

# 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)	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to establish a Testamentary Trust in your Will/s?*	<input type="checkbox"/>	<input type="checkbox"/>
Powers of Attorney (if Yes, please complete Question 13)	<input type="checkbox"/>	<input type="checkbox"/>

## 3. WHO WILL BE THE EXECUTOR AND TRUSTEE? \*\*

(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?

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 (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?

Is the beneficiary under the age of eighteen (18) years?

YES  NO

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:

YES  NO

## 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)

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 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?

Do you or your Family Trust conduct any business?

YES  NO

If you tick YES we will contact you to discuss.

## 11. OTHER SPECIAL REQUIREMENTS

## 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.

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