*“We listen, advise and support you in making the right decisions for your family’s happiness and your future financial security.”*

|  |  |  |
| --- | --- | --- |
|  | Full Name:  |       |
|  | Any aliases? *(If so, these will have to be included in Will)* |       |
|  | Title: (Mr/Mrs/Miss/Ms/Dr) |       |
|  | Date of Birth: |       |
|  | Confirm Identity *(by production of Licence or Passport or other photographic ID)* | [ ]  Yes [ ]  No  |
|  | Residential Address: |       |
|  | Postal Address:  |       |
|  | Contact Details:**[for emails – please add our email address to your safe senders list to prevent our emails from going to your junk/spam folder, ie. mail@middletonlawyers.com.au]**  | Mobile: |       |
| Work: |       |
| Home: |       |
| Fax: |       |
| Email: |       |
| **Do not give us an email address if you do not wish us to communicate by email.** |
|  | Occupation:  |       |
|  | Who referred you to this firm? |       |
|  | Address of person who referred you to this firm:  |       |
|  | Do you currently have a Will?  | [ ]  Yes [ ]  No  |
| Is the Will a Mutual Will? | [ ]  Yes [ ]  No  |
| *(If yes, your old Will will be revoked upon the signing of a new Will)* |
| **Spouse/Partner:**  |
|  | Full Name of Spouse/Partner: |       |
|  | Address of Spouse/Partner: |       |
| **Children (if any)** **from Current Spouse/Partner:**  |
|  | Child 1 | Name: |       |
| Date of Birth:  |       |
| Age: |       |
|  | Child 2 | Name: |       |
| Date of Birth: |       |
| Age: |       |
|  | Child 3 | Name: |       |
| Date of Birth: |       |
| Age: |       |
|  | Do you have any deceased children? | [ ]  Yes [ ]  No  |
| **Children (if any)** **from previous Spouse/Partner:** |
| Name | Age | Dependent?Y / N | Special Needs/Other Relevant Details | Name of Other Parent |
|  |       |     |     |       |       |
|  |       |     |     |       |       |
|  |       |     |     |       |       |
|  |       |     |     |       |       |
|  |       |     |     |       |       |
| **Step-Children (if any)**  |
|  | Child 1 | Name: |       |
| Date of Birth:  |       |
| Age: |       |
|  | Child 2 | Name: |       |
| Date of Birth:  |       |
| Age: |       |
|  | Child 3 | Name: |       |
| Date of Birth:  |       |
| Age: |       |
|  | Child 4 | Name: |       |
| Date of Birth:  |       |
| Age: |       |
| **Executors**  |
|  | Executor 1 | Name: |       |
| Address: |       |
| Phone No.: |       |
| Email: |       |
|  | Executor 2 | Name: |       |
| Address: |       |
| Phone No.: |       |
| Email: |       |
|  | Executor 3 | Name: |       |
| Address: |       |
| Phone No.: |       |
| Email: |       |
|  | How do you wish the executors to act? *Executors can be joint or you can appoint one executor and a second executor in the event the first executor is unable or unwilling to act.* | [ ]  Jointly [ ]  Successively  |
| **Guardians** |
| Do you wish to appoint a guardian of your infant children? | [ ]  Yes [ ]  No |
|  | Guardian 1 | Name: |       |
| Address: |       |
| Phone No.: |       |
|  | Guardian 2 | Name: |       |
| Address: |       |
| Phone No.: |       |
| **Funeral Arrangements** |
| Do you wish to insert a clause as to whether you wish to be buried or cremated? If so: | [ ]  Yes [ ]  No  |
|  | Burial |       |
|  | Cremation |       |
|  | Specific details of where service is to be held? |       |
| **Organ Donation** |
|  | If you wish to donate your organs and you require a provision in your Will, please provide details |       |
| **Specific Gifts** |
| *You may have assets which will not be dealt with under the Will (eg, real property held as joint tenants, superannuation, joint bank accounts, etc). We will discuss this with you and provide appropriate advice. It may be necessary for us to take additional steps to give effect to the overall estate plan such as severing joint tenancies, making superannuation binding death benefit nominations, or varying family trust deeds, etc.* |
| *Are there sufficient assets to cover all specific gifts and leave residue?**We will discuss with you the risks if a specific gift is disposed of in your lifetime* |
| **Asset** | **Beneficiary** | **Value** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Trusts** |
| List all trusts in which you are an office holder (ie, trustee, appointor, principal etc). *We may need to obtain copies of the Trust Deed, Financial Statements for each trust, and company constitutions (or memoranda and articles of association) where the trustee is a company.* |
| **Name of Trust** | **Trustee(s)** | **Beneficiary(s)** | **Assets Owned** | **Do you have a copy of the Trust Deed? Y / N** |
|  |       |       |       |       |     |
|  |       |       |       |       |     |
|  |       |       |       |       |     |
|  |       |       |       |       |     |
