

# ESTATE PLANNING FACT FIND

Please complete this form and bring to your first appointment

## YOUR PERSONAL DETAILS

Relationship status    Single    Engaged    Married    De-facto    Separated   \_\_\_\_\_ years

### CLIENT 1

Title    Mr    Mrs    Ms    Miss    Dr    Other

Given names

Surname

Date of birth  Occupation

Phone  Email

Previously married    Yes    No                      Previously divorced    Yes    No

Home address

Postal address (if different)

### CLIENT 2

Title    Mr    Mrs    Ms    Miss    Dr    Other

Given names

Surname

Date of birth  Occupation

Phone  Email

Previously married    Yes    No                      Previously divorced    Yes    No



# YOUR CHILDREN

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1 Full name

Date of birth

Parent (client 1 and/or 2)

Address

Occupation

Other details

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2 Full name

Date of birth

Parent (client 1 and/or 2)

Address

Occupation

Other details

---

3 Full name

Date of birth

Parent (client 1 and/or 2)

Address

Occupation

Other details

---

4 Full name

Date of birth

Parent (client 1 and/or 2)

Address

Occupation

Other details

---

5 Full name

Date of birth

Parent (client 1 and/or 2)

Address

Occupation

Other details

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6 Full name

Date of birth

Parent (client 1 and/or 2)

Address

Occupation

Other details

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# YOUR ASSETS AND LIABILITIES

## BANK ACCOUNTS

BANK/FINANCIAL INSTITUTION	ACCOUNT HOLDER/S	APPROXIMATE BALANCE

## REAL ESTATE

PROPERTY ADDRESS	OWNER/S*	APPROXIMATE VALUE	AMOUNT OF ANY LOAN AGAINST PROPERTY	LOCATION OF CERTIFICATE OF TITLE

\*If jointly owned, indicate as joint tenants or tenants in common

## OTHER INVESTMENTS – LISTED SHARES/MANAGED INVESTMENTS

DESCRIPTION	OWNER/S	AMOUNT OF ANY LOAN SECURED AGAINST PROPERTY	APPROXIMATE VALUE



### LIFE INSURANCE

INSURANCE COMPANY	LIFE INSURED	NOMINATED BENEFICIARY/OWNER OF POLICY	APPROXIMATE VALUE

### SUPERANNUATION

Please provide any binding death benefit nominations you have made and if you have a SMSF, a copy of the trust deed.

NAME OF FUND	MEMBER	HAVE YOU MADE A BINDING DEATH BENEFIT NOMINATION (YES/NO)	NOMINATION BENEFICIARY	APPROXIMATE VALUE

### INTEREST IN PRIVATE COMPANIES, FAMILY TRUSTS, PRIVATE UNIT TRUSTS, BUSINESSES OR PARTNERSHIPS

Please bring a copy of the relevant company constitution, trust deed or partnership.

DESCRIPTION	APPROXIMATE VALUE

### DETAILS OF ANY ASSETS OUTSIDE AUSTRALIA

DESCRIPTION



### OTHER MAJOR ASSETS

(E.g. motor vehicle, art, antiques, bullion, coins, jewellery, stamps, digital assets)

DESCRIPTION	OWNER/S	APPROXIMATE VALUE

### DETAILS OF LIABILITIES

(Include any informal loans to/from family)

DESCRIPTION	NAME OF DEBTOR/S	APPROXIMATE AMOUNT OWING



# OTHER THINGS TO CONSIDER

Have you previously made a Will or Power of Attorney? If so please provide copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you wish to include Testamentary Trusts in your Will for your Beneficiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you concerned about anyone challenging your Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are you planning to leave anyone out of your Will who may expect to receive something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do any of your beneficiaries have a disability/addiction/vulnerability or spend thrift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are any of your beneficiaries entitled to a means-tested social security pension or allowance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Are any of your beneficiaries overseas residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have a binding financial agreement or child maintenance order in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you wish to leave a gift to charity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have any dependants (other than children)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have any major events planned for the next two months (e.g. travel, operations) or a specific timeframe your estate planning needs to be completed within? If yes, please provide dates and details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

# NOTES/QUESTIONS