

WILL INSTRUCTION SHEET

(1) PERSONAL DETAILS :

(a) Full Name:

Is there any previous name or names by which you were known?

.....

(b) Date and Place of Birth:

.....

(c) Current Address:

.....

(d) Occupation (If retired, last occupation):

.....

(e) Marital Status (ie, Married/Widowed/Divorced/Single/Separated/Defacto):

.....

If Married, please provide full names of Spouse and where married:

.....

If Divorced or Re-married, please provide names of previous wife(s)

.....

(f) Do you have any children (whether adopted, fostered, stepchildren etc)?:

If yes, please provide the following information:

<u>Name</u>	<u>Relationship</u>	<u>Current Age</u>	<u>Address</u>	<u>Occupation</u>
Name	Relationship	Current Age	Address	Occupation
<u>Name</u>	<u>Relationship</u>	<u>Current Age</u>	<u>Address</u>	<u>Occupation</u>
Name	Relationship	Current Age	Address	Occupation

(g) List name, age, address, occupation and relationship of any other person(s) who is currently or have been financially dependent on you?

<u>Name</u>	<u>Relationship</u>	<u>Current Age</u>	<u>Address</u>	<u>Occupation</u>
Name	Relationship	Current Age	Address	Occupation

(h) Do you have an existing Will?

If yes, when was it created and where has it been?.....
Please attach copy if possible.

(i) Do you hold or have you given a power of Attorney to any one?

If Yes, please attach a copy if possible.

(2) EXECUTOR & TRUSTEE:

(a) Who is to be the Executor(s) of the Will? If more than one, please delineate accordingly.

<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>
<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>
<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>

(b) Should your chosen Executor(s) die before you, who is to be the alternative Executor & Trustee?

<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>
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(c) Is there any specific powers you would like the Executor(s) to have?

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(d) Are there any special requests as to burial or cremation?

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(3) GUARDIANS:

(a) Is there any person(s) you would like to care for any of your children under the age of 18?

<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>
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<u>Asset(s)</u>	<u>Name (person/organisation)</u>	<u>What proportion?</u>
<u>Asset(s)</u>	<u>Name (person/organisation)</u>	<u>What proportion?</u>

(b) Would you like to create a Trust / Life interest / Right of Occupancy in relation to any property(ies) / asset(s)?

.....

(c) Who would like the residue of your assets to be bequeath / devised to?

<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>
<u>Name</u>	<u>Address</u>	<u>Relationship to testator</u>	<u>Occupation</u>

(6) OTHER MATTERS:

(a) Are you a beneficiary of any Trusts?

If Yes, Name of Trustee:

Name of Appointor:

Date Trust came into operation:
(please provide a copy if possible)

(b) Do you conduct any business?

If Yes, Please provide the following information:

(i) Structure of Business (ie, company, partnership, sole trader)

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(ii) Company name:

.....

(iii) Shares held by you:

.....

(iv) Who are the other Shareholders / Partners:

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.....

.....

.....

Pointon Partners

Pointon Partners