Will Instruction Sheet

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.

The Salvation Army is committed to protecting your personal information.
To read our privacy policy visit salvationarmy.org.au/privacy

Please note:

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

- A simple will is used when the person's estate, assets and wishes are straightforward and uncomplicated.
- 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).
- 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.

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 leaving 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.

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