



WILL INSTRUCTIONS

Date-----

Time -----

Testator\Testatrix – Full Name Address Occupation	
Also known as	
Identification\Australian Citizen	
Telephone\Email – Home Work Email	
Date of Birth Place of Birth Current Spouse\De Facto Date of Marriage\De Facto Relationship Former Spouse\De Facto Property Settlement	
Children\Dependants of Current\Previous Marriage\Relationship and Nature of Dependency Full Name Date of Birth Place of Birth Address Full Name Date of Birth Place of Birth Address Full Name Date of Birth Place of Birth Address	
Parents - Father's Full Name and Address Mother's Full Named and Address	
Siblings - Brothers – Full Name and Address Full Name and Address Full Name and Address Sisters – Full Name and Address Full Name and Address Full Name and Address	
Are you currently on medication	Yes\No - If yes, Type For
Are you presently or previously being treated for any mental illness or disorder	Yes\No - If yes, Particulars
Are you able to read to read, write and understand English	Yes\No – If no, Language
Dependency\Special Needs	

BANK ACCOUNTS

Name of Bank _____
Branch _____
A/c No _____
Type _____
Sole\Joint _____

CREDIT CARDS

Bank _____

CASH INVESTMENTS

Institution _____
Type _____
A/c No _____
Sole\Joint _____

SHARE COMPANY PORTFOLIO

Company _____
Register _____
Sole\Joint _____

TRUST _____ Trustee _____ Beneficiary _____

Asset _____ Trust Deed available _____

LIFE INSURANCE

Company _____
Policy No _____
Life Insured _____
Beneficiary _____
Location of Certificate _____

SUPERANNUATION

Fund _____
Name of Trustee _____
Policy No _____
Beneficiary _____
Nominated Beneficiary in
event of death _____

PROPERTY

Address _____
Sole\Joint Tenants with _____

Tenants in Common and Shareholding _____

Property Description – _____

Mortgage – Yes\No _____ Yes\No _____ Yes\No _____

Mortgagee _____

Location of Certificate of Title _____

DIGITAL ASSETS _____

OTHER ASSETS _____

OTHER LIABILITIES

Moneys Borrowed _____

Guarantor _____

Other _____

TRUSTEE _____

VEHICLES _____

CONTENTS _____

DEATH BENEFIT (Health Fund\Funeral Plan\Plot) _____

BURIAL\CREMATION _____

ORGAN\BODY DONATION _____

MUTUAL WILL WITH PARTNER _____

AIMS TO BE ACHIEVED –

REASONS FOR DISTRIBUTION –

QUERIES –

FULL NAME OF EXECUTOR\S

1 _____
Address _____

2 _____
Address _____

FULL NAME OF TRUSTEE\S

1 _____
Address _____

2 _____
Address _____

FULL NAME OF GUARDIAN\S

1 _____
Address _____

2 _____
Address _____

LIABILITIES TO BE PAID FROM

FULL NAME OF BENEFICIARY\S

1 _____
Address _____

4 _____
Address _____

2 _____
Address _____

5 _____
Address _____

3 _____
Address _____

6 _____
Address _____

SPECIAL BEQUEST\S

1 _____
2 _____
3 _____

4 _____
5 _____
6 _____

IF BENEFICIARY\S PREDECEASES OR DIES WITHIN FORTY FIVE DAYS OF DEATH THEN –

FULL NAME OF EXECUTOR\S

1 _____
Address _____

2 _____
Address _____

FULL NAME OF TRUSTEE\S

1 _____
Address _____

2 _____
Address _____

FULL NAME OF GUARDIAN\S

1 _____
Address _____

2 _____
Address _____

LIABILITIES TO BE PAID FROM

FULL NAME OF BENEFICIARY\S

(2 SHOULD CLAUSES S.33N) – Yes\No

1 _____
Address _____

4 _____
Address _____

2 _____
Address _____

5 _____
Address _____

3 _____
Address _____

6 _____
Address _____

SPECIAL BEQUEST\S

1 _____
2 _____
3 _____

4 _____
5 _____
6 _____

EXPLAIN –

1. What assets are controlled by Will
2. What assets are transferred automatically
3. Role of Executor, Trustee and Guardian
4. Family Provision Legislation\Technical Fault\Testamentary Capacity
5. Specific Gifts
6. Life Interest\Right to Reside
7. Testamentary Trust
8. Replacement Trustee

Mental Capacity Assessment _____
