



# Estate Planning Instructions

Please complete as much of the following information as possible and return via email or alternatively return to the Estate Planning team at Sproal Property Law & Conveyancing.

A member of our team will then contact you to arrange an appointment. As well as the completed instruction sheet, please bring to your appointment with us:

- Existing Wills
- Existing power of attorney or guardianship documents
- Photo ID

# Client Details

## Personal details

*[please provide full legal name]*

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Marital status *[Please tick one]:*

- Single                       Married                       Divorced  
 De Facto                       Widow/Widower

If you selected de facto, do you intend to marry your partner?     Yes             No

## Contact details

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Living arrangements

Who do you live with?

*[Please state all]*

# Spouse/Partner

## Personal details

*[please provide full legal name]*

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Marital status: *[Please tick one]*

- Single                       Married                       Divorced  
 De Facto                       Widow/Widower

If you selected de facto, do you intend to marry your partner?     Yes             No

## Contact details

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Children

*[Please only complete this section if you have children]*

## Child One

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Relationship:** *[please tick]*     Biological     Stepchild     Adopted

**Is this child financially dependent on you?**     Yes     No

**Marital status:** *[Please tick one]*

Single     Married     Divorced

De Facto     Widow/Widower

**Does this child have children of their own?**     Yes     No

If yes, provide the number of children and their age range: \_\_\_\_\_

## Child Two

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Relationship:** *[please tick]*     Biological     Stepchild     Adopted

**Is this child financially dependent on you?**     Yes     No

**Marital status:** *[Please tick one]*

Single     Married     Divorced

De Facto     Widow/Widower

**Does this child have children of their own?**     Yes     No

If yes, provide the number of children and their age range: \_\_\_\_\_

### Child Three

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Relationship:** *[please tick]*       Biological       Stepchild       Adopted

**Is this child financially dependent on you?**       Yes       No

**Marital status:** *[Please tick one]*

Single       Married       Divorced

De Facto       Widow/Widower

**Does this child have children of their own?**       Yes       No

If yes, provide the number of children and their age range: \_\_\_\_\_

### Child Four

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Relationship:** *[please tick]*       Biological       Stepchild       Adopted

**Is this child financially dependent on you?**       Yes       No

**Marital status:** *[Please tick one]*

Single       Married       Divorced

De Facto       Widow/Widower

**Does this child have children of their own?**       Yes       No

If yes, provide the number of children and their age range: \_\_\_\_\_

*If you have more than four children, please attach additional sheets and provide details.*

# Executor

## Who do you want to be your executor(s)?

*[If you tick more than one, they will act together as your executor]*

- Spouse       Child       Other *[specify below]*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Alternate Executor

If you the person(s) you nominated above are unable or unwilling to act as your executor who do you want to be executor in their place?

*[If you circle more than one, they will act together as your executor]*

- Spouse                       Child                       Sibling  
 Parent                       Sproul Property Law &  Other *[specify below]*  
Conveyancing

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

# Specific Gifts

Do you want to make any specific gifts?       Yes                       No

If yes, provided details: *[To whom and what]*

\_\_\_\_\_  
\_\_\_\_\_

# Guardians

If you have minor children who do you want to appoint as their guardian?  
*[You can appoint more than one or in the alternative]*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

# Primary Beneficiary of Residual Estate

Who do you want to leave your Estate to? *[If you circle more than one they will share equally unless you specify uneven shares]*

Spouse       Child       Other *[specify below]*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

# Grandchildren / Children Clause

If a nominated primary beneficiary does not survive you, do you want the children of that primary beneficiary to inherit the share their parent would have received?

Yes                                       No

# Alternate Beneficiary of Residual Estate

If you have no remaining primary beneficiary and no grandchildren/children clause who do you want to benefit from your estate instead?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_  
\_\_\_\_\_

## Burial/Cremation

Do you wish to be:

Buried

Cremated

If you have any other instructions, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

## Former Spouse/Partner

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Date of separation/divorce: \_\_\_\_\_

Is there a formal property settlement? *[please tick]*

Yes

No

Number of children from this relationship: \_\_\_\_\_

Please specify which children: \_\_\_\_\_

### Further Information

Do you have any of the following: *[please tick]*

Family Court Order

Yes

No

Family Court Consent Order

Yes

No

Binding Financial Agreement

Yes

No

If you have ticked "yes" please provide detail: \_\_\_\_\_

\_\_\_\_\_



# Risks

Please tick any of the following concerns you have regarding an intended beneficiary of your estate. Please name the intended beneficiary to which the concern pertains.

