

CLIENT BACKGROUND INFORMATION SHEET

Date and time details taken:	Co-Ordinator:
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Personal Details

	Client 1	Client 2
Full name client is currently known by (does it differ from birth certificate?):		
Any other names currently in use or have used, or have been known by?		
Verify identification: ID Type (drivers license/passport) ID Number		
Relationship status between Client 1 and Client 2 (married, de-facto)		
Contact numbers	Work: Home: Mobile: Email:	Work: Home: Mobile: Email:
Best time to call: (include alternatives)		
Date Of Birth	Age:	Age:
Home address: (owned or rented?)		
Postal address: We will post your Will/s etc here		

Initials _____

	Client 1	Client 2
Do you already have a Will? (If yes, can you summarise its main terms).		
Are you currently receiving any medical or other treatment that may affect your mind, memory or understanding? If yes, provide details.		
Are you suffering from an illness (physical) that may be terminal?		
Is this request for a Will urgent? If so, why? What is the deadline?		

Family Circumstances

	Client 1	Client 2
Have you previously been married or de facto married? If yes has there been a property settlement? Provide details (attach relevant docs if necessary)		
Do you have your own Business? Type? Company/Partnership *		
Do you have a Family Trust? Who are the trustees? Who is the appointer? Who are the beneficiaries?*		

* These structures add complexities to your Will design therefore we will ensure your specialist lawyer discusses this with you.

Initials _____

Children and Financial Dependants

List all children from this relationship, previous relationships and any adopted or fostered children. Include any other person that is financially dependent on you such as elderly parents, spousal maintenance and child support:

Full Name	Date of Birth	Relationship (son, daughter, adopted) If child, current or previous relationship	Financially dependent? To age?

Notes: please provide further details below of any financial support arrangements in place and any specific concerns regarding the children or the children’s partners, for example, drug effected, disabled, separating/divorcing

	OWNERSHIP Sole owner, who? Joint tenancy (not willable) Tenancy in common (willable)	Estimated Value	Estimated Debt	Notes:
Home				
Investment Property/Holiday House				
Totals:		\$	\$	

Description: Car / Boat / Contents	Owner	Estimated Value	Notes:
Total		\$	
Do you have any precious or sentimental items that you would like to gift? Art, Jewellery, Antiques, Family heirlooms			

Initials _____

Investment Assets

Bank Accounts / Term Deposits / Shares / Managed Funds / Bonds	Ownership: Sole owner, who? joint tenancy, not willable tenancy in common, yes willable	Estimated Value	Notes:
Total:		\$	

Notes on assets:

Liabilities

Home Loan / Investment Loan / Credit Cards / Vehicle Lease / Car Loan	Owner	Estimated Value	Security/ Unsecured	Lender
Total:		\$		

Notes on Liabilities:**Superannuation and Pensions**

Product name and Provider	Owner	Estimated Value	Nominated Beneficiary and Type (binding?) Or Reversionary Pension?	Insurance held? If yes, complete insurance table
Total		\$		

Initials _____

Life Insurance

Product name and Provider	Life Insured	Sum Insured	Policy Owner	Notes
Total		\$		

Further notes on Superannuation/Pensions and Insurance:

Estate Value

Total Value of Assets	
Plus: Insurance Proceeds	
Less: Debt	
Current Value of Estate	\$

Disposal of Remains

<p>Do you have a particular preference for the disposal of your body (eg funeral or cremation)?</p> <p>Is there any particular place that you wish to be buried or have your ashes scattered?</p> <p>Is there a funeral plan or similar insurance policy in place?</p>		
<p>Do you have a particular view (for or against) organ donation?</p>		

Guardianship of Children

<p>If something were to happen to both of you, who would you wish to nominate as a guardian to any minor children?</p> <p>Give name and address and telephone number</p>		
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Estrangements

<p>Is there any person within your family from whom you are estranged?</p> <p>(eg. Has there been a falling out with any particular member of your family)</p> <p>Explain basis for the estrangement.</p>		
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Charity

<p>Do you have a particular charity that you have an association with? (eg a church).</p> <p>Would you like to make a specific donation upon your death?</p>		
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Initials _____

Ideas of estate planning

In simple terms, what do you envisage for who should inherit your estate and in what order? If you have minor children at what age should they receive an inheritance?

Client 1	Client 2

Initials _____

Nomination of executors (the person who will administer the distribution of estate assets)

	Client 1	Client 2
<p>Give the full name, address and telephone number (daytime/mobile) of the primary executor(s) and your relationship to them (multiple executors may be nominated to act jointly).</p> <p><i>(It is usual to nominate a alternative executor in the event that the primary executor is unable or unwilling to perform the role of executor)</i></p> <p>Give the full name, address and telephone number (daytime/mobile) of the alternate executor(s) and your relationship to them.</p> <p>Verify they are both over 18</p>	<p>1.</p> <p>2.</p>	<p>1.</p> <p>2.</p>
<p>Do you want us to contact your executors and notify them that they have been named?</p>		

Definition of Executor

An executor is the person responsible for administering or probating a person's estate upon their death. An executor is responsible for probating the will, collecting the assets of the estate of a deceased person, paying any debts of the estate, paying state and federal taxes, and distributing the assets of the estate in accordance with the directions of the Last Will and Testament. Also known as a personal representative. The executor is appointed in a last will and testament.

Specific Gifts

Refer to page 4, do you wish to make specific gifts of any of these or other assets? Eg a mother may wish to leave wedding rings to her daughter, or you may wish to reward a carer or a sports club

Item:	Owner	Beneficiary

Specific Instructions for Power of Attorney

	Client 1	Client 2
Who would you like to nominate as your Attorney? Full name and address (if not previously provided)	1. 2.	
Specify whether attorneys are to act jointly or severally, and/or whether one is an alternative to the other		
Is there any reason you would prefer your power of attorney not to survive mental incapacity? (ie. should it be a general POA v an enduring POA)		

Specific Instructions for Advance Health Directive

	Client 1	Client 2
Who would you like to nominate as your enduring Guardian? Full name and address (if not	1. 2.	

Initials _____

previously provided)		
Specify whether guardians are to act jointly or severally, and/or whether one is an alternative to the other		

Initials _____

Costs disclosure



If you accept this offer you will have entered into a binding agreement. This means you will be bound by the terms and conditions set out in this document, including being billed in accordance with it. You may accept this offer by signing below.

The parties to this agreement irrevocably agree that the courts of Queensland shall have exclusive jurisdiction to hear and decide any suit, action or proceedings, and/or to settle any disputes, which may arise out of or in connection with this Agreement and that this clause may be pleaded as a bar on proceedings in any other jurisdiction.

This document and the details contained within it may form part and parcel of the evidence tendered to the court in the event of any challenge to your will. As such please sign each and every page of the agreement and have it witnessed.

By signing you further acknowledge that the Co-Ordinator named in this document is not a lawyer or accountant and that the Co-Ordinator has not given you legal or financial advice.

Signature 1 _____

Print Name _____ Date _____

Signature 2 _____

Print Name _____ Date _____

Witness 1 Signature _____

Witness Print Name _____ Date _____

Witness Address _____

Initials _____

