relationship to you _____

Alternate Executor/s Details

Full Name _____

Address _____

Relationship to you _____

Full Name _____

Address _____

Relationship to you _____

TESTAMENTARY GUARDIAN

You may appoint a guardian for children under 18 years of age in the event that your spouse predeceases you

Name of Guardian _____

Residential Address _____

Relationship to you _____

Telephone Number _____

Name of Guardian _____

Residential Address _____

Relationship to you _____

Telephone Number _____

DISTRIBUTION OF YOUR ESTATE

BENEFICIARIES

Name _____

Address _____

Relationship to you _____

Gift (legacy/item/percentage of estate) _____

Name _____

Address _____

Relationship to you _____

Gift (legacy/item/percentage of estate) _____

Name _____

Address _____

Relationship to you _____

Gift (legacy/item/percentage of estate) _____

Name: _____

Address _____

Relationship to you _____

Gift (legacy/item/percentage of estate) _____

Name _____

Address _____

Relationship to you _____

Gift (money/specific item/percentage of estate) _____

Name _____

Address _____

Relationship to you _____

Gift (money/specific item/percentage of estate) _____

Any other specific gifts of money _____

Any other specific gifts of items? _____

If a beneficiary does not survive you –

to whom would you like to give
his or her share?

THE WHOLE OR RESIDUE OF YOUR ESTATE

Instead of naming particular beneficiaries you may simply like to leave your estate or the residue of your estate to a class of people such as “my children”.

If one or your beneficiaries dies before you but is survived by a child or children, do you want that child or children to take his/her or their parent’s share in your estate?

Yes / No

At what age do you want any child
beneficiaries to receive their share
of your estate (eg: 18,21, 25?)

FAMILY DISCRETIONARY TRUSTS

If you have a large estate and children or grandchildren under the age of 18, you may like to consider creating a discretionary trust in your Will. A trust may have tax advantages for your beneficiaries as well as other advantages.

Would you like a testamentary

Discretionary trust in your Will

for the benefit of your minor

children or grandchildren?

Yes / No

MISCELLANEOUS

Do any of the following apply to you?

You have poor eyesight and will require someone to read the Will to you?

You have difficulty reading English or prefer another language, and will require someone to interpret the Will for you?

If yes, what is your preferred language? _____

You suffer from dementia, Alzheimer's disease and/or

suffering from any other condition that affects your

memory and understanding, even for intermittent

periods? _____

Do you have an Enduring Power of Attorney? Yes / No

If so, Location of Power of Attorney _____

Name/s of holder of Power of Attorney _____

Do you have an Enduring Guardian Yes / No

If so, Location of Enduring Guardian _____

Name/s of nominated enduring guardians _____

Do you have an Advanced Care Directive? Yes / No

If so, Location of Advanced Care Directive _____

FUNERAL/BURIAL INSTRUCTIONS

Do you wish to include any specific instructions

in your Will regarding your funeral and/or burial/

cremation? Yes / No

If yes, please provide details _____

DOCTOR

Name _____

Name of practice _____

Address _____

Telephone No _____

MEDICARE _____

Medicare Number _____

Location of card _____

HEALTH FUND _____

Membership Number _____

Location of membership card _____

Bank, building society, credit union	Branch/BSB Number	Account No:	Account Name:	Location of passbook,ATM Card

SUPERANNUATION

Name of fund _____

Membership Number _____

Telephone Number of fund _____

Have you nominated a beneficiary of your Superannuation death benefits? Yes / No

If yes, who have you nominated? _____

Is it a binding nomination? Yes / No/ Don't know

Name of fund _____

Membership Number _____

Contact person _____

Telephone Number _____

Have you nominated a beneficiary of your Superannuation death benefits? Yes / No

If yes, who have you nominated? _____

Is it a binding nomination Yes / No/ Don't know

Name of fund _____

Membership Number _____

Contact person _____

Telephone Number _____

Have you nominated a beneficiary of your Superannuation death benefits? Yes / No

If yes, who have you nominated? _____

Is it a binding nomination Yes / No/ Don't know

The binding nomination is usually signed in the presence of two witnesses and must be renewed every three years. It is highly recommended that you check the status of your nomination.

SUPERANNUATION PENSION DETAILS

Name of the Fund _____

Telephone Number _____

Member ship number _____

Any reversionary annuitant? Yes / No

If yes, please provide name and address _____

LIFE INSURANCE POLICY

Company	Policy No:	Type of Policy -Life, trauma etc	Owner of Policy	Life Insured	Nominated beneficiary

SHARES/SECURITIES IN COMPANIES

Are you a shareholder?

If yes, please advise details

Company	No of shares/securities	Type of shares	SRN – Security reference No or Holder Identification Number	Location of holding statements

UNITS IN MANAGED FUNDS

Company	No of units	Investor/Account No:	Location of holding statements

MONETARY INVESTMENT DETAILS

(Cash management trusts, term deposits, income securities, etc)

If you, please advise details of your sponsoring broker

Name of bank/institution	Account Number	Type of investment (CMT, term deposit, income security)	Amount invested

MOTOR VEHICLE

Type _____

Location of Certificate of Registration _____

Insurance details _____

Location of Insurance Policy _____

Loan details (Name of institution) _____

How much is owing? _____

Leasing details _____

Registration Papers _____

PRIVATE COMPANY DETAILS

Name of Company _____

ABN/ACN of company _____

Registered office _____

Name & address of directors _____

Name & addresses of shareholders _____

and percentage ownership _____

Name & addresses of shareholders _____

and percentage ownership _____

TRUST

Name of trust _____

(ABN/ACN Number) _____

Trust type (Family, Unit) _____

Trust purpose _____

Establishment date _____

Appointor _____

Trustee type

() Individual Trustee

() Corporate Trustee

Directors of Corporate Trustee _____

Address of Director of Trustee _____

Location of Trust Deed _____

If Unit Trust, name and address _____

of Unit Holders & number of units _____

If Unit Trust, name and address _____

of Unit Holders & number of units _____

ASSETS HELD ON TRUST

(includes property held on trust, or as executor of an estate)

Type	Location	Identify settlor/testator	State interests and other trustees/executors	Location of the title, documents, relevant insurance policies and any other relevant details

LIABILITIES – SECURED & UNSECURED DEBTS

Property on which owed	To whom owed	Location of relevant documents and details

GUARANTEE DETAILS

Name	Address	Telephone Number	Location of guarantee documents and details

ACCOUNTANT DETAILS

Accountant's Name _____

Address _____

Telephone No _____

FINANCIAL PLANNER DETAILS

Name _____

Address _____

Telephone No _____