|  |       |       |       |       |     |
| **Companies/Partnerships***If a company, we may require a copy of the constitution. If a partnership, we may require a copy of the partnership agreement* |
| **Name of Company / Partnership** | **Shareholders / Partners** | **Assets Owned** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **Do you have any Other Specific Clauses/ Additional Details?**  |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
| **Residue** |
| **Name** | **Percentage** | ***Tick if Non-Resident of Australia*** |
|  | Beneficiary 1 |       |    % | [ ]  |
|  | Beneficiary 2 |       |    % | [ ]  |
|  | Beneficiary 3 |       |    % | [ ]  |
|  | Beneficiary 4 |       |    % | [ ]  |
|  | Beneficiary 5 |       |    % | [ ]  |
|  | Beneficiary 6 |       |    % | [ ]  |
|  | Beneficiary 7 |       |    % | [ ]  |
|  | Beneficiary 8 |       |    % | [ ]  |
| *If a beneficiary is a non-resident for tax purposes, then capital gains tax ("CGT") may be payable by the estate. Please provide instructions as to whether the tax is to be borne by the particular beneficiary or the estate generally* |
| **Charities** |
| *If charities are included as beneficiaries, we will contact the charity for appropriate bequest wording. We may need to consider whether the gift of any specific asset to a charity will trigger Capital Gains Tax issues. We will consider whether we are able to provide advice, or recommend you obtain advice on taxation including CGT* |
| **Charity Name** | **Bequest** |
|  |       |       |
|  |       |       |
|  |       |       |
| **Substitute Beneficiaries –** List below |
|  | Is section 33N to apply? (ie, gifts to issue [children] of will-maker to pass to their issue)*It is preferable to specify substitute beneficiaries rather than relying on s33N applying to allow gifts to pass to issue* | [ ]  Yes [ ]  No  |
| **Beneficiary Name** | **Substitute Beneficiary Name** |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
| **Estate Debts** |
|  | Are the estate debts to be paid from the residue? | [ ]  Yes [ ]  No  |
|  | If no, what assets should the debts be paid from |       |
| **Assets & Liabilities** |
| **ASSETS** |
| **Real Property** |
| **Address** | **Owner/s****(If co-owner, joint tenancy or tenancy in common?)** | **Value** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Bank Accounts** |
| **Bank** | **Account Type** | **Value** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Shares** If *Public Company*: list companies and broker. If *Private Company*: request financial statements and ASIC records confirming shareholding and any offices held |
| **Company** | **Shareholding/Broker** | **Value** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Motor Vehicle** |
| **Year** | **Make** | **Model** | **Value** |
|  |       |       |       | $      |
|  |       |       |       | $      |
|  |       |       |       | $      |
| **Household Contents** – eg. collectibles, jewellery, art, etc. |
| **Item** | **Value** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Other Assets** |
| **Item** | **Value** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Life Insurance** |
| **Policy Details** | **Value** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Loans to Others** |
| **Name of Borrower/s** | **Value** |
|  |       | $      |
|  |       | $      |
|  |       | $      |
| **Superannuation** |
| **Name of Fund** | **Trustee** | **Members** | **Value of Membership Account** |
|  |       |       |       | $      |
|  |       |       |       | $      |
|  |       |       |       | $      |
| **LIABILITIES** |
| **Debt** | **Creditor** | **Amount Owing** |
| **Mortgage** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Margin Loan** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Loans from Others** |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
| **Former Spouse/Partner’s Name/s***We need this information to insert a clause to exclude them from receiving any benefit from your Estate* |
|  |       |
|  |       |
|  |       |
|  | Did any marriage or registered relationship commence or end after making of an existing Will?  | [ ]  Yes [ ]  No  |
|  | Will a marriage or registered relationship be entered/ended in the future? | [ ]  Yes [ ]  No  |
| **Dependants** |
|  | Do you have any dependants other than your children?  | [ ]  Yes [ ]  No  |
| **Name** | **Age** | **Address** | **Relationship** |
|  |       |     |       |       |
|  |       |     |       |       |
|  |       |     |       |       |
|  |       |     |       |       |
| **Other Relatives** |
| **Name** | **Age** | **Address** | **Australian Resident for Tax Purposes? Y / N** |
|  |       |     |       |     |
|  |       |     |       |     |
|  |       |     |       |     |
|  |       |     |       |     |
|  |       |     |       |     |
|  |       |     |       |     |