|  |  |  |
| --- | --- | --- |
| **Text  Description automatically generated** | SERVICE ID |  |
| CLIENT ID |  |
| TASK ID |  |
|  |  |
| **Will and enduring power of attorney instructions**  |

General information

Client details

|  |  |
| --- | --- |
| Full name: |  |
| Date of birth: |  |
| Previous client: | Yes [ ]  No [ ]  |

|  |
| --- |
| **CONFLICT** |
| Name of other party: |  |
| CLASS conflict check done by: |  | On \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| Is there CLIENT conflict? | [ ]  **No**  - there is no conflict and it is ok to proceed[ ]  **Yes** - there is a conflict and **it is NOT ok** to proceed - referral information has been provided |
| Is there ANOTHER PARTY conflict? | [ ]  **No -** there is no conflict and it is ok to proceed[ ]  **Yes -** there is a conflict and **it is NOT ok** to proceed - referral information has been provided |

Statistical information [insert statistical info]

|  |  |
| --- | --- |
| Date of interview: |  |
| Time of interview: |  |
| Place of interview: |  |
| Who is present for the interview: |  |
|  |  |
|  | *Advice:* *If other parties present, then it may affect the integrity of the will, as it may lead to undue influence.**Please tick this box, if you have explained the above and the client chooses to have the person remain.* |

Questions for testamentary capacity (WILL)

|  |  |
| --- | --- |
| What is a will? |  |
|  |  |
| Do you understand what your assets are? |  |
|  |  |
| Do you know who should benefit? And can you weigh up those competing interests? |  |
|  |  |
| Is there anything that would impact their capacity to make a Will? |  |
|  |  |
| Why do you want to do a will? |  |

Will instructions

Client details

|  |  |
| --- | --- |
| Full name: |  |
| Former names (including nicknames): |  |
| Street address: |  |
| Postal address: |  |
| Phone number: |  |
| Email address: |  |
| Date of birth: |  |
| Occupation: |  |
| Language: |  |
| Any previous wills? | *If Yes* *Advise to keep all estate planning documents together.*  *The effect of s18 of the Succession Act – that documents unsigned can be part of a Will or alteration if purports to state testamentary intention and has not been executed.*  *This will revokes (cancel) the old will.*  *If notes are made after this will it may unintentionally form part of the Will.* |
|  |
|  |  |
| Has the client ever made a mutual will? |  |

Family details

|  |  |
| --- | --- |
| Relationship: | [ ]  Spouse [ ]  Fiancé [ ]  De Facto Spouse |
|  | [ ]  Other |  |
| Full name: |  |
| Date of birth: |  |
| Dependant: | [ ]  Yes [ ]  No |
| Date of marriage (if applicable): |  |
| De facto relationship details: | *If unclear if in a de facto relationship, take notes about it.* |
|  |
| Other than the relationship above, is the client in a significant relationship with someone else? | [ ]  Yes [ ]  No*If yes, details* |
|  |
| Did any marriage, de facto relationship commence or end after the making of an existing will? | [ ]  Yes [ ]  No |
| *If yes:* *Advise the client of effect of any revocation of existing Will in the case of divorce.* |
| Will a marriage or de facto relationship be entered into in the future? | [ ]  Yes [ ]  No |
| *If yes* *advise about the potential revocation and consider whether or not the Will should contemplate the marriage.*  *advise that if the relationship transitions from a casual relationship to de facto then the Will may be able to be challenged.* |

Children’s details

|  |  |
| --- | --- |
| **CHILD DETAILS (1)** |  |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Dependant: | [ ]  Yes [ ]  No |
| Special needs: |  |
| Occupation: |  |

|  |  |
| --- | --- |
| **CHILD DETAILS (2)** |  |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Dependant: | [ ]  Yes [ ]  No |
| Special needs: |  |
| Occupation: |  |

|  |  |
| --- | --- |
| **CHILD DETAILS (3)** |  |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Dependant: | [ ]  Yes [ ]  No |
| Special needs: |  |
| Occupation: |  |

|  |  |
| --- | --- |
| **CHILD DETAILS (4)** |  |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Dependant: | [ ]  Yes [ ]  No |
| Special needs: |  |
| Occupation: |  |

Former spouse details

|  |  |
| --- | --- |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Dependant: | [ ]  Yes [ ]  No |
| Details of separation, including property settlement: |  |
| Occupation: |  |

Other dependants

|  |  |
| --- | --- |
| **OTHER DEPENDANT (1)** |  |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Enter details of dependency: |  |
| Special needs: |  |
| Occupation: |  |

|  |  |
| --- | --- |
| **OTHER DEPENDANT (2)** |  |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Enter details of dependency: |  |
| Special needs: |  |
| Occupation: |  |

