

STAUNTON & THOMPSON LAWYERS

ESTATE PLANNING QUESTIONNAIRE

A. PERSONAL DETAILS

	CLIENT 1	CLIENT 2
SURNAME		
GIVEN NAMES		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
MARITAL STATUS		
CONTACT NUMBERS Home Phone		
Work phone		
Fax		
Mobile phone		
EMAIL		
DATE OF BIRTH		
PLACE OF BIRTH		
OCCUPATION		
OCCUPATION RISK		
Does your occupation expose you to financial risk? e.g. business director or principal, medical or other professional?	<input type="checkbox"/> No If yes, please specify: <input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, please specify: <input type="checkbox"/> Yes

B. PROFESSIONAL ADVISORS

ACCOUNTANT		
FINANCIAL ADVISOR/PLANNER		

C. CHILDREN OF YOUR RELATIONSHIP

FULL NAMES, ADDRESSES, DATES OF BIRTH & OCCUPATIONS		
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D. CHILDREN OF FORMER RELATIONSHIP (if any)

FULL NAMES, ADDRESSES, DATES OF BIRTH & OCCUPATIONS

E. DETAILS OF PRIOR MARRIAGES/DE FACTO RELATIONSHIPS

FULL NAMES & ADDRESSES

NATURE OF RELATIONSHIP

CONTINUING DEPENDANCY? If yes, please provide details

F. ANY OTHER DEPENDANTS

FULL NAMES, ADDRESSES, DATES OF BIRTH & OCCUPATIONS

G. EXCLUDED PEOPLE

The law of NSW 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:

H. PRIOR WILLS

Have you previously made a will?

No If yes, please specify:
 Yes

No If yes, please specify:
 Yes

I. FUNERAL WISHES

You may include in your will an expression of your wishes relating to your funeral directions.

If yes to either please provide details of place of burial/directions as to burial/scattering of ashes.

Buried
 Cremated

If yes to either please provide details of place of burial/directions as to burial/scattering of ashes.

Buried
 Cremated

J. EXECUTORS

EXECUTORS

Names, Addresses, and relation to you

SUBSTITUTE EXECUTORS

Names, Addresses, and relation to you

(in case your Executors predecease you or are unable to act)

TESTAMENTARY GUARDIANS

Names, Addresses, and relation to you

(for your minor children in the event of both parents dying or other circumstances required a third party guardian)

K. MAIN RESIDENCE

MAIN RESIDENCE

As above residential address. If not please specify

As above residential address. If not please specify

OWNERSHIP

Please specify shares

100% sole owner

Joint Tenants

Tenants in Common

Other, please specify

100% sole owner

Joint Tenants

Tenants in Common

Other, please specify

DETAILS OF CO-OWNER

Names, Addresses, & relation to you

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L. SUMMARY OF ASSETS

	CLIENT 1	CLIENT 2
Real Estate	\$	\$
Bank Accounts /Cash	\$	\$
Listed Shares/ Listed Units	\$	\$
Superannuation	\$	\$
Insurance	\$	\$
Trust Interests	\$	\$
Business Interests	\$	\$
Other Assets	\$	\$
Estimated Annual Income	\$	\$

M. FINANCIAL, RETIREMENT OR ESTATE PLANS

If any of these have been prepared, please provide copies or summaries

N. PERSONAL BELONGINGS

Details of specific gifts of personal belongings

(If there is insufficient space please attach a separate sheet)

How should any remaining personal belongings pass?

To my Executors to be distributed in accordance with a memorandum of wishes

To form part of residue

To my Executors to be distributed in accordance with a memorandum of wishes

To form part of residue

O. CASH GIFTS

Please state each beneficiary's name, address and relation to you together with the sum they are to receive.

Please attach a separate sheet if more space is required.

P. GIFTS TO CHARITY

Please state the charity's name, address and ABN/ACN together with the sum they are to receive.

Please attach a separate sheet if more space is required.

Q. OTHER GIFTS, LEGACIES OR SPECIAL PROVISIONS

Please provide details.

