Client Details

Client 1		Client 2	
Client Name		Client Name	
Client Date of Birth		Client Date of Birth	
Client Address		Client Address	☐ Same
Occupation		Occupation	

Dependants/Children

	1	2	3	4	5
Full Name					
Address					
Date of Birth					
Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Relationship (adopted, step children)					
Dependant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Needs	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Grandchildren? Names & Ages					

Notes on all Dependants / Children

Executors

Client 1		Client 2	
Executor	☐ Spouse / Partner	Executor	☐ Spouse / Partner
OR (Full Name) _____		*OR* (Full Name) _____	

Backup Executor

Client 1		Client 2	
Full Name	_____		☐ Same
		OR (Full Name)	_____
Capacity to Act	☐ Joint ☐ Sole	Capacity to Act	☐ Joint ☐ Sole
Address	_____	Address	_____
Occupation	_____	Occupation	_____

Backup Executor   ☐ N/A

Client 1		Client 2	
Full Name	_____		☐ Same
	_____	*OR* (Full Name)	_____
Capacity to Act	☐ Joint ☐ Sole	Capacity to Act	☐ Joint ☐ Sole
Address	_____	Address	_____
Occupation	_____	Occupation	_____

Substitute Executor ☐ N/A

Client 1	Client 2

Full Name _____   ☐ Same

_____   **OR** *(Full Name)* _____

☐ Joint   ☐ Joint

Capacity to Act   ☐ Sole   **Capacity to Act**   ☐ Sole

Address _____   **Address** _____

Occupation _____   **Occupation** _____

SUCCESSION MATTERS

Guardianship ☐ N/A

Client 1		Client 2	
Full Name	_____	☐ Same	
	_____	OR *(Full Name)*	_____
Address	_____	Address	_____
Occupation	_____	Occupation	_____
Relationship to Testator	_____	Relationship to Testator	_____
Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute

Backup Guardian ☐ N/A

Client 1		Client 2	
Full Name	_____	☐ Same	
	_____	OR *(Full Name)*	_____
Address	_____	Address	_____
Occupation	_____	Occupation	_____
Relationship to Testator	_____	Relationship to Testator	_____
Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute

Notes

Superannuation Beneficiary Directions   ☐ N/A

☐ Do you have current Beneficiary Nominations in place?

If so, please provide copies for our records

☐ Succession Matters to arrange my/our Beneficiary Nominations

☐ Self Managed Superannuation Fund

☐ Retail Fund

☐ Other _____

Full Name of Fund _____

Client 1	Client 2
Full Name of Member _____	Full Name of Member _____
☐ Non-binding Beneficiary Nomination	☐ Non-binding Beneficiary Nomination
☐ Binding Death Benefit Nomination	☐ Binding Death Benefit Nomination
☐ Pay direct to the Legal Personal Representative _____ %	☐ Pay direct to the Legal Personal Representative _____ %
☐ Dependants	☐ Dependants
☐ Other	☐ Other

Notes

_____

_____

_____

Family Trusts ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

	Trust 1	Trust 2	Trust 3
Name of Trust			
Succession of Appointer / Guardian	☐ Legal Personal Representative ☐ Other:	☐ Legal Personal Representative ☐ Other:	☐ Legal Personal Representative ☐ Other:
Age of Entitlement for Children to Assume Control			

Gifting and/or Bequests ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

Notes

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Distribution of Estate ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

Notes

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_____

Final Beneficiaries   ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

Client 1	Client 2

Full Name _____   ☐ Same

OR (Full Name) _____

Address _____   Address _____

Relationship _____   Relationship _____

Percentage _____   Percentage _____

Special Requests _____

Full Name _____   ☐ Same

OR (Full Name) _____

Address _____   Address _____

Relationship _____   Relationship _____

Percentage _____   Percentage _____

Special Requests _____

Final Beneficiaries cont.

Client 1	Client 2

Full Name _____

☐ Same

OR *(Full Name)* _____

Address _____	Address _____
Relationship _____	Relationship _____
Percentage _____	Percentage _____

Special Requests _____

Full Name _____

☐ Same

OR *(Full Name)* _____

Address _____	Address _____
Relationship _____	Relationship _____
Percentage _____	Percentage _____

Testamentary Trusts ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
Trust Option	☐ Mandatory ☐ Optional	☐ Mandatory ☐ Optional	☐ Mandatory ☐ Optional	☐ Mandatory ☐ Optional
Name of Beneficiary				
Age of Entitlement (if Mandatory option selected)				
Staggering of Entitlement (if applicable)				

Initial Trustee 1   (complete Trustee details if **Mandatory** Trust option selected)

	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
	☐ Executor / s **OR** *Full Name*	☐ Same **OR** *Full Name*	☐ Same **OR** *Full Name*	☐ Same **OR** *Full Name*
Full Name				
Address				
Occupation				
Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole	☐ Joint ☐ Joint & Several ☐ Sole	☐ Joint ☐ Joint & Several ☐ Sole	☐ Joint ☐ Joint & Several ☐ Sole

Testamentary Trusts cont.