Other relatives (who could claim financial dependency)

|  |  |
| --- | --- |
| Full name: |  |
| Address: |  |
| Date of birth: |  |
| Relationship: |  |
| Enter details of dependency: |  |
| Special needs: |  |
| Occupation: |  |

|  |  |
| --- | --- |
| Are there any other children including deceased: | [ ]  Yes [ ]  No |
| *If yes, please provide details* |
|  |  |  |  |
|  |  *Advise about FPA claim which may result in wishes not being carried out.* |

Property

|  |  |
| --- | --- |
| Real property: | [ ]  Leasehold [ ]  Freehold [ ]  Investment |
| Owner(s): |  |
| JC or TC |  |
|  | *Advise* *about Tenants in Common and Joint Tenants*  i*f Joint Tenants advise that joint real property automatically transfers to the surviving proprietor and does not form part of the estate nor cannot be gifted in a Will* *warn of risk an potential impact on estate if assets is owned differently to instructions*  *if manufactured home ask about site agreement and any obligations in there.*  |
| Value: |  |
| Mortgage amount: |  |

Bank account

|  |  |
| --- | --- |
| **BANK DETAILS (1)** |  |
| Bank, product and location: |  |
| Owner(s): |  |
|  |  *If joint advise that joint bank accounts automatically transfer to the surviving account holder and do not form part of the estate nor cannot be gifted in a Will* |
| Value: |  |

|  |  |
| --- | --- |
| **BANK DETAILS (2)** |  |
| Bank, product and location: |  |
| Owner(s): |  |
|  |  *If joint advise that joint bank accounts automatically transfer to the surviving account holder and do not form part of the estate nor cannot be gifted in a Will* |
| Value: |  |

|  |  |
| --- | --- |
| **BANK DETAILS (3)** |  |
| Bank, product and location: |  |
| Owner(s): |  |
|  |  *If joint advise that joint bank accounts automatically transfer to the surviving account holder and do not form part of the estate nor cannot be gifted in a Will* |
| Value: |  |

Life insurance

|  |  |
| --- | --- |
| Company, type and location: |  |
| Policy owner: |  |
| Life insured: |  |
| Joint? |  |
| Value |  |

Motor vehicle

|  |  |
| --- | --- |
| Make, Model, Year |  |
| Owner(s): |  |
| Joint? |  |
| Value |  |

Household contents

|  |  |
| --- | --- |
| Overall value: |  |
| Owner(s): |  |

Shares

|  |  |
| --- | --- |
| Type: |  |
| Register shareholder: |  |
| Broker / share register: |  |
| Number of shares: |  |
| Value: |  |

Loan to others

|  |  |
| --- | --- |
| Borrower: |  |
| Owner(s): |  |
| Is it in writing? | [ ]  Yes [ ]  No |
| Joint? |  |
| Value: |  |
| Is the loan to be forgiven on death? |  |

Superannuation

|  |  |
| --- | --- |
| **SUPER FUND (1)** |  |
| Name of fund: |  |
| Location: |  |
| Trustee: |  |
| Member: |  |
| Value: |  |
| Has a binding death nomination been made? | [ ]  Yes [ ]  NoIf yes, does it comply with the trust deed or legislation? [ ]  Yes [ ]  No |
| Does the nomination lapse or is non-binding? | [ ]  Yes [ ]  No |
|  | *If yes*  *advise client to renew nomination before expiry date and every expiry date there after* *If the nomination is not binding consider if the client can make a binding nomination* *If the nomination is not the same as the Will instructions, advise to update.* |

|  |  |
| --- | --- |
| **SUPER FUND (2)** |  |
| Name of fund: |  |
| Location: |  |
| Trustee: |  |
| Member: |  |
| Value |  |
| Has a binding death nomination been made? | [ ]  Yes [ ]  NoIf yes, does it comply with the trust deed or legislation? [ ]  Yes [ ]  No |
| Does the nomination lapse or is non-binding? | [ ]  Yes [ ]  No |
|  | *If yes*  *advise client to renew nomination before expiry date and every expiry date there after* *If the nomination is not binding consider if the client can make a binding nomination* *If the nomination is not the same as the Will instructions, advise to update.* |

|  |  |
| --- | --- |
| **SUPER FUND (3)** |  |
| Name of fund: |  |
| Location: |  |
| Trustee: |  |
| Member: |  |
| Value: |  |
| Has a binding death nomination been made? | [ ]  Yes [ ]  NoIf yes, does it comply with the trust deed or legislation? [ ]  Yes [ ]  No |
| Does the nomination lapse or is non-binding? | [ ]  Yes [ ]  No |
|  | *If yes*  *advise client to renew nomination before expiry date and every expiry date there after* *If the nomination is not binding consider if the client can make a binding nomination* *If the nomination is not the same as the Will instructions, advise to update.* |

