

Will Instructions Checklist

Wills & Estates · to be completed by the client

MATTER / FILE NO.

PREPARED BY

DATE

WELCOME

This checklist helps us prepare your will accurately. Please complete as much as you can. If an item is unclear or does not apply, leave it blank and we will help you. Where a section gives fewer spaces than you need, please continue in section M (Other matters) at the end of this form, or attach a separate page.

A The will maker (you)

Full name

Former / previous names, and date of birth

MY FORMER NAMES

MY DATE OF BIRTH

Residential address

Contact details

TELEPHONE (HOME)

WORK

MOBILE

Email and occupation

EMAIL

OCCUPATION

If you own a business, its name and address

Marital status

☐ Single

☐ Married

☐ De facto

☐ Separated

☐ Divorced

☐ Widowed

Relevant date(s), e.g. marriage / separation / divorce / cohabitation:

Current spouse or partner (if any)

Full name

Former names, and date of birth

FORMER NAMES

DATE OF BIRTH

Will Instructions Checklist

*Will Instructions Checklist (continued)***Address**

Children (name and date of birth)

1.
2.
3.
4.

Please list any further children in section M.

Step-children (name and date of birth)

1.
2.
3.
4.

Please list any further step-children in section M.

Other financial dependants (name, date of birth, relationship)

1.
2.

Please list any other financial dependants in section M.

Former spouse or partner (if any)

Full name**Former names, and date of birth****FORMER NAMES****DATE OF BIRTH****Address****Date of divorce, and date cohabitation ended****DATE OF DIVORCE****COHABITATION ENDED****Was there a property settlement?**☐ Yes☐ No*If you have more than one former spouse or partner, please give the details of the others in section M.*

Will Instructions Checklist

Will Instructions Checklist (continued)

B Executors**WHAT AN EXECUTOR DOES**

An executor is the person you trust to carry out your will. Their duties include collecting your assets, paying your debts, and distributing your estate to the beneficiaries. You can appoint more than one person, and an executor can also be a beneficiary of your will.

Executor 1

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

Executor 2

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

*Please list any further executors in section M.***Alternative executor***We will appoint this person if an above executor is unable or unwilling to act.*

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Will Instructions Checklist

Will Instructions Checklist (continued)

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

C Assets**Land***Please provide a copy of the rates notice for each property.*

Property 1 address

Other owners

How is it owned?

☐ Joint tenancy☐ Tenants in common

Date of purchase, and current value

DATE OF PURCHASE

CURRENT VALUE

Property 2 address

Other owners

How is it owned?

☐ Joint tenancy☐ Tenants in common

Date of purchase, and current value

DATE OF PURCHASE

CURRENT VALUE

Please list any further properties in section M.

Will Instructions Checklist

Will Instructions Checklist (continued)

Publicly listed shares

1.
2.
3.
4.
5.
6.

Please list any further publicly listed shares in section M.

Private shares / companies

1.
2.
3.
4.

Please list any other private shares or companies in section M.

Superannuation

IMPORTANT

Your superannuation may not be covered by your will. Most funds pay your balance according to the beneficiary nomination held in your fund documents, not your will. If you are unsure, send us a copy of your fund policy, or ask your fund manager for a nomination form.

Fund 1 details

COMPANY

POLICY NO.

Nominated beneficiary

Fund 2 details

COMPANY

POLICY NO.

Nominated beneficiary

*Please list any other superannuation funds in section M.***D Life insurance & trusts**

Life insurance

Policy details

COMPANY

POLICY NO.

SUM INSURED

Will Instructions Checklist

Will Instructions Checklist (continued)

Owner and beneficiary

OWNER

BENEFICIARY

Please list any other life insurance policies in section M.

Trusts in which you have assets

Trust 1 name and date

NAME OF TRUST

DATE OF TRUST

Trustee

Type and value of asset

TYPE OF ASSET

VALUE OF ASSET

Trust 2 name and date

NAME OF TRUST

DATE OF TRUST

Trustee

Type and value of asset

TYPE OF ASSET

VALUE OF ASSET

Please list any other trusts in which you have assets in section M.

E Capital gains tax

If CGT may apply to your estate, where are your CGT records kept?

F Overseas property

Details of any real or personal property you own overseas

If you need more space, please continue in section M.

Will Instructions Checklist

Will Instructions Checklist (continued)

G Secured liabilities

For example, a mortgage.

Liability 1

LENDER

PROPERTY SECURED

AMOUNT SECURED

Liability 2

LENDER

PROPERTY SECURED

AMOUNT SECURED

Please list any other secured liabilities in section M.

H Specific bequests & donations

Are there specific items or cash amounts you wish to leave to particular people?

☐ Yes☐ No

Bequest 1 recipient name

Recipient address

Item or cash amount

Bequest 2 recipient name

Recipient address

Item or cash amount

Bequest 3 recipient name

Recipient address

Item or cash amount

Please list any other specific bequests in section M.

Will Instructions Checklist

Will Instructions Checklist (continued)

I Residue of the estate*Who should receive the rest of your estate after debts, expenses and specific bequests?***Beneficiary 1**

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

Marital status

☐ Single☐ Married☐ De facto☐ Separated☐ Divorced☐ Widowed

Do they have children?

☐ Yes☐ No**Beneficiary 2**

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

Marital status

☐ Single☐ Married☐ De facto☐ Separated☐ Divorced☐ Widowed

Do they have children?

☐ Yes☐ No

Will Instructions Checklist

Will Instructions Checklist (continued)

Beneficiary 3

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

Marital status

☐ Single☐ Married☐ De facto☐ Separated☐ Divorced☐ Widowed

Do they have children?

☐ Yes☐ No

Beneficiary 4

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

Marital status

☐ Single☐ Married☐ De facto☐ Separated☐ Divorced☐ Widowed

Do they have children?

☐ Yes☐ No*Please list any further beneficiaries in section M.*

Will Instructions Checklist

Will Instructions Checklist (continued)

J Excluded beneficiary

PLEASE NOTE

If you wish to prevent someone from receiving or making a claim on your estate (for example because you have already provided for them during your life), give their details here so we can advise you.

Full name

Former / previous names, and date of birth

FORMER NAMES

DATE OF BIRTH

Address

Relationship to will maker (if any) and occupation

RELATIONSHIP TO WILL MAKER (IF ANY)

OCCUPATION

Marital status

☐ Single☐ Married☐ De facto☐ Separated☐ Divorced☐ Widowed

Do they have children?

☐ Yes☐ No*Please list any other person you wish to exclude in section M.***K** Children and guardianship

Guardian you wish to nominate for any children under 18 (full name)

Guardian's address

If you wish to nominate more than one guardian, or an alternative guardian, please give their details in section M.

If a beneficiary is under 18, do you wish to name an alternative beneficiary if they do not reach that age?

☐ Yes☐ No*This applies to specific bequests as well as the residue of your estate.***L** Instructions

Funeral wishes

☐ Burial☐ Cremation

Other funeral wishes / details:

Will Instructions Checklist

Will Instructions Checklist (continued)

Any medical instructions, e.g. organ donation or medical research

M Other matters

Please use this space for anything else you would like us to know, and for any further details that did not fit in earlier sections. Please note the section each item relates to (for example, "C – Property 3"). If you need more space, please attach a separate page.