

WILL INSTRUCTIONS

Winters – Lawyers

PERSONAL DETAILS

Full name: _____

Former or other name:

(if you hold any assets in this name) _____

Residential Address: _____

Telephone number/s: Home _____ Work _____

Mobile _____

Email: _____

Occupation: _____

Date of birth: ____/____/____

Marital Status: (e.g. married, de facto, widow , engaged)

Spouse Full Name: _____

Spouse Residential Address: _____

Spouse Date of birth: _____

Accountant: Name: _____ Phone: _____

Financial planner: Name: _____ Phone: _____

General Practitioner: Name: _____ Phone: _____

Please note: If you are engaged, you're Will will become invalid upon your marriage unless it is stated in your Will that the Will is made in contemplation of your marriage.

Is your Will made in contemplation of your marriage? Yes No

How do you want to receive your Draft will? Email Mail

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

Natural

Stepchild

Adopted

Child

child

Child's name:

Child's current age:

Does the child live with you?

Yes

No

Natural

Stepchild

Adopted

Child

child

Child's name:

Child's current age:

Does the child live with you?

Yes

No

Natural

Stepchild

Adopted

Child

child

Child's name:

Child's current age:

Does the child live with you?

Yes

No

Natural

Stepchild

Adopted

Child

child

Child's name: _____

Child's current age: _____

Does the child live with you? Yes No

Natural Child Stepchild Adopted child

DEPENDANTS

Does anyone rely on you for financial support Yes No proceed to next section

If yes, details: Spouse/partner/fiancé

child-

Name/s _____

Other -

Name/s Relationship to you: _____

Age of Dependant: _____

Reason for dependency: _____

YOUR ASSETS

Do you own or have an interest in any of the following:

House/Land

Do you own the property with another person? Yes No

Name of other owners _____

Do you own the property as: Joint Tenants Tenants in common Don't Know

House/Land

Do you own the property with another person? Yes No

Name of other owners _____

Do you own the property as: Joint Tenants Tenants in common Don't Know

Superannuation Policy

Is the superannuation fund a public fund or self-managed fund?

Public Fund Self-managed fund

Have you nominated a "beneficiary" of your superannuation policy?

Yes No

Name of beneficiary: _____

Is the nomination a binding nomination?

Yes No

A 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.

Life Insurance Policy

Who is the owner of the policy _____

Who is the person whose life is insured? _____

Is there a nominated beneficiary of the policy? _____

Family Trust

Who is the trustee of the trust? _____

Who is the appointor/principal of the trust? _____

Who are the beneficiaries? _____

Private Company

Are you a shareholder of the company? _____

How many shares do you own? _____

How many shares are issued? _____

Are you a director of the company? _____

Are you the sole director? _____

Other companies

In which companies do you hold shares? _____

How many shares do you own? _____

Are these shares jointly owned with others? _____

EXECUTORS

Your executor is the person who carries out the wishes contained in your Will. You can also appoint alternate executors in case any of your executors are unable or unwilling to act as your executors.

Your executor must be at least 18 years old but does not need to be a beneficiary.

Executor is) Details:

1.Full name: _____

2.Full name: _____

1.Full name: _____

2.Full name: _____

Address: _____

Relationship to you: _____

Address: _____

Relationship to you: _____

Alternate Executor(s) Details:

Address: _____

Relationship to you: _____

Address: _____

Relationship to you: _____

DISTRIBUTION OF YOUR ESTATE

Specific gifts

These are usually special items or gifts of money.

Gift: _____

Beneficiary's name: _____

Beneficiary's address: _____

Relationship to you: _____

Gift: _____

Beneficiary's name: _____

Beneficiary's address: _____

Relationship to you: _____

Gift: _____

Beneficiary's name: _____

Beneficiary's address: _____

Relationship to you: _____

The Remainder of Your Estate:

Instead of naming a particular beneficiary you may simply like to leave the rest and residue of your estate to a class of people such as "my children".

If one of your beneficiaries dies before you but is survived by a child or children, do you want that child or children to take his/her/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 (e.g. 18, 21, 25)?

Remainder to the following specific beneficiaries:

Beneficiary's name: _____

Beneficiary's address: _____

Relationship to you: _____

Share (e.g. equal share or %): _____

Beneficiary's name: _____

Beneficiary's address: _____

Relationship to you: _____

Share (e.g. equal share or %): _____

TESTAMENTARY 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 minor children or grandchildren? Yes No

TESTAMENTARY GUARDIAN

You can appoint a Guardian for your children (i.e. children under 18 years of age) in your Will in the event that your spouse predeceases you.

Name of Guardian(s): _____

Residential Address: _____

Relationship to you: _____

Telephone number: _____

FUNERAL/BURIAL INSTRUCTIONS

Do you wish to include any specific instructions in your Will regarding your funeral and/or burial/cremation?

Details: _____

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 suffer from any other condition that affects your memory and understanding, even for intermittent periods.

Do you have an Enduring Power of Attorney? Yes No

Do you have an enduring power of guardianship? Yes No

SIGNED _____

DATED _____