- |   |   |
|---|---|
| <input type="checkbox"/> Family law concerns:               | <input type="checkbox"/> Risk of bankruptcy:            |
| <input type="checkbox"/> Spendthrift tendencies:            | <input type="checkbox"/> Social Security entitlements:  |
| <input type="checkbox"/> Future risk of personal liability: | <input type="checkbox"/> Other <i>[please detail]</i> : |

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Please tick any of the following vulnerabilities which an intended beneficiary of your estate suffers from and name the intended beneficiary who suffers from the vulnerability.

- |   |  |
|---|--|
| <input type="checkbox"/> Intellectual disability: | <input type="checkbox"/> Mental illness:                 |
| <input type="checkbox"/> Addiction/s:             | <input type="checkbox"/> Other <i>[please specify]</i> : |

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# Family Provision

Apart from your spouse and children (if any), has anyone else ever lived with you and been wholly or partly dependent on you? *[please tick]*:

Yes    No

Do you have a current spouse/de facto partner, children or same sex partner who will not benefit from your Will?

Yes    No

# Assets

Please attach extra sheets/insert more rows if necessary

	<b>Description</b> <i>i.e. suburb, institution, (account number etc)</i>	<b>Ownership</b> <i>(e.g. jointly owned or solely owned)</i>	<b>Value (\$)</b>	<b>Purchase year and purchase price</b>
<b>Real property:</b>				
<b>Home contents:</b>				
<b>Shares:</b>				
<b>Cash/savings:</b>				
<b>Motor vehicle(s):</b>				
<b>Other:</b>				
<b>Total:</b>				

## Assets outside of Australia

**Do you have assets held in a country other than Australia?** *[please tick]*

Yes

No

If you ticked yes, please provide details:

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## Liabilities & loans

**Do you have liabilities held in a country other than Australia?** *[please tick]*

Yes

No

If you ticked yes, please provide details:

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**Are you owed any money?** *[please tick]*

Yes

No

If you ticked yes, please provide details:

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## Power of Attorney & Guardianship

Do you want an General Power of Attorney?

Yes

No

Do you want an Enduring Power of Attorney?

Yes

No

Do you want an Enduring Guardianship?

Yes

No

# Life insurance and superannuation

**If your life is insured, who owns the policy?** *[please detail]*

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What is the value of the policy? \$

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**Who is the nominated beneficiary of the life insurance policy?** *[please tick]*

My estate     My spouse/dependants *[please detail]*     Other *[specify below]*

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**Who is the nominated beneficiary of your superannuation?** (please tick)

My estate     My spouse/dependants *[please detail]*     Other *[specify below]*

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## Family Trust/Businesses

**Do you have an interest in any trust / business?** *[please tick]*     Yes     No

If you ticked yes, please answers the questions below:

Trust name: \_\_\_\_\_ Trustees: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Who has the power of appointment? \_\_\_\_\_

What is the value of the trust? \_\_\_\_\_

Does the trust have any beneficiary loan accounts? If so, please provide detail:

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If the trustee of the trust is a company, who is/are the director/s and shareholders?

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## Other information

Please detail any other information that may be relevant to your estate plan:

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## Estate planning financial goals & objectives

What are your main reasons for seeking advice today?

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Generally, what would you like to achieve?

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## Clients' declaration and signatures

I/we confirm that the limited details provided to Sproal & Associates Pty Ltd (Sproal Property Law & Conveyancing) for the objective that has been stated are correct and current at this time. I/we do not require Sproal Property Law & Conveyancing to make any investigation or recommendation in relation to any other affairs and I/we understand that any strategy or recommendation made by Sproal Property Law & Conveyancing will be based on the limited details provided to them.

I/we confirm that I/we am/are seeking only limited advice. I/we confirm that this fact finder is a source of information for the assistance of my estate planner and my executors. I/we do not require Sproal Property Law & Conveyancing to make any investigation or recommendation in relation to any other of my/our affairs and I/we understand that any strategy or recommendation in relation to any other of my/our affairs will be based on the details I/we have provided. I/we confirm that before I/we proceed with the implementation of any strategy or recommendation I/we will carefully assess the appropriateness of the recommendation in light of my/our individual objectives and particular needs.

If there is any inconsistency between the contents of this fact finder and my later testamentary documents, those testamentary documents take precedence to the exclusion documents of the same or similar issues in this document.

Before completing and sending this form, please ensure you have arranged an appointment with Sproal Property Law & Conveyancing.

Please forward completed forms to PO Box 1024, Launceston TAS 7250

If sending by email: [info@sproal.au](mailto:info@sproal.au)

Signed: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_\_