R. RESIDUE - SPOUSE/PARTNER'S ENTITLEMENT (if not relevant proceed to section S)

Q.1	<input type="checkbox"/> Yes - ignore Q.2	<input type="checkbox"/> Yes - ignore Q.2
All to spouse/partner?	<input type="checkbox"/> No	<input type="checkbox"/> No

Q.2
If not all to spouse/partner then specify cash sum, specific item or % to spouse/partner?

Q.3
Any limitations or conditions relating to spouse's entitlement?

S. RESIDUE – OTHER BENEFICIARIES

Q.4
Which other beneficiaries should benefit from your residuary estate?

Please give full names, addresses, dates of birth for each beneficiary together with what % they should receive.

If you complete Q.3 this question only deals with the balance of your estate.

Q.6	<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Other (please specify)
At what age should minor beneficiaries become entitled?		

Q.7	<input type="checkbox"/> No	<input type="checkbox"/> No
Should your trustees be given the usual power to advance capital to minors at an earlier time?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

<p>Q.8</p>		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>Q.9</p> <p>If your spouse/partner dies before you, does their share of your estate pass in accordance with your answer to Q.4?</p>	<p>Please give full names, addresses, dates of birth for each beneficiary together with details of what % they should receive.</p>		
<p>Q.10</p> <p>If a beneficiary dies before you should his/her interest be:</p>	<input type="checkbox"/> shared equally amongst his/her descendants; <input type="checkbox"/> shared equally amongst the surviving beneficiaries; <input type="checkbox"/> other (please specify)	<input type="checkbox"/> shared equally amongst his/her descendants; <input type="checkbox"/> shared equally amongst the surviving beneficiaries; <input type="checkbox"/> other (please specify)	

T. RESIDUE – ULTIMATE DEFAULT BENEFICIARIES

<p>If none of the above names beneficiaries survive please specify your ultimate default beneficiaries (possibly including a charity)</p>	<p>Please give full names, addresses, dates of birth for each beneficiary together with what % they should receive.</p>	
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U. DETAILED LIST OF ASSETS & LIABILITIES - CLIENT 1

REAL ESTATE

Address	Description e.g. home, residential investment, commercial	Owner(s)	Ownership Joint tenants or tenants in common	Occupant	Estimated Value	Mortgage Balance

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ESTATE PLANNING QUESTIONNAIRE

BANK ACCOUNTS

Bank	Type of Investment/Account	Owners(s) If jointly held account or if account held in trust	Estimated Value/Balance

LISTED SHARES & UNITS (complete an additional sheet if required or state overall portfolio value and broker's details)

Company/Listed Trust/Broker	No. of Shares/Units	Owners(s) If jointly held account or if account held in trust	Estimated Value

SUPERANNUATION

Fund Name	Type of Super e.g. employer funded, own fund through adviser/agent	Owners(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?

- No
 Yes – please provide copies

SUPERANNUATION – FAMILY OR BUSINESS’S SELF MANAGED ‘SMALL SUPER FUND’ – please provide copy trust deeds

Fund Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary Spouse, children, estate etc

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 e.g. life insurance, TPD, trauma, income protection	Owners(s) If jointly held account or if account held in trust	Estimated Value

TRUSTS IN WHICH YOU HAVE AN INTEREST AS BENEFICIARY – ‘FAMILY TRUSTS’ – please provide copy trust deeds

Trust Name	Type of Trust e.g. discretionary, unit trust	Trustee(s)	Appointor/ Controller	Beneficiaries	Assets (outline only)	Estimated Value of your interest

BUSINESS INTERESTS

Name of Business/Company	Your Interest e.g. % 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

Also provide copy Articles of Association or Constitution together with details of any Shareholders' Agreements / Succession Plans / Buy-Sell Agreements or other retirement / expulsion / succession

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ESTATE PLANNING QUESTIONNAIRE

planning documents relating to each business /company /trust which may affect your succession planning:

OTHER ASSETS (Include art works etc of significant value)

