



ESTATE PLANNING INSTRUCTION SHEET

Private and Confidential

DATE:

PERSONAL DETAILS

Surname

Given Names

Residential Address

Postal Address (if different)

Contact Details Home: Business:

Fax: Email:

Date of Birth

Occupation

Does your occupation expose you to financial risks - eg as a business director or principal, medical or other professional ? If so please specify Yes No (If Yes, details):

PROFESSIONAL ADVISORS:

1. Accountant

2. Financial Advisor

3. Risk Advisor

4. Non-Estate Planning Lawyer

Preferred Advisors? (names of any specific advisors to act for the estate)

Storage of documents - eg bank, solicitor's office, accountant's office

FAMILY PROFILE (please provide full names, addresses, ages of immediate and other relevant beneficiaries & particular details of relationship, eg, step-children, children of one spouse.)

Spouse (if applicable):

Name:

Age Address

Children (if applicable)*:

Name:

Age Address

Name:

Age Address

Name:

Age Address

*If children are married, do they have children of their own and if so, how many and what ages ?

Child's Name: No. of children Ages:

Child's Name: No. of children Ages:

Child's Name: No. of children Ages:

Your Parents (if applicable):

Name:..... Age Address
Name:..... Age Address

Siblings:

Name:..... Age Address
Name:..... Age Address
Name:..... Age Address

Other relevant relatives:

Name:..... Age Address
Name:..... Age Address

Prior marriage or other children ?

Please provide details:.....
.....

Excluded People ?

The Family Provision Act enables some potential beneficiaries to claim against your estate if they are left out of your Will or are left with less than adequate provision. Normally, this applies to immediate family members or members of your extended family who have lived in your household and have been dependent on you. If you plan to exclude someone from your Will or to leave them significantly less than they might otherwise receive, this needs to be carefully considered.

If applicable, please provide details of potential claims:

.....
.....
.....

EXECUTORS, GUARDIANS AND POWERS OF ATTORNEY

Proposed Initial Executor(s)

Name:..... Address Relationship to You
Name:..... Address Relationship to You
Name:..... Address Relationship to You

Substitute Executor(s) (in case Initial Executors predecease or not able to act)

Name:..... Address Relationship to You
Name:..... Address Relationship to You

Guardians (for children under 18, in the event of both parents dying or other circumstances requiring a third party guardian)

Name:..... Address Relationship to You
Name:..... Address Relationship to You

Prior Will

Have you previously made a Will ? Yes No If yes, please provide a copy or advise us where it is kept.

Enduring Power(s) of Attorney

Already in place To be prepared

Details

Attorney Name:..... Address Relationship to You
Attorney Name:..... Address Relationship to You

Are other Powers of Attorney/Guardianship needed ? (eg, generally or in respect of medical treatment issues, in the event of incapacity or serious injury or illness, or lifestyle issues, such as nursing home or other care) – briefly describe any relevant concerns or needs:

.....
.....
.....

SUMMARY OF ASSETS AND OWNERSHIP

Family Home Address: As above / (otherwise):

If not owned in your sole name, name of co-owners.....

.....

- Joint Tenancy (ie owned by the survivor outright)
- Tenancy in Common Other (please specify)

Assets

Approximate Value

Please complete the detailed summary of the types of investments, the investment portfolio and investment plans (see the table at the end of these instructions as a guide).

Real Estate	\$
Bank Accounts/Cash	\$
Listed Shares/Listed Units	\$
Superannuation	\$
Insurance	\$
Trust Interests	\$
Business Interests	\$
Overseas Assets	\$
Other Assets	\$

Financial, Retirement or Estate Plans If any of these have been prepared, please provide copies or summaries

PROPOSED GIFTS/DISPOSITION OF ASSETS (If necessary, attach a more detailed statement)

Specific Gifts – any specific items of property or specific cash legacies you wish to leave to particular people or in a particular way should be detailed in the table starting on the next page or on a separate sheet.

Balance or Residue of Estate– in addition, you need to make provision for any remaining ‘residue’ (assets which for any reason do not pass to specific beneficiaries).

Division of Residue of Estate	Beneficiary	% of Estate	Type of Disposition (see list on next page)
All to spouse (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	100%	
<i>If not all to spouse: what % to spouse:</i>	%	
Name of other residual beneficiaries and % of Residue of your Estate they each receive:%	
%	
%	
%	
Other provisions for spouse ?		
		