Initial Trustee 2

	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
		☐ Same	☐ Same	☐ Same
		OR (Full Name)	**OR** (Full Name)	**OR** (Full Name)
Full Name				
Address				
Occupation				
Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute

Backup Trustee 3

	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
		☐ Same	☐ Same	☐ Same
		OR (Full Name)	**OR** (Full Name)	**OR** (Full Name)
Full Name				
Address				
Occupation				
Capacity to Act	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute	☐ Joint ☐ Joint & Several ☐ Sole ☐ Substitute

Funeral Arrangements   ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

Client 1		Client 2	
Funeral Instructions	☐ Cremated ☐ Buried	Funeral Instructions	☐ Cremated ☐ Buried
Location	_____	Location	_____
Distribution of Ashes	_____	Distribution of Ashes	_____
Special Requests	_____	Special Requests	_____

Organ Donorship   ☐ N/A

☐ Instructions for Will

☐ Instructions for Letter of Wishes

Client 1		Client 2	
Agree to Donate Organs?	☐ Yes ☐ No	Agree to Donate Organs?	☐ Yes ☐ No
Organ Donorship Registered?	☐ Yes ☐ No	Organ Donorship Registered?	☐ Yes ☐ No
Special Requests	_____	Special Requests	_____

Enduring Power of Attorney   ☐ N/A

** Note: only two Attorneys can act at any one time **

Client 1		Client 2	

Attorney Effective
☐ Immediately **OR**
☐ On Incapacity

Attorney Effective
☐ Immediately **OR**
☐ On Incapacity

Attorney

☐ Spouse / Partner **OR**

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Joint & Several
☐ Sole

☐ Spouse / Partner **OR**

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Joint & Several
☐ Sole

Backup Attorney 1

☐ Same **OR**

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Joint & Several
☐ Sole
☐ Substitute

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Joint & Several
☐ Sole
☐ Substitute

Backup Attorney 2

☐ Same **OR**

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Joint & Several
☐ Sole
☐ Substitute

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Joint & Several
☐ Sole
☐ Substitute

Enduring Power of Guardianship ☐ N/A ☐ Same as EPA

Client 1	Client 2

Guardian 1

☐ Spouse / Partner *OR*

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Sole

☐ Spouse / Partner *OR*

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Sole

Backup Guardian 2

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Sole
☐ Substitute

☐ Same *OR*

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Sole
☐ Substitute

Backup Guardian 3

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Sole
☐ Substitute

☐ Same *OR*

Name _____

Address _____

Occupation _____

Capacity to Act
☐ Joint
☐ Sole
☐ Substitute

When can substitute Guardian(s) Act (other than death or incapacity of Guardian)?

Guardian authorised to act in relation to **all** functions *OR* ☐

Guardian authorised to act in relation to **all** functions *OR* ☐

Guardian authorised to act **only for specified** functions ☐

Guardian authorised to act **only for specified** functions ☐

SUCCESSION MATTERS

Advanced Health Directive ☐ N/A

Client 1			Client 2		
Is AHD Required?	☐ Yes	☐ No	Is AHD Required?	☐ Yes	☐ No
Has client received medical advice?	☐ Yes	☐ No	Has client received medical advice?	☐ Yes	☐ No

Notes

_____

_____

_____

_____

Nomination of Professional Adviser ☐ N/A

Client 1	Client 2

☐ Same *OR*

	Client 1		Client 2
Professional Name		Professional Name	
Organisation Name		Organisation Name	
Type	☐ Financial Planner ☐ Accountant ☐ Estate Planner ☐ Other:	Type	☐ Financial Planner ☐ Accountant ☐ Estate Planner ☐ Other:
Business Address		Business Address	
Phone Number		Phones Number	
Email Address		Email Address	

Professional 2

☐ Same *OR*

	Professional 2		Client 2
Professional Name		Professional Name	
Organisation Name		Organisation Name	
Type	☐ Financial Planner ☐ Accountant ☐ Estate Planner ☐ Other:	Type	☐ Financial Planner ☐ Accountant ☐ Estate Planner ☐ Other:
Business Address		Business Address	
Phone Number		Phone Number	
Email Address		Email Address	

Nomination of Professional Adviser cont.

Professional 3

Client 1	Client 2

☐ Same *OR*

Professional Name	Professional Name
Organisation Name	Organisation Name

Type
☐ Financial Planner
☐ Accountant
☐ Estate Planner
☐ Other:

Type
☐ Financial Planner
☐ Accountant
☐ Estate Planner
☐ Other:

Business Address	Business Address
Phone Number	Phone Number
Email Address	Email Address

Professional 4

☐ Same *OR*

Professional Name	Professional Name
Organisation Name	Organisation Name

Type
☐ Financial Planner
☐ Accountant
☐ Estate Planner
☐ Other:

Type
☐ Financial Planner
☐ Accountant
☐ Estate Planner
☐ Other:

Business Address	Business Address
Phone Number	Phone Number
Email Address	Email Address