



Wills and Enduring Power of Attorney Instruction Form

Will Maker details:

Full name of the will maker:

Contact email address:

Address:

Street Address:

City:

State:

Postcode:

Country:

Home Phone Number:

Mobile Phone Number:

Marital Status: Single Married De facto

Date of birth:

Occupation:

Spouses full name:

Spouses address
(if different from yours)

Street Address:

City:

State:

Postcode:

Country:

Spouses date of birth:

Do you have children? Yes No

If YES, Please provide their Full names, current address and date of birth:

Child 1:

Child 2:

Child 3:

If you require further space please complete in the Schedule.

Will makers instructions:

Who would you like the executor of your will to be?

Full name:

Relationship to you?

Address of this executor if you have not already provided it

Street Address:

City:

State:

Postcode:

Country:

Home Phone Number:

Mobile Phone Number

Would you like to appoint another executor?

If, yes please provide full name:.....

Relationship to you?

How would you like this executor to act?

Jointly with first executor Alternative to first executor

Address for second executor if not already provided

Street Address:

City:

State:

Postcode:

Country:

Home Phone Number:

Mobile Phone Number

If you would like any further executors, please provide details as above in the Schedule.

Have you ever made a will before? Yes No

If YES, please advise where it is being stored?

Do you wish to make any specific gifts? If, YES, please advise exactly what you would like to gift and to whom.

Gift 1:

Gift 2:

Gift 3:

If you require further space please complete in the Schedule.

Who would you like to leave your estate to?

If you require further space please complete in the Schedule.

If you have children (or grandchildren) listed as beneficiaries how old do you want them to be before they inherit?

18 21 25 other age

Please provide a list of the assets you currently own

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If you require further space please complete in the Schedule.

Please provide details of any current liabilities owed

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If you require further space please complete in the Schedule.

If you have children under 18 would you like to suggest a guardian in the case of your death?

Yes No

If, Yes, please provide full name

Relationship to will maker?

Address of guardian if not previously provided

Street Address:

City:

State:

Postcode:

Country

Do you have any special requests in relation to your remains?

Burial Cremation Not included in my will other:

Do you wish to be an organ donor? Yes No

Have you deliberately left someone out of your will?

Yes No

If, YES, please provide details

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If you require further space please complete in the Schedule.

Superannuation instructions:

Name of Superannuation fund:

Member Number:

Name of any other Superannuation Fund:

Member Number:

Enduring Power of Attorney Instructions:

Would you like to use the same people you nominated as executors as your attorney?

Yes No

If, No, please provide full details of the attorney you would like to appoint

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Do you wish to appoint your attorneys for both health and financial matters?

Yes, I appoint one Attorney for health decisions and the other Attorney for financial decisions

How would you like your attorneys to act?

Jointly Severally As a majority other, eg successively in the order named

Are there any other matters you would like to mention that you feel may be relevant to your will?

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Any other details you feel are relevant to your will

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Schedule

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