

# 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 \_\_\_\_\_

**It would be appreciated if you would consider living a gift in your Will to The Salvation Army.**

Your solicitor will be pleased to speak with you about this.  
You may consider leaving a percentage of your estate, your entire estate, the residual, or a specific amount.

I would like to include a gift in my Will to: Charity name(s) \_\_\_\_\_

Gift (% of estate, entire estate, residual, \$ amount or other) \_\_\_\_\_

**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 \_\_\_\_\_

## 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.

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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 \_\_\_\_\_