



A. PERSONAL DETAILS

CLIENT 1

CLIENT 2

SURNAME

GIVEN NAMES

RESIDENTIAL ADDRESS

POSTAL ADDRESS

MARITAL STATUS

CONTACT NUMBERS

Home phone

Work phone

Fax

Mobile phone

EMAIL

DATE OF BIRTH

PLACE OF BIRTH

OCCUPATION

OCCUPATION RISK

Does your occupation expose you to financial risk? e.g. business director or principal, medical or other professional?

No If yes, please specify:

Yes

No If yes, please specify:

Yes

B. PROFESSIONAL ADVISORS

ACCOUNTANT

FINANCIAL ADVISOR

OTHER LAWYER

C. CHILDREN OF YOUR RELATIONSHIP

FULL NAMES, ADDRESSES, DATES OF BIRTH & OCCUPATIONS





D. CHILDREN OF FORMER RELATIONSHIP (if any)

FULL NAMES,
ADDRESSES, DATES OF
BIRTH & OCCUPATIONS

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E. DETAILS OF PRIOR MARRIAGES/DE FACTO RELATIONSHIPS

FULL NAMES &
ADDRESSES

NATURE OF
RELATIONSHIP

CONTINUING
DEPENDANCY?

If yes, please
provide details

F. ANY OTHER DEPENDANTS

FULL NAMES,
ADDRESSES, DATES OF
BIRTH & RELATIONSHIP
TO YOU

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G. EXCLUDED PEOPLE

The law of NSW enables some potential beneficiaries to claim against your estate if they are left out of your Will or are left with less than adequate provision. Normally, this applies to immediate family members or members of your extended family who have lived in your household and have been dependent on you. If you plan to exclude someone from your Will or to leave them significantly less than they might otherwise receive, this needs to be carefully considered.

If applicable, please provide details of potential claims:

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H. PRIOR WILLS

Have you previously made a will?

No If yes, please provide a copy.

No If yes, please provide a copy.

Yes

Yes

I. FUNERAL WISHES

You may include in your will an expression of your wishes relating to your funeral directions.

If yes to either please provide details of place of burial/directions as to burial/scattering of ashes.

If yes to either please provide details of place of burial/directions as to burial/scattering of ashes.

Buried

Buried

Cremated

Cremated





J. EXECUTORS

EXECUTORS	Names, Addresses, and relation to you	
SUBSTITUTE EXECUTORS (in case your Executors predecease you or are unable to act)	Names, Addresses, and relation to you	
TESTAMENTARY GUARDIANS (for your minor children in the event of both parents dying or other circumstances requiring a third party guardian)	Names, Addresses, and relation to you	

K. MAIN RESIDENCE

MAIN RESIDENCE	<input type="checkbox"/> As above residential address. If not please specify:	<input type="checkbox"/> As above residential address. If not please specify:
OWNERSHIP	<input type="checkbox"/> 100% sole owner <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Other, please specify	<input type="checkbox"/> 100% sole owner <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Other, please specify
DETAILS OF CO-OWNER	Names, Addresses, & relation to you	

L. SUMMARY OF ASSETS

If filling in this form online or electronically, skip this Summary of Assets and complete the detailed lists of assets commencing on [page 6](#). This Summary of Assets will automatically update from the details you insert there.

	CLIENT 1	CLIENT 2
Real Estate		
Bank Accounts / Cash		
Listed Shares / Listed Units		
Superannuation		
Insurance		
Trust Interests		
Business Interests		
Other Assets		
Estimated Annual Income		





M. FINANCIAL, RETIREMENT OR ESTATE PLANS

If any of these have been prepared, please provide copies or summaries

N. PERSONAL BELONGINGS

Details of specific gifts of personal belongings

(If there is insufficient space please attach a separate sheet)

How should any remaining personal belongings pass?

- To my Executors to be distributed in accordance with a memorandum of wishes
- To form part of residue

- To my Executors to be distributed in accordance with a memorandum of wishes
- To form part of residue

O. CASH GIFTS

Please state each beneficiary's name, address and relation to you together with the sum they are to receive.

Please attach a separate sheet if more space is required.

P. GIFTS TO CHARITY

Please state the charity's name, address and ABN/ACN together with the cash sum or specific item they are to receive.

Please attach a separate sheet if more space is required.

Q. OTHER GIFTS, LEGACIES OR SPECIAL PROVISIONS

Please provide details.





