

INSTRUCTION SHEET FOR WILL

Please print off, complete and return this document to us by email or post and we will contact you with a quote and to discuss further.

1. TESTATOR (Person making Will)

Name:

Full Residential

Address:

PO Box:

Occupation: Date of Birth

Telephone No:(H)(W).....

Mobile No.

Email Address:

2. SPOUSE / DE FACTO / PARTNER

Name:

Full Residential

Address:

PO Box:

Occupation: Date of Birth

Telephone No:(H)(W).....

Mobile No.

Email Address:

3. CHILDREN

Do you have any children?

Yes No

If so, please advise full names, addresses and ages below: (Please specify if children are step children or if you have children from a previous relationship).

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

4. EXECUTOR(S) – The person who will administer your estate

Name:
Full Residential
Address:
PO Box:
Occupation: Date of Birth
Telephone No:(H)(W).....
Mobile No.
Email Address:

Name:
Full Residential
Address:
PO Box:
Occupation: Date of Birth
Telephone No:(H)(W)
Mobile No.
Email Address:

5. **SUBSTITUTE EXECUTOR(S)** - If initial choices cannot act

Name:
Full Residential
Address:
PO Box:
Occupation: Date of Birth
Telephone No:(H)(W)
Mobile No.
Email Address:

Name:
Full Residential
Address:
PO Box:
Occupation: Date of Birth
Telephone No:(H)(W)
Mobile No.
Email Address:

6. SPECIFIC GIFTS/BEQUESTS

Please give specific directions as to any items of a personal nature that are to pass to any family members, associations, charities or any other person upon your death

Full name / Share or Gift

- (a)
- (b)
- (c)
- (d)

7. DISPOSAL OF ESTATE

Will your entire estate initially pass to your spouse / de facto / partner?

Yes No

If no, please list division of estate: (e.g. 1/3rd to each of my children)

.....

.....

.....

.....

If your spouse / de facto / partner does not survive you, will your estate pass to your children?

Yes No

If yes, should your estate pass via Testamentary Trust to your children?

Yes No

If yes - please complete additional form - "Testamentary Trust Additional Information Sheet".

If no, they will receive their share of your estate immediately upon reaching legal capacity.

8. GUARDIAN(S)

If any of your children are minors you should appoint a guardian(s). (Often relatives or close friends).

Name:

Full Residential

Address:

Relationship:

Name:

Full Residential

Address:

Relationship:

9. FUNERAL DIRECTIONS

Do you wish to be: Buried Cremated No preference

10. SPECIAL DIRECTIONS

If any of the below mentioned matters require consideration or attention, we will need to obtain more specific instructions from you in order to properly look after your affairs. We will contact you directly about this.

Have you completed a Nominated Beneficiary Form

for your superannuation? Yes No Don't know

Do you have a Company or
Family Discretionary Trusts?

Yes No

Do you have Interest in Life Insurance?

Yes No

If yes, who will receive it?

.....

Business/Franchises etc?

Are you a business owner or operator
under an ABN?

Yes No

If in a business, do you have a
Shareholders Agreement /
Partnership Agreement?

Yes No

Do you need to make provision for
disabled, spendthrift, vulnerable or
intellectually challenged beneficiaries
or beneficiaries in "risk" occupations
such as Doctors or other professionals?

A Testamentary Trust may be
appropriate.

Yes No

If yes - please complete additional form - "Testamentary Trust Additional Information Sheet".

Do you face a risk of the prospect of challenges to your will? Have you disinherited any person who may be entitled to make a claim under the Family Provisions of the Succession Act?

Yes No

Do you have assets outside QLD or overseas?

Yes No

Where you born in England or Wales or have you resided there for over five (5) years?

Yes No

11. If you would like to seek clarification on a particular issue or wish to seek any advice before completing this Instruction sheet please contact **Noel Duffy** direct on:

Business: 07 5510 4828 or 02 9293 2511

Mobile: 0422 994 151

E-mail: nduffy@duffy.com.au

Website: www.duffy.com.au