		

If your spouse dies before you, then does their share of your Estate pass to the other residuary beneficiaries named above?

Yes No

If not:

Name and relationship of beneficiaries who receive your spouse's share and % or interest to be given:%%%

What if beneficiary dies before you ?

- To his/her descendants ?
- Or to surviving beneficiaries ?
- Or to someone else, eg 50% to your specified relatives and 50% to your spouse's specified relatives ?

For minor beneficiaries (eg children or grandchildren):

- What minimum age would you like to specify as the age at which they take control of property gifted under your Will (eg 18, 21, 25 years) ? Years
- Will your trustees be given the usual power to advance capital to them at an earlier time ? Yes No

List of Different Types of Dispositions - see

Outright (simplest method, but may create difficulties, eg for asset protection or pension eligibility)

Contingent (eg depends on beneficiary surviving to certain age or event – if so, specify the age/event)

Testamentary Trust – Discretionary (ie executor and primary beneficiary decide whether trust proceeds)

Superannuation Proceeds Trust (usually only applicable where there are dependants under 18 years)

Testamentary Trust - Mandatory (ie trust to proceed regardless of the wishes of the executor and primary beneficiary)

Discretionary Life Interest or Fixed Life Interest (eg for second spouse, remainder to children)

Capital Protected (eg for lifetime of the principal beneficiary)

Restricted Protective (strict rules as to the use of income and capital, eg for an intellectually disabled beneficiary)

Specific Cash Gifts/Legacies:

Cash Gifts			
Beneficiary Name and relationship (eg son, daughter, friend etc)	Amount	Source of Payment (how will your estate fund this payment)	If gift to be shared equally between a number of beneficiaries, what % will each receive?
	\$		
	\$		
	\$		

ASSET LIST (if more space needed, photocopy this sheet)**Real Estate**

Address	Description (eg home, residential investment, commercial)	Owner(s)	Ownership (joint tenants or tenants in common)	Occupant	Estimated Value	Mortgage Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Bank Accounts/Cash

Bank	Type of Investment/ Account	Owner(s) (if jointly held account or if account held in trust)	Estimated Value/Balance
			\$
			\$
			\$

Listed Shares and Units

Company/Listed Trust	No. of Shares/Units	Owner(s) (if jointly held account or if account held in trust)	Estimated Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Superannuation – Your Own

Fund Name	Type of Super (eg employer funded, own fund through adviser/agent)	Owner(s) (if jointly held account or if account held in trust)	Estimated Value	Nominated Beneficiary* (spouse, children, estate etc)
			\$	
			\$	
*Have you signed any Binding or Non-Binding death Benefit Nominations ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide copies.				

Superannuation – Family or Business’s self managed “Small Super Fund” – please provide copy Trust Deeds

Fund Name of Fund	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary (spouse, children, estate etc)
			\$	
			\$	

Allocated Pensions or other pension entitlements

Fund/Provider Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary (spouse, children, estate etc)

Insurance

Insurer Name	Type of Policy (eg life insurance, TPD, trauma, income protection)	Owner(s) (if jointly held account or if account held in trust)	Estimated Value
			\$
			\$
			\$

Trusts in which you have an interest as beneficiary – eg family trusts – please provide copy Trust Deeds

Trust Name	Type of Trust (eg discretionary, unit trust)	Trustee(s)	Appointor/ Controller	Beneficiaries	Assets (outline only)	Estimated Value of your interest
						\$
						\$
						\$

Business Interests

Name of Business/Company	Your Interest (eg % shareholding, % partnership, director etc)	Owner(s) (if your interest owned through a trust or company, provide details also)	Description of Business	Estimated Value of Business	Estimated Value of Your Interest
				\$	\$

Business/Company – also provide details of any Shareholders' Agreements/Succession Plans/ Buy-Sell Agreements or other retirement/expulsion/succession planning documents relating to each business/company which may affect your succession planning:

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Overseas Assets

Description	Details	Owner(s)	Estimated Value
			\$
			\$

Other Assets

Potential Inheritances/Gifts (if you have a reasonable expectation of receiving a significant inheritance or payment in the near future, it should be noted, as it may affect your estate planning)	Details	Estimated Value
		\$

Please list any other assets or interests in any assets not covered above:

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