R. RESIDUE - SPOUSE/PARTNER'S ENTITLEMENT (if not relevant proceed to the section S.)

Q.1 All to spouse/partner?	<input type="checkbox"/> Yes – ignore Q.2 <input type="checkbox"/> No	<input type="checkbox"/> Yes – ignore Q.2 <input type="checkbox"/> No
Q.2 If not all to spouse/partner then specify cash sum, specific item or % to spouse/partner?		
Q.3 Any limitations or conditions relating to spouse's entitlement?		

S. RESIDUE – OTHER BENEFICIARIES

Q.4 Which other beneficiaries should benefit from your residuary estate? If you completed Q.3 this question only deals with the balance of your estate.	Please give full names, addresses, dates of birth for each beneficiary together with what % they should receive.		
Q.6 At what age should minor beneficiaries become entitled?	<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> other (please specify)	<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> other (please specify)	
Q.7 Should your trustees be given the usual power to advance capital to minors at an earlier time?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Q.8 If your spouse/partner dies before you, does their share of your estate pass in accordance with your answer to Q.4?	<input type="checkbox"/> Yes – go to Q.10 <input type="checkbox"/> No – go to Q.9	<input type="checkbox"/> Yes – go to Q.10 <input type="checkbox"/> No – go to Q.9	
Q.9 If no, please provide details of additional beneficiaries:	Please give full names, addresses, dates of birth for each beneficiary together with details of what % they should receive.		
Q.10 If a beneficiary dies before you should his/her interest be:	<input type="checkbox"/> shared equally amongst his/her descendants; <input type="checkbox"/> shared equally amongst the surviving beneficiaries; <input type="checkbox"/> other (please specify)	<input type="checkbox"/> shared equally amongst his/her descendants; <input type="checkbox"/> shared equally amongst the surviving beneficiaries; <input type="checkbox"/> other (please specify)	

T. RESIDUE – ULTIMATE DEFAULT BENEFICIARIES

If none of the above named beneficiaries survive please specify your ultimate default beneficiaries (possibly including a charity)	Please give full names, addresses, dates of birth for each beneficiary together with what % they should receive.	
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U. DETAILED LIST OF ASSETS – CLIENT 1

REAL ESTATE

Address	Description e.g. home, residential investment, commercial	Owner(s)	Ownership joint tenants or tenants in common	Occupant	Estimated Value	Mortgage Balance

BANK ACCOUNTS

Bank	Type of Investment/Account	Owners(s) if jointly held account or if account held in trust	Estimated Value/Balance

LISTED SHARES & UNITS (complete an additional sheet if required or state overall portfolio value and broker's details)

Company/Listed Trust/Broker	No. of Shares/Units	Owners(s) if jointly held account or if account held in trust	Estimated Value





SUPERANNUATION

Fund Name	Type of Super e.g. employer funded, own fund through adviser/agent	Owners(s) if jointly held account or if account held in trust)	Estimated Value	Nominated Beneficiary* spouse, children, estate etc

Have you signed any Binding or Non-Binding Death Benefit Nominations?

No

Yes – please provide copies

SUPERANNUATION – FAMILY OR BUSINESS’S SELF MANAGED ‘SMALL SUPER FUND’ – please provide copy trust deeds

Fund Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary spouse, children, estate etc.

PENSION ENTITLEMENTS

Fund/Provider Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary spouse, children, estate etc.

INSURANCE

Insurer Name	Type of Policy e.g. life insurance, TPD, trauma, income protection	Owners(s) if jointly held account or if account held in trust	Estimated Value





TRUSTS IN WHICH YOU HAVE AN INTEREST AS BENEFICIARY – ‘FAMILY TRUSTS’ – please provide copy trust deeds

Trust Name	Type of Trust e.g. discretionary, unit trust	Trustee(s)	Appointor/ Controller	Beneficiaries	Assets (outline only)	Estimated Value of your interest

BUSINESS INTERESTS

Name of Business/Company	Your Interest e.g. % shareholding, % partnership, director etc	Owner(s) if your interest owned through a trust or company, provide details also	Description of Business	Estimated Value of Business	Estimated Value of Your Interest

Also provide copy Articles of Association together with details of any Shareholders' Agreements / Succession Plans / Buy-Sell Agreements or other retirement / expulsion / succession planning documents relating to each business / company which may affect your succession planning:

