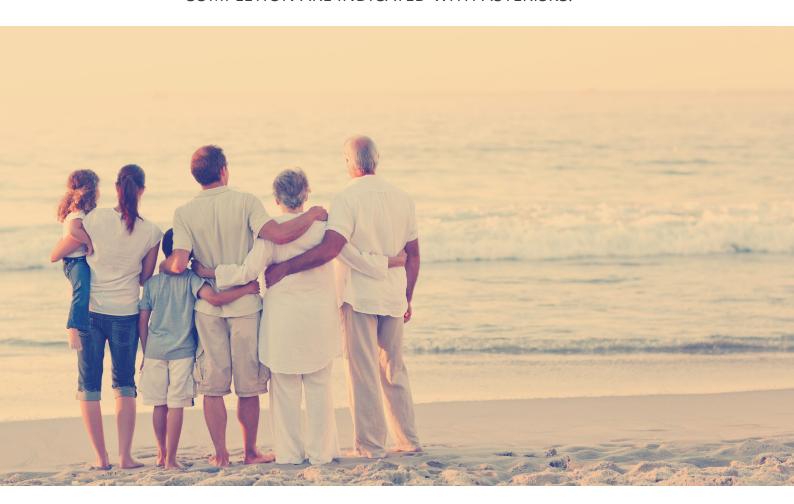


MCP LEGAL ESTATE PLANNING INSTRUCTION SHEET

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			
Address			
Occupation			
Date of any Impending Marriage (relevant for Wills only) **			
Date of any Impending Separation	_		
2. DOCUMENTS REQUIRED			
	YES	NO	
Wills (if Yes, please complete sections 3-12)			
Do you wish to establish a Testamentary Trust in your Will/s?*			
Powers of Attorney (if Yes, please complete Question 13)			
3. WHO WILL BE THE EXECUTOR AND TRUST	TFF?**		
(i.e. '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?

ltem	Beneficiary	Age/Condition

5.	TO WHOM WOULD YOU LIKE TO LEAVE THE REMAINDER OF THE ESTATE?**
	Usually to children, parents, charities etc.

SOLE BENEFICIARY

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 (usually relatives outside the family, close friends etc.)

	Beneficiary	Share/Portion
Does that benefici OR Will the Estate sim	r PREDECEASES YOU ary's share go to their children, or partner? ply be distributed to living beneficiaries only? under the age of eighteen (18) years?	YES NO
Have you lent mor	ney or given a gift to any beneficiary which is buted? If yes, give details:	to be taken into account when
		POUSE OR YOUR CHILDREN WHOM LY SUPPORT OR HELP TO SUPPORT?
Address		
Relationship		
Support Given		
Name (2)		
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) Full Name Address Email _____ Relationship Full Name Address Email _____ 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 Is the Family Trust to into operation continue beyond death? I nominate my replacement Appointor/s as follows: Full Name

Address _____

Email _____



	OU HAVE A BUSINESS? Family Trust conduct any business?
YES	NO
If you tick YES w	e will contact you to discuss.
11. OTHER	R SPECIAL REQUIREMENTS
12. POWE	RS OF ATTORNEY type:
	of Attorney (Financial) Enduring Power of Attorney (Medical)
Power of Attorne	ey to be given to:
Full Name (1)	
Address	
-	
Relationship _	
Full Name (2)	
Address	
-	
Relationship	



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13.	IS THERE ANYTHING ELSE WE SHOULD KNOW? (e.g. impending travel etc.)	
14. AND	ASSET PROTECTION – DO YOU WANT US TO REVIEW YOUR ADVISE ON HOW PROTECTED THEY ARE?	ASSET POSITION
15. WITH	FINANCE – MCP CAN REVIEW YOUR CURRENT FINANCE AR I YOUR BANK.	RANGEMENTS
	you for taking the time to complete your Estate Planning Requirements Email or Mail this form to us and we will contact you.	Level 6, 575 Bourke Street Melbourne VIC 3000