

WILL INSTRUCTION SHEET

Please print clearly

Delivery Instructions

Please email/post documents to the following address:

--

Payment Instructions

Joint Wills (Testamentary Trusts) \$3,500 + GST
 Single Will (Testamentary Trusts) \$2,500 + GST
 Single Will (Simple Will) \$1,500 + GST
 Enduring Guardian \$250 (Email) or \$325 (Bound)
 Power of Attorney \$250 (Email) or \$325 (Bound)

Please send me an account

Please charge my credit card

Credit Card	Bankcard <input type="checkbox"/>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Card No.			
Expiry Date			
Credit Card CCV No.			
<i>(Last 3 digits after card no. on reverse of card – we cannot process your payment without this number)</i>			
Name on Card			
Amount	\$		
Cardholder's Signature			
<i>Where you pay our account by credit card, a surcharge equal to the amount of the merchant's fee may be added and you agree to pay such surcharge.</i>			

Suite 18
 Pier 2, 13 Hickson Road
 Walsh Bay NSW 2000 Australia
 p +61 2 9256 3888
 f +61 2 9256 3833
 e: munrolawyers@taxlegal.com.au
 w: taxlegal.com.au

NAME (1)			
Title			
Full Name			
Address			
Occupation		Marital Status	
Phone No (home)		Phone No (work)	
Mobile		Email	
Date of Birth		Place of Birth	
Do you have a previous will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Copy of will attached
Funeral arrangements/Directions regarding disposal of body			
I desire:	<input type="checkbox"/> burial/cremation		
	<input type="checkbox"/> buried/cremated at:		
	<input type="checkbox"/> special arrangements as follows:		
Do you have a power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

NAME (2) (SPOUSE/PARTNER)			
Title			
Full Name			
Address			
Occupation		Marital Status	
Phone No (home)		Phone No (work)	
Mobile		Email	
Date of Birth		Place of Birth	
Do you have a previous will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Copy of will attached

Funeral arrangements/Directions regarding disposal of body

I desire:	<input type="checkbox"/> burial/cremation
	<input type="checkbox"/> buried/cremated at:
	<input type="checkbox"/> special arrangements as follows:
Do you have a power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN (include adopted/ex-nuptial children)

CHILD (1)

Full Name			
Address			
Occupation		Date of Birth	
		Date of Death	

CHILD (2)

Full Name			
Address			
Occupation		Date of Birth	
		Date of Death	

CHILD (3)

Full Name			
Address			
Occupation		Date of Birth	
		Date of Death	

CHILD (4)			
Full Name			
Address			
Occupation		Date of Birth	
		Date of Death	

FAMILY DETAILS				
Relationship (eg father, mother, brother(s) & sister(s))	Full Name	Address	Date/Place of Birth	Date/Place of Death

EXECUTORS			
Type	Full Name	Address	Relationship to you
Executor 1			
Executor 2 (if joint)			
Alternate Executor 1			
Alternate Executor 2			

GUARDIANS OF MINOR CHILDREN (if no surviving parent)		
Full Name	Address	Relationship to you

ASSETS OWNED IN YOUR OWN NAME OR JOINTLY					
Assets	Owner(s)	Purchase Date	Purchase Price	Current Market Value	Mortgage Y/N
Family Home Address					\$
Other Properties					

Shares/Securities in Companies	Company Name	No of shares/ securities	Type of shares	Owner(s)	Values

Life Insurance Details	Company Name	Type of policy (life/trauma etc)	Owner of Policy	Life Insured	Nominated Beneficiary

ASSETS HELD IN OTHER ENTITIES

	Current Trustee	Address	Unitholder/ Member	Date Established
<input type="checkbox"/> Discretionary Trust			N/A	
<input type="checkbox"/> Unit Trust				
<input type="checkbox"/> Super Fund				
<input type="checkbox"/> Company	ACN	Address	Director/s	
<input type="checkbox"/> Other				

WILL INSTRUCTIONS

Personal Property	Value	1 st Beneficiary	Alternate Beneficiary
Furniture and household effects			
Motor Vehicle			
Cash	_____	_____	_____
Other: eg. jewellery		_____	_____
Comments:			

RESIDUE

OPTION 1:

100% directly to spouse?

Yes

No

If spouse dies, names of alternate beneficiaries

Percentage as follows:

Name	Relationship	Address	%

RESIDUE
OPTION 2:

Transfer to existing Trust

Trustee of current trust	Name of trust	Date Established	%

RESIDUE
OPTION 3:

Establish Testamentary Trust(s)

Name of Will Trust		
Trustees	<input type="checkbox"/> Same as executors	<input type="checkbox"/> Other _____
Appointors	<input type="checkbox"/> Same as executors	<input type="checkbox"/> Other _____
Beneficiary of Will Trust		

Other Comments