

DWYER DURACK

LAWYERS

- Strictly Confidential -

PRELIMINARY INSTRUCTIONS FOR PREPARATION OF WILL

DWYER DURACK

LAWYERS

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AUSTRALIA

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PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Other _____

Full and correct name:

Any other name used:

Home address:

Business address:

Phone (work):

Phone (home):

Phone (mobile):

Facsimile:

Email address:

Occupation (or last occupation):

Date of Birth:

Marital Status -- *this is relevant to determine who could make a claim against your estate*

Single Married Widowed Divorced Separated De Facto
Other _____

If unmarried, have you plans to remarry? *Marriage automatically revokes a Will, unless the Will contemplates the marriage*

No Yes

Full and correct name, address and occupation of spouse / partner / intended spouse:

A divorce will revoke a Will, unless that Will was made in contemplation of the divorce. Do you want this Will made in contemplation of a divorce?

No Yes

Do you have an existing Will? *If yes, we will need to have a copy provided to us.*

No Yes

EXECUTOR

A beneficiary, relative, friend, accountant, solicitor, financial advisor, child over 18 or a number of them or a trustee company can be named as executors. The executor is the person who administers your estate and gives effect to the Will. The executor has the help of accountants and solicitors if necessary. It is a position of trust and in most estates no one of great commercial experience is required.

Who do you want to act as your executor? *(you may have more than one)*

Name:

Address:

Occupation:

Relationship to you:

With someone else? No Yes (if yes, complete the following):

Name:

Address:

Occupation:

Relationship to you:

Alternate Executor (if the above executor(s) die(s) before you)

Name:

Address:

Occupation:

Relationship to you:

DEPENDENTS - CHILDREN (natural or adopted, please indicate if any child is of a previous marriage)

Given name(s):

Surname:

Address:

Date of birth:

Financially dependant on you?

No

Yes

Given name(s):

Surname:

Address:

Date of birth:

Financially dependant on you?

No

Yes

Given name(s):

Surname:

Address:

Date of birth:

Financially dependant on you?

No

Yes

Given name(s):

Surname:

Address:

Date of birth:

Financially dependant on you?

No

Yes

Given name(s):

Surname:

Address:

Date of birth:

Financially dependant on you?

No

Yes

Given name(s):

Surname:

Address:

Date of birth:

Financially dependant on you?

No

Yes

DEPENDENTS - OTHER

List anyone other than the children specified above who is partially or wholly financially dependant upon you:

NOTE: Various relatives or defacto partners may have a right to claim under The Inheritance Act. Financial dependency is a relevant consideration.

Name: Occupation:

Address:

Date of birth: Relationship:

Name: Occupation:

Address:

Date of birth: Relationship:

Name: Occupation:

Address:

Date of birth: Relationship:

Name: Occupation:

Address:

Date of birth: Relationship:

ASSETS AND LIABILITIES

(List separately any jointly owned property or any property held in trust)

Please note that the following property does not pass under a Will:

- (a) property, including bank accounts, or deposits owned jointly with someone else;
- (b) superannuation monies where the Trustee of the fund has a discretion to pay various dependents or relatives;
- (c) assets of a Family Trust;
- (d) insurance policies on the life of the deceased which are owned by another;
- (e) the assets of companies (including private shares).

Also, interests in a business or partnership and shares in private companies may pass according to an agreement.

Have you an interest in any of the following:

(a)	Family Trusts or Unit Trusts	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>(We will ask you to provide the Trust Deed)</i>
(b)	Superannuation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>(We will ask you to provide details and a copy of the Deed if you have it)</i>
(c)	A business or partnership	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>(We will ask you to provide partnership papers or constitution and a copy of the last financial papers)</i>
(d)	Insurance Policies	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<i>(We will ask you to provide Policy)</i>

DISTRIBUTION OF YOUR ESTATE

Do you want to make any specific gifts? *(if yes, describe each gift carefully, eg shares in particular companies, proceeds of bank accounts in particular accounts, jewellery by insurance description, car by make and model)*

How do you want to dispose of the rest of your estate?

Note: Where children or others do not immediately receive their interest under your Will, the Executor(s) need sufficient power to invest (or retain investments) to ensure financial protection for your estate. The WA Trustees Act gives limited statutory powers. We have compiled a more extensive list of powers which we think are appropriate in most situations and will insert them unless you wish to restrict the investment powers in which case you should advise us. You should carefully consider the powers you wish to give your particular Executor(s).

Note: Unless otherwise indicated, children inherit their entitlement at the age of 18. Please advise us if you would prefer a later date.

List of Beneficiaries - (Please advise relationship, and/or address and date of birth)

Alternate Beneficiaries - (if the above die before you)

Do you want a Testamentary Trust?

No Yes - complete below

Trustees:

Term:

Beneficiaries:

Purpose:

Note: testamentary trusts may require further instructions, advice and consideration by us and your investment advisers before any recommendation can be given.

OTHER MATTERS

Guardian to be appointed for children *(if both parents are deceased)*

Name:

Address:

Occupation

Relationship:

Note: a guardian is the person who takes responsibility for decisions in respect of the child's welfare and care. Any adult can be appointed.

You should include a provision in the Will if you do not wish to be cremated or have organs donated. *Otherwise, you should remember that a Will becomes a public document and you may prefer to put your wishes in a separate document. Your wishes are not binding except if you do not wish to be cremated.*

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION continued

[Empty rectangular box for additional information]

We will usually keep any information you give us confidential. If you wish us to liaise with your financial advisers, accountants or anyone else regarding your Will or financial affairs, please sign the authority below.

I authorise you to discuss my Will and financial affairs with the following:

-
-
-

Signed

If I die before executing a formal Will drawn in accordance with these instructions then it is my intention that this document will constitute my Will.

Please note:

- (a) *if your instructions are not clear, this document will not be capable of being a Will;*
- (b) *if you tick "Yes" then this document may revoke part or all of your existing Will to the extent that this document is inconsistent with the provisions of your existing Will. This may result in unintended consequences for your estate upon your subsequent death, particularly if this document only revokes some parts of your current Will but not other parts.*
- (c) *You should also date the form where provided to ensure that these instructions can be identified as your final written instructions.*

No

Yes

Signed

Dated

Please telephone or write to us with any questions you may have.

Unless you have indicated otherwise, this instruction form is not a Will. It is the basis on which we can consider our position and draft your Will.

PLEASE BE AWARE THAT IT WILL BE NECESSARY FOR YOU TO ATTEND OUR OFFICES BEFORE YOUR WILL IS FINALISED . YOU WILL NEED TO PROVIDE PHOTOGRAPHIC IDENTIFICATION AT THAT TIME. PLEASE CONTACT US TO DISCUSS THESE REQUIREMENTS IF THEY WILL CAUSE YOU ANY DIFFICULTIES.

Contact our Succession Department on 9289 9888