



416 Flinders Mall (PO Box 991)
Townsville Qld 4810

Ph: (07) 4771 5664 Fax: (07) 4772 5742

WILL MAKING CHECKLIST *Please complete all details in block letters.*

YOUR DETAILS

full name: _____

date of birth: _____

occupation: _____

marital status: single / married / divorced / widowed / de facto (* circle appropriate answer)

if relevant: _____

full name of spouse: _____

date of birth: _____

occupation of spouse: _____

if relevant: _____

children / step-children: _____

address for correspondence: _____

CONTACT NUMBERS

• business: _____

• home: _____

• mobile: _____

• email: _____

• facsimile: _____

location of existing will (if any): _____

accountant: _____

financial advisor: _____

I do / do not have a current
Enduring Power of Attorney: _____

Location of Enduring Power
of Attorney: _____

DETAILS OF ALTERNATE EXECUTORS WHO WILL BE TRUSTEES OF YOUR ESTATE

In the event that the person specified above predeceases you then you should nominate below alternate beneficiaries and executors. If however you have not completed the section above you should nominate executors and beneficiaries of your estate.

Please note you may nominate up to four executors of your estate, but we recommend that the number be limited to two or three to save on administration time however, each case should be dealt with on its own facts.

FIRST EXECUTOR'S DETAILS

name: _____
address: _____
relationship to you: _____
occupation: _____

SECOND EXECUTOR'S DETAILS

name: _____
address: _____
relationship to you: _____
occupation: _____

ASSETS

Please list items such as real estate, motor vehicles, business assets, cash deposits etc. (If there is insufficient room please attach an additional sheet)

TYPE	OWNER/S	DATE OF PURCHASE	CURRENT VALUE

CAPITAL GAINS TAX

Where are the records kept for the calculation of the above?

LIABILITIES

FINANCIER'S NAME	DEBT IN NAME OF	PURPOSE OF LOAN	AMOUNT

SUPERANNUATION

COMPANY	POLICY NO.	INSURANCE \$	A/C VALUE	NOMINATED BENEFICIARY

Have you nominated beneficiaries under your policy and if so are they correct and current?

Yes

No

LIFE INSURANCE

COMPANY	POLICY NO.	SUM INSURED	OWNER

FAMILY COMPANIES AND TRUSTS

Please provide us with details of any family companies and the amount of shares you hold in those companies.

NAME OF COMPANY	TYPE, NUMBER AND CLASS OF SHARE

Name and address of beneficiary who is to receive these shares on your death:-

SPECIFIC / MONETARY GIFTS (JEWELLERY, HEIRLOOMS)

ITEM / AMOUNT	NAME AND ADDRESS OF THE BENEFICIARY OF THE GIFT (IF ANY)

RESIDUARY BENEFICIARIES

Residuary beneficiaries receive the balance of your estate after any of the specific gifts or monetary amounts have been distributed to named beneficiaries.

name: _____
address: _____
relationship: _____
age if under 18: _____

name: _____
address: _____
relationship: _____
age if under 18: _____

name: _____
address: _____
relationship: _____
age if under 18: _____

name: _____
address: _____
relationship: _____
age if under 18: _____

Age of children to take your estate e.g. eighteen (18) or twenty-one (21) years

GUARDIANS OF ANY MINOR CHILDREN:

first guardian's name: _____
address: _____
relationship: _____

second guardian's name: _____
address: _____
relationship: _____

FAMILY HISTORY

name of any previous spouse: _____

children of previous marriage: _____

adopted children: _____

step children: _____

Any other dependants and their relationship to you (e.g. parents, nieces, nephews):

CHARITABLE DISTRIBUTION

Yes

No

If yes, details