OTHER ASSETS

Description	Details	Owner(s)	Estimated Value

ESTIMATED ANNUAL INCOME

Employment Income	Investment Income	Other	Total Annual Income





V. DETAILED LIST OF ASSETS – CLIENT 2 (if not relevant please proceed to section W.)

REAL ESTATE

Address	Description e.g. home, residential investment, commercial	Owner(s)	Ownership joint tenants or tenants in common	Occupant	Estimated Value	Mortgage Balance

BANK ACCOUNTS

Bank	Type of Investment/Account	Owners(s) if jointly held account or if account held in trust	Estimated Value/Balance

LISTED SHARES & UNITS (complete an additional sheet if required or state overall portfolio value and broker's details)

Company/Listed Trust/Broker	No. of Shares/Units	Owners(s) if jointly held account or if account held in trust	Estimated Value





SUPERANNUATION

Fund Name	Type of Super e.g. employer funded, own fund through adviser/agent	Owners(s) if jointly held account or if account held in trust)	Estimated Value	Nominated Beneficiary* spouse, children, estate etc

Have you signed any Binding or Non-Binding Death Benefit Nominations? If yes, please provide copies.

No

Yes

SUPERANNUATION – FAMILY OR BUSINESS’S SELF MANAGED ‘SMALL SUPER FUND’ – please provide copy trust deeds

Fund Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary spouse, children, estate etc.

PENSION ENTITLEMENTS

Fund/Provider Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary spouse, children, estate etc.

INSURANCE

Insurer Name	Type of Policy e.g. life insurance, TPD, trauma, income protection	Owners(s) if jointly held account or if account held in trust	Estimated Value





TRUSTS IN WHICH YOU HAVE AN INTEREST AS BENEFICIARY – ‘FAMILY TRUSTS’ – please provide copy trust deeds

Trust Name	Type of Trust e.g. discretionary, unit trust	Trustee(s)	Appointor/ Controller	Beneficiaries	Assets (outline only)	Estimated Value of your interest

BUSINESS INTERESTS

Name of Business/Company	Your Interest e.g. % shareholding, % partnership, director etc	Owner(s) if your interest owned through a trust or company, provide details also	Description of Business	Estimated Value of Business	Estimated Value of Your Interest

Also provide copy Articles of Association together with details of any Shareholders' Agreements / Succession Plans / Buy-Sell Agreements or other retirement / expulsion / succession planning documents relating to each business / company which may affect your succession planning:

OTHER ASSETS

Description	Details	Owner(s)	Estimated Value

ESTIMATED ANNUAL INCOME

Employment Income	Investment Income	Other	Total Annual Income





W. ENDURING POWERS OF ATTORNEY ('EPA')

CLIENT 1

CLIENT 2

Do you have a current EPA?

- No
- Yes – please provide a copy

- No
- Yes – please provide a copy

If you require an EPA who are your proposed Attorneys?

Names, Addresses, and relation to you

X. APPOINTMENTS OF ENDURING GUARDIANS ('AEG')

Do you have a current AEG?

- No
- Yes – please provide a copy

- No
- Yes – please provide a copy

If you require an AEG who are your proposed Enduring Guardians?

Names, Addresses, and relation to you

Are other powers of attorney or guardianship required?

- Yes

- Yes

e.g. generally or in respect of medical treatment issues in the event of incapacity or serious injury or illness, or lifestyle issues, such as nursing home or other care)

Briefly describe any relevant concerns or needs:

Y. ADVANCE CARE DIRECTIVE ('ACD')

Do you have a current ACD?

- No
- Yes – please provide a copy

- No
- Yes – please provide a copy

Z. OTHER INFORMATION

Do you expect to inherit or receive assets of substantial value in the near future?

- No
- Yes – please provide details

- No
- Yes – please provide details

Please provide any additional information that may be relevant to your estate planning.

I understand that Teece Hodgson & Ward's advice will be given on the basis of the information disclosed and I agree to notify them of any significant changes to my circumstances prior to the completion of my will.

This document is provided for the use of clients and prospective clients of Teece Hodgson & Ward in relation to Estate Planning in New South Wales. Different information and considerations may be relevant in other jurisdictions and depending on your particular circumstances.

This document should not be used or relied other than for the purpose of instructing our firm.

SIGNATURE OF CLIENT 1

SIGNATURE OF CLIENT 2

