



ESTATE PLANNING INSTRUCTION SHEET

Please complete this form as best you can to assist us understand your situation.

The most important Clauses requiring completion are indicated with asterisks.

1. Names of Person(s) making Will/Power of Attorney**

Person 1 Details:

Full Name:	
Address:	
Occupation:	

Person 2 Details:

Full Name:	
Relationship to Person 1:	
Address:	
Occupation:	

Date of any Impending Marriage (relevant for Wills only) *	
Date of any Impending Separation	

2. Documents Required (please tick)

	YES	NO
<u>Wills</u>		
Please complete sections 3-12		
Do you wish to establish a Testamentary Trust in your Will/s? **		
Powers of Attorney		
Please complete section 13		

3. Who will be the Executor and Trustee ('administrator' of the Will)? **

(For couples, assuming each other first, then the backup is below)

Full Name:	
Address:	

4. Do you have any specific Items (Cash, Jewellery etc.) to leave to Specific Beneficiaries of Charities?

Item	Beneficiary	Age/Condition

5. To whom would you like to leave the Remainder of the Estate (usually to children, parents, charities etc.)? **

Sole Beneficiary (first choice – i.e. partner, parent)

Full Name:	
Address:	

Please state next choice (in case of sole beneficiary being unable to receive proceeds of estate). This is usually children, nieces/nephews etc.):

Beneficiary	Share/Portion

Unless you nominate otherwise we will assume any minors are to fully take their entitlement at 23 years of age.

6. Backup Beneficiaries

In case of an interest failing to vest, backup beneficiaries (usually relatives outside the family, close friends etc.): -

Beneficiary	Share/Portion

If a beneficiary predeceases you, does that beneficiary’s share go to their children, or partner? Or will the Estate simply be distributed to living beneficiaries only?

	YES	NO
Is the beneficiary under the age of eighteen (18) years?		
Have you lent money or given a gift to any beneficiary which is to be taken into account when the estate is distributed?		
If yes, give details:		

7. Is there anyone other than your spouse or your children whom you have previously supported, currently support or help to support?

Name (1):	
Address:	
Relationship:	
Support given:	

Name (2):	
Address:	
Relationship:	
Support Given:	

Particulars of a previous spouse(s), children, adopted children (either formally or informally adopted), stepchildren and former or current dependents (whether or not you intend to benefit these people).

8. Guardians for children in their minority (assuming both you & spouse deceased)
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Full Name:	
Address:	
E-mail Address:	
Relationship:	

Full Name:	
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Address:	
E-mail Address:	
Relationship:	

9. Do you have a Family Trust?

YES	NO

Name of Family Trust	
Name of Trustee:	
Name of Appointors/Guardians:	
Date Family Trust came into operation:	
Is the Family Trust to continue beyond death?	

I nominate my replacement Appointor/s as follows:

Full Name:	
Address:	
Email:	

10. Do you have a Business?

YES	NO

Do you or your Family Trust conduct any business?		
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If you tick 'yes' we will contact, you to discuss.

11. Other special requirements

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12. Powers of Attorney

Please nominate type:

Enduring Power of Attorney (Financial)	
Enduring Power of Attorney (Medical)	

Power of Attorney to be given to:

Full Name (1):	
Address:	
Relationship:	

Full Name (2):	
Address:	
Relationship:	

13. Is there anything else we should know? (e.g. impending travel etc.)

14. Asset Protection – Do you want us to review your asset position and advise on how protected they are?

15. Finance – MCP can review your current finance arrangements with your bank.

Thank you for taking the time to complete your Estate Planning Requirements

Please Email or Mail this form to us and we will contact you.

**Level 6, 575 Bourke Street
Melbourne VIC 3000**

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