Description	Details	Owner(s)	Estimated Value

ESTIMATED ANNUAL INCOME

Employment Income	Investment Income	Owner(s)	Total Annual Income
			\$

V. DETAILED LIST OF ASSETS - CLIENT 2 (if not relevant please go to Section W)

REAL ESTATE

Address	Description e.g. home, residential investment, commercial	Owner(s)	Ownership Joint tenants or tenants in common	Occupant	Estimated Value	Mortgage Balance

BANK ACCOUNTS

Bank	Type of Investment/Account	Owners(s) If jointly held account or if account held in trust	Estimated Value/Balance

LISTED SHARES & UNITS (complete an additional sheet if required or state overall portfolio value and broker's details)

Company/Listed Trust/Broker	No. of Shares/Units	Owners(s) If jointly held account or if account held in trust	Estimated Value

SUPERANNUATION

Fund Name	Type of Super e.g. employer funded, own fund through adviser/agent	Owners(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? No Yes – please provide copies

Are there any agreements or Court orders splitting your superannuation entitlements?

SUPERANNUATION – FAMILY OR BUSINESS'S SELF MANAGED 'SMALL SUPER FUND' – please provide copy trust deeds

Fund Name	Trustees	Members	Estimated Value of your interest in fund	Nominated Beneficiary Spouse, children, estate etc

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 e.g. life insurance, TPD, trauma, income protection	Owners(s) If jointly held account or if account held in trust	Estimated Value

TRUSTS IN WHICH YOU HAVE AN INTEREST AS BENEFICIARY – ‘FAMILY TRUSTS’ or ‘TESTAMENTARY TRUSTS’ – please provide copies of trust deeds

Trust Name	Type of Trust e.g. discretionary, unit trust	Trustee(s)	Appointor/ Controller	Beneficiaries	Assets (outline only)	Estimated Value of your interest

BUSINESS INTERESTS

Name of Business/Company	Your Interest e.g. % 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

Also provide copy Articles of Association or Constitution together with details of any Shareholders' Agreements / Succession Plans / Buy-Sell Agreements or other retirement / expulsion / succession planning documents relating to each business /company/trust which may affect your succession planning:

OTHER ASSETS

Description	Details	Owner(s)	Estimated Value

ESTIMATED ANNUAL INCOME

Employment Income	Investment Income	Owner(s)	Total Annual Income
			\$

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W. ENDURING POWERS OF ATTORNEY ('EPA')

	CLIENT 1	CLIENT 2
Do you have a current EPA?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide a copy	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide a copy
If you require an EPA who are your proposed Attorneys? Names, Addresses, and relation to you		

X. APPOINTMENTS OF ENDURING GUARDIANS ('AEG')

Do you have a current AEG?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide a copy	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide a copy
If you require an AEG who are your proposed Guardians? Names, Addresses, and relation to you		
Are other powers of attorney or guardianship required?	<input type="checkbox"/> Yes – please provide a copy	<input type="checkbox"/> Yes
e.g. generally or in respect of medical treatment issues in the vent of incapacity or serious injury or illness, or lifestyle issues, such as nursing home or other care)		
Briefly describe any relevant concerns or needs:		

Y. FUTURE INHERITANCES/GIFTS

Do you expect to inherit or receive assets of substantial value in the near future?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide a copy
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Z. OTHER MATTERS

Please provide any additional information that may be relevant to your estate planning, for example:		
(a) any Binding Financial Agreements under the Family Law Act ("prenup", "cohabitation" or "separation" agreements);	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details:	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details:

(b) any potential major legal claims for or against you;

No
 Yes – please provide details:

No
 Yes – please provide details:

(c) are you, your partner or any of your beneficiaries currently entitled to any form of means tested pension or allowance?

No
 Yes – please provide details:

No
 Yes – please provide details:

I understand that Staunton & Thompson's advice will be given on the basis of the information disclosed and I agree to notify them of any significant changes to my circumstances prior to the completion of my will.

This document is provided for the use of client and prospective clients of Staunton & Thompson Lawyers in relation to Estate Planning in New South Wales. Different information and considerations may be relevant in other jurisdictions and depending on your particular circumstances.

This document should not be used or relied other than for the purpose of instructing our firm.

SIGNATURE OF CLIENT 1

SIGNATURE OF CLIENT 2