

# Community Wills Day



## Client Information Brief

### (PREPARED BY CLIENT)

To help in the preparation of your Will, please complete this client information brief, which you will need to pass to the solicitor at the Wills Day. If you are unable to answer all the questions, the solicitor will be able to assist you. The information in this form is for the solicitor only and will not be made available to The Salvation Army.

#### Please note

Community Wills Days cover **simple Wills only**.

- This is usually from one spouse/partner to another, from a parent to children, or from one person to another.
- Spouse/partners must have separate Wills.
- Requests for repeated amendments to the Will prior to signing may incur a fee being charged by the solicitor.
- Community Wills Days do not include the preparation of Wills where a great amount of property, trusts or complex legal matters such as business assets, overseas assets, self-managed superannuation or life insurance exist (in this case, clients are advised to arrange a special appointment with a solicitor).

### PLEASE PRINT ALL DETAILS CLEARLY

#### Your details

Title  Dr  Mr  Mrs  Ms  Miss  Other

First names (in full) \_\_\_\_\_ Surname \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mailing address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Full names of spouse/partner and children if applicable**

Spouse/partner title  Dr  Mr  Mrs  Ms  Miss  Other

First names (in full) \_\_\_\_\_ Surname \_\_\_\_\_

Spouse/partner contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

Children – names in full and dates of birth

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous relationships/divorce \_\_\_\_\_

**Have you previously made a Will?**  Yes  No

By whom or where is that Will held? \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Executor (person/s administering your estate after death)**

Name (in full) \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**Alternate and/or additional executor – you may appoint more than one executor to settle your estate jointly**

Name (in full) \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

**Guardian(s) for children under the age of 18 years old**

Name (in full) \_\_\_\_\_  
Street address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_

**Beneficiaries in your Will (attach separate page if needed)**

Name (in full) \_\_\_\_\_  
Street address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name (in full) \_\_\_\_\_  
Street address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name (in full) \_\_\_\_\_  
Street address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Name (in full) \_\_\_\_\_  
Street address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Would you like to include a gift in your Will to organisations/charities, e.g. The Salvation Army?**

**Yes**  **No** Organisation/charity \_\_\_\_\_

My gift: residual of my estate, percentage of my estate, specific dollar amount, specific gift, entire estate.

\_\_\_\_\_

## Assets and liabilities

Please provide a brief summary of your assets and liabilities. Assets that are jointly owned may or may not form part of the deceased's estate. This will depend on the type of co-ownership.

---

---

---

- Do you hold shares in a private company?  Yes  No
- Do you have a family trust?  Yes  No
- Do you run your own business?  Yes  No
- Do you have assets overseas?  Yes  No

## Self-managed superannuation

Do you have a self-managed superannuation fund?  Yes  No

If yes, please provide details: \_\_\_\_\_

---

Do you have any other superannuation?  Yes  No

If yes, who is your superannuation held with? \_\_\_\_\_

Have you made a death benefit nomination for your superannuation?  Yes  No

If yes, please provide a copy showing the nominated person/s.

## Life insurance

Do you have life insurance?  Yes  No

If yes, please provide details \_\_\_\_\_

---

**Do you want to record funeral details in your Will?**  Yes  No

If yes, please tick as appropriate  Buried  Cremated

Please specify \_\_\_\_\_

I would like a (please tick as appropriate)  Religious service  Other

Please specify \_\_\_\_\_

Prepaid/prearranged funeral:  Yes  No If yes, who is your funeral with?

Name of organisation \_\_\_\_\_ Contact phone/email \_\_\_\_\_