



Instructions to prepare

Will and Powers of Attorney

To: Keelins Lawyers
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INSTRUCTION SHEET AND THE FOLLOWING INFORMATION SHOULD BE FORWARDED TO OUR OFFICE PRIOR TO YOUR INITIAL MEETING

- Completed Instruction Sheet;
- Brief summary of your plans, in particular your primary objectives for distribution of your estate;
- Superannuation fund statements, including any binding/non-binding death benefit nominations;
- Existing Wills, Powers of Attorney or other binding personal financial documents (such as a Binding Financial Agreement between husband and wife); and
- Deeds for existing superannuation and family trusts.

1. Personal information

Full name: (person making the Will)	
Nicknames / aliases: (name by which you are known or in which you hold assets)	
Address: (residential)	
Telephone:	
Occupation:	
Date of birth:	
Marital status: (married, single, divorced or separated)	
Full name of spouse:	

2. Family details

Members of your family (e.g. spouse, partner, children, etc). Also include other members which you may include in your Will (e.g. defacto partner, friends, etc).

Full name:	Age:	Address:	Relationship:

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Are any of the abovenamed family members, including yourself, currently or upon retirement eligible for a means tested pension?

Are any of the abovenamed family members, including yourself, moving to a nursing home?

To the best of your knowledge are you or any of the abovenamed family members susceptible to insolvency by virtue of employment or business activities?

To the best of your knowledge are any of the abovenamed family members currently acting as personal guarantors?

To the best of your knowledge are any of the abovenamed family members required to provide child support (maintenance) obligations? (Provide details and copies of Trust Deeds for concessionally taxed child support trusts, if any).

3. Guardians of infant children

Full name:	Address:	Relationship:

4. Inventory of personal assets

4.1 Individually Owned Assets (e.g. domestic/commercial real property, motor vehicle/s, jewellery, stocks and shares, etc).

Description of Asset:	Location: (which State or Territory)	Approx. Market Value:
		\$
		\$
		\$

		\$
		\$

4.2 Jointly Owned Assets (Assets which you hold jointly with one or more people. Please specify whether owned as joint tenant or tenant in common).

Description of Asset:	Location: (which State or Territory)	Approx. Market Value:
		\$
		\$
		\$
		\$
		\$

5. Family company / companies

Details of any family company/companies in which you are a Director and/or Shareholder:

Names of other Directors (if any):

Current ownership of shares:

Details of any succession objectives:

Details of any non-family company/companies in which you are a Director and/or Shareholder:

6. Trusts

Details of any Trusts (e.g. Family Discretionary Trusts, Unit Trusts, Discretionary and Hybrid Unit Trusts) by which you are a Guardian or Appointor: (You should provide a copy of the Trust Deed with these instructions):

If Unit Trust, details of current unit holdings:

Details of how future control is to be shared:

7. Insurance

Details of insurance policies (if any):

Nature and extent of cover (e.g. life, trauma, etc):

8. Superannuation

If a member of private superannuation fund, provide a copy of Deed and full details of Trustee(s) and Members:

If a member of public fund, details of how the trustee exercises its discretion in relation to death benefits:

Details of any dependents (for superannuation purposes) other than family members already mentioned (e.g. ex-spouse (legal or defacto), step-child, foster child):

9.1 Proposed executors

Full name:	Address:	Relationship:

9.2 Substitute (or Alternative) Executor

Full name:	Address:	Relationship:

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9.3 Proposed Executor/Trustee Powers

Power of Investment	Power of Appropriation	
Power of Advancement	Power to Manage Business	
Other:		

10. Distribution of estate

10.1 Specific Bequests (e.g. “my tools of trade”, “my sapphire and diamond cluster engagement ring” or specific items of money”).

Item to be given under Will	Beneficiary name:	Address:	Relationship:

Are the beneficiaries to survive you by thirty days?

Are any of the above gifts subject to a mortgage or charge?

Is the gift to carry the mortgage or charge?

Is the mortgage or charge to be paid out of the residue?

10.2 Residuary Estate (i.e. everything else not specifically given in the Will):

Beneficiary name:	Address:	Share or Proportion (e.g. whole / one-half):	Relationship:

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If any of the beneficiaries listed above (“Primary Beneficiaries”) have children whom you would like to take the share of the Primary Beneficiaries if the Primary Beneficiaries pre-decease you, please specify this below:

***Yes/No I would like the children of the Primary Beneficiaries to take the share of the Primary Beneficiaries if the Primary Beneficiaries pre-decease me.**

*Strike out whichever is inapplicable

Is any beneficiary under the age of 18 years?

Are the beneficiaries to survive you by thirty days?

Are any of the above gifts subject to a mortgage or charge?

Is the gift to carry the mortgage or charge?

Is the mortgage or charge to be paid out of the residue?

11. Extraordinary matters

Directions regarding funeral / disposal of body:

Details of a marriage that is planned:

Reasons for excluding as a beneficiary your spouse, a child or former spouse who is entitled to maintenance under a Court order or agreement:

The name and address of your accountant / financial adviser (please include telephone number):

12. Further requests

Provide details of any further requests to be included in your Will (e.g. birthday gifts to grandchildren upon attaining the age of 21, etc.):

13. Memorandum of wishes

A “Memorandum of Wishes” does not form part of your Will but is a separate guide for your executors and trustees as to how you would like your assets administered and dealt with. A Memorandum of Wishes is not legally binding but in practice it acts as a valuable aid to those left in charge of your assets. Please provide any instructions to your executors and trustees which you would like to be included in a “Memorandum of Wishes”:

Powers of Attorney – Financial

Enduring Power(s) of Attorney (Financial):

Required

Already in Place

Primary Attorney(s):

Name:

Occupation:

Address:

Alternate Attorney(s):

Name:

Occupation:

Address:

Effective Date:

Immediate

On Incapacitation

Specific Event

Restrictions:

Powers of Attorney – Guardianship and Medical Treatment

Enduring Power(s) of Guardianship:

Required

Already in Place

Medical Treatment Power(s) :

Required

Already in Place

Primary Attorney(s):

Name:

Occupation:

Address:

Alternate Attorney (one):

Name:

Occupation:

Address:

Effective Date:

Immediate

On Incapacitation

Specific Event

Restrictions: