

Estate Planning – Pre-meeting Form

Internal Use	
Lawyer:	Stephanie Smith
Referrer:	<input type="checkbox"/> copies to be provided
Initial meeting:	
Documents Required:	\$
Timeframe:	<input type="checkbox"/> email <input type="checkbox"/> post

Client 1	
Full Name:	Former name or alias:
Date of Birth:	Occupation:
Street Address:	Postal Address (if different):
Phone:	Email:
Current Relationship Status:	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> De-facto Length of current relationship: _____ years
Previous marriage or de-facto relationships?	
Other Details:	

Client 2 / Spouse	
Full Name:	Former name or alias:
Date of Birth:	Occupation:
Phone:	Email:
Previous marriage or de-facto relationships?	
Other Details:	



Your Children (include any step-children)

Child 1

Full Name:		Date of Birth:	
Street Address:		Occupation:	
Spouse's Name: (if any)		Your relationship to child: (if not biological)	
Names & ages of Children: (if any)			
Any issues or concerns:			

Child 2

Full Name:		Date of Birth:	
Street Address:		Occupation:	
Spouse's Name: (if any)		Your relationship to child: (if not biological)	
Names & ages of Children: (if any)			
Any issues or concerns:			

Child 3

Full Name:		Date of Birth:	
Street Address:		Occupation:	
Spouse's Name: (if any)		Your relationship to child: (if not biological)	
Names & ages of Children: (if any)			
Any issues or concerns:			

Child 4

Full Name:		Date of Birth:	
Street Address:		Occupation:	
Spouse's Name: (if any)		Your relationship to child: (if not biological)	
Names & ages of Children: (if any)			
Any issues or concerns:			



Your Assets and Liabilities

Bank Accounts

Name of Bank (include account type)	Name on Account (joint or sole name)	Account Balance (approximate)

Real Property

Address	Owner(s) (if more than one confirm if joint tenants / tenants in common)	Balance of Any Loans (approximate)	Current Market Value (approximate)



Your Assets and Liabilities (continued)

Investments

(including shares, managed investments, etc)

Description	Owner(s)	Balance of Any Loans (approximate)	Current Market Value (approximate)

Life Insurance

Details (Death, TPD, Insurance Company)	Policy Owner(s) (who pays premium – self or via super)	Amount Insured

Superannuation

(For SMSF please provide related documentation – trust deeds, constitutions, financials, pension documentation)

Name of Fund (if SMSF include details of Trustee)	Member	Nominated Beneficiaries (include if binding or non- binding)	Current Market Value (approximate)



Your Assets and Liabilities (continued)

Family Trusts / Businesses / Private Companies

(Please provide related documentation – trust deeds, constitutions, financials)

Description	Controllers (Appointors/Trustees/ Directors/Partners)	Owners (Beneficiaries/ Shareholders)	Current Market Value (approximate)

Overseas Assets

Details	Owner(s)	Current Value

Other Assets

(eg. Jewellery / Gold / Collectibles / Digital Assets / Home Contents / Motor Vehicles)

Details	Owner(s)	Current Value

Liabilities

Details	Lender	Balance Owing



Risk assessment factors

Capacity/ Will Validity

Do you have any health issues that may impact your ability to prepare or understand a Will? Yes No Unsure

Do you plan to get married or divorced after signing your Will? Yes No Unsure

Is there any urgency to preparing your Will? (eg travel plans, life threatening illness, surgery)

Will Challenges

Are you concerned about anyone challenging your Will? Yes No Unsure

Do you intend to leave anyone out of your Will who may be expecting to receive something? (including a spouse, former spouse, child, step-children, parent) Yes No Unsure

During your lifetime have you promised anyone something in your Will, but do not intend to provide it? Yes No Unsure

Are there any agreements or orders that may affect your Will? (eg. Mutual Will Agreement, Binding Financial Agreement) Yes No Unsure

Blended Family

Do you have any non-biological children in your household or family group? Yes No Unsure

Have you received an inheritance from a spouse, who had children from a prior relationship? Yes No Unsure

Asset Protection

Are any of your intended beneficiaries bankrupt or at risk of bankruptcy in the future? Yes No Unsure

Do you or any of your intended beneficiaries have Family Law concerns? Yes No Unsure

Vulnerable Beneficiaries

Are any of your intended beneficiaries on social security? (Centrelink/pensions) Yes No Unsure

Are any of your intended beneficiaries vulnerable (special needs, dependencies, addictions, disabilities, spendthrifts, mental illness)? Yes No Unsure

Succession of Entities

Do you have any companies or trusts that you intend to pass control of differently to your other assets? Yes No Unsure



Will Instructions

Executors

- Your executor is responsible for carrying out your wishes after your death, including taking control of your assets, repaying any debts and distributing your remaining assets in accordance with your Will. They usually don't get paid to do the job, however they can get help from professionals (such as lawyers, accountant and financial advisers) and any fees are usually paid from your estate.
- We usually recommend appointing no more than three executors acting together at any time and if more than one executor is appointed at the same time then they must act jointly.
- If multiple initial executors, confirm when substitutes act (in place of one or only if all can't act).

1st Executor

Full name and address of initial executor(s)

2nd Executor

Full name and address of first substitute executor(s)

3rd Executor

Full name and address of second substitute executor(s)

Executor's Advisor

(anyone you wish your executor to consult with)

Personal Wishes (including funeral)

Disposal of bodily remains: Burial Cremation Organ Donation**Funeral wishes**

Guardians of Minor Children

It is usually best to appoint only one person at a time. This is not a legally binding appointment so important to have conversations with any relevant people to ensure best interest of children are considered.

1st Guardian

Full name and address of initial guardian:

2nd Guardian

Full name and address of substitute guardian:

Specific Gifts (if any)

Include description of gift, full name and address of recipient and timing (eg immediately or only if partner has predeceased, specified age)

First Gift**Second Gift**



Distribution of Residual Estate

“Residual Estate” refers to the remainder of your assets after liabilities are paid and specific gifts are taken out.

Standard Distribution

Do you wish for your Residual Estate to go to your partner, or if you have both died then equally to your children?

Yes No

(if Yes, go to next section – Alternative Distribution)

Complete next two questions for non-standard distributions **only**:

First Instance

who do you wish to leave your Residual Estate to, and if more than one beneficiary then specify proportions?

Second Instance

If the beneficiaries above have died before you then who do you wish to nominate in their place?

- Gift to their children instead
- Share between remaining beneficiaries
- Other (please specify)

What age to you wish for any children to be before they are in charge of their inheritance?
(18, 21, 25, other)

If your child dies before you do you want their share of your estate to go equally to their children?

Yes No

Alternative Distribution

If none of your beneficiaries above survive you then you can nominate who should receive your residual estate. Please note that if you are preparing your estate planning with a partner/spouse then the beneficiaries you choose here should be the same to ensure there is no different outcome based on order of death.

If none of the above beneficiaries are alive, who do you wish to leave your estate to?

- Family (for example: 50% to family of Client 1, and 50% to family of Client 2.)
- Friends
- Charity



Enduring Power of Attorney Instructions

Enduring Power of Attorney Instructions
This document allows you to nominate someone to make financial and property decisions on your behalf, while you are alive.

	Client 1	Client 2
Initial Attorney(s)		
1. Do you wish to have your partner as your sole initial attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes go to question 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes go to question 5)
2. Full name and address of initial attorney(s) <i>Maximum of two.</i>		
3. If two attorneys are appointed, how should they act?	<input type="checkbox"/> Jointly (unanimous decisions) <input type="checkbox"/> Jointly & severally (can act independently of each other)	<input type="checkbox"/> Jointly <input type="checkbox"/> Jointly & severally
Substitute Attorney(s)		
4. Full name and address of substitute attorney(s) <i>Maximum of two.</i>		
5. If two substitutes are appointed, how should they act?	<input type="checkbox"/> Jointly <input type="checkbox"/> Jointly & severally	<input type="checkbox"/> Jointly <input type="checkbox"/> Jointly & severally
When Power Starts		
6. When should the document commence?	<input type="checkbox"/> Immediately after all parties have signed <input type="checkbox"/> When the State Administrative Tribunal declares that you do not have legal capacity (this process can take 2-3 months) <input type="checkbox"/> Other (please specify):	



Enduring Power of Guardianship Instructions

Enduring Power of Guardianship Instructions

This document allows you to nominate someone to make personal, medical and lifestyle decisions on your behalf, while you are alive and unable to make these decisions yourself.

	Client 1	Client 2
Initial Guardian(s)		
1. Do you wish to have your partner as your sole initial guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes go to question 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes go to question 5)
2. Full name and address of initial guardian(s) <i>If nominating two or more then they must act jointly.</i>		
Substitute Guardian(s)		
3. Full name and address of substitute guardian(s)		
Further Details		
4. If a joint guardian dies, do you wish for the surviving guardian to be able to continue to act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you wish to include any other wish for how your guardian should make decisions? (If so, provide details)		