|  |
| --- |
| *For all super funds advise** the differences / effect: binding nomination, non-binding nomination and no nomination at death;** the differences/ effect: lapsing and non-lapsing nominations; if Binding Death Benefit Nomination lapses and is not renewed before death;** that if no binding nomination or nomination lapses:** the superannuation trustee decides who to pay the benefit to;** it may be paid to the client’s estate or direct to a spouse, child or dependant; and** this could mean that the client’s superannuation is not received by the intended beneficiary;** that it is the client’s responsibility to diarise when nominations lapse; and** that the position as to whether the client’s attorney can make, renew, confirm, change a nomination is uncertain and depends on the facts of the matter, superannuation fund, terms of any deed and the provisions of the Powers of Attorney Act 1998 (Qld).** Advise of any consequences that the withdrawal of superannuation before death may have on the estate plan and giving effect to his/her wishes.** Client to check if binding nomination can be made – not up to us.* * Advise: if there is no current or binding nomination at the time of the Will-maker's death, the payment will be made by the trustee in their absolute discretion and may not accord with the Will-maker's intentions.* |

Liabilities - Credit Card / Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of liability (e.g. credit card, other) | Bank | Borrower | Security | Amount Owing |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Other will details

Other clauses

|  |  |
| --- | --- |
| Does the client require a clause saying the laws of QLD govern the estate? | [ ]  Yes [ ]  No |
| Standard revocation clause? | [ ]  Yes [ ]  No |
| Made in contemplation of marriage/divorce? | [ ]  Yes [ ]  No |
| Mutual Wills? | [ ]  Yes [ ]  No |

Executors

Advise the client:

 the role of executors;

 that more than one should be appointed and/or there be a successive appointment in the event that one of the executors is unwilling or unable to act;

 that they can appoint multiple executors, but they must act jointly and they cannot appoint any more than four;

 choose co-executors that are individually trusted; and

 although executors must act jointly, circumstances can arise where one executor acts independently without consulting the other co-executors to the detriment of the estate.

|  |  |
| --- | --- |
| **EXECUTOR (1)** |  |
| Full name: |  |
| Relationship to client: |  |
| Address: |  |
| Email address: |  |
| Phone number: |  |

|  |  |
| --- | --- |
| **EXECUTOR (2)** |  |
| Full name: |  |
| Relationship to client: |  |
| Address: |  |
| Email address: |  |
| Phone number: |  |

|  |  |
| --- | --- |
| **EXECUTOR (3)** |  |
| Full name: |  |
| Relationship to client: |  |
| Address: |  |
| Email address: |  |
| Phone number: |  |

|  |  |
| --- | --- |
| How are the Executors to act? | [ ]  Jointly [ ]  Successively |
|  | [ ]  Other |  |

Gifts

|  |  |
| --- | --- |
| All property to spouse or de facto partner? |  *All to spouse or else children equally* * What age do the children inherit?* * If the children are older than 18 – should include other beneficiaries* |
| *If yes the following gifts may apply if spouse or fiancé fail to survive me if no the estate to be divided as below* |

|  |  |
| --- | --- |
| **ASSET (1)** |  |
| Are they to be transferred free of duty or liability? | [ ]  Yes [ ]  No |
| Beneficiary full name: |  |
| Date of birth: |  |
| Age: |  |
| Relationship:  |  |

|  |  |
| --- | --- |
| **ASSET (2)** |  |
| Are they to be transferred free of duty or liability? | [ ]  Yes [ ]  No |
| Beneficiary full name: |  |
| Date of birth: |  |
| Age: |  |
| Relationship:  |  |

|  |  |
| --- | --- |
| **ASSET (3)** |  |
| Are they to be transferred free of duty or liability? | [ ]  Yes [ ]  No |
| Beneficiary full name: |  |
| Date of birth: |  |
| Age: |  |
| Relationship:  |  |

|  |  |
| --- | --- |
| **ASSET (4)** |  |
| Are they to be transferred free of duty or liability? | [ ]  Yes [ ]  No |
| Beneficiary full name: |  |
| Date of birth: |  |
| Age: |  |
| Relationship:  |  |

Residue of estate

|  |  |
| --- | --- |
| **BENEFICIARY (1)** |  |
| Beneficiary full name: |  |
| DOB: |  |
| Age: |  |
| Relationship:  |  |
| Percentage to inherit: |  |
| Held in trust to protect vulnerable beneficiary? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **BENEFICIARY (2)** |  |
| Beneficiary full name: |  |
| DOB: |  |
| Age: |  |
| Relationship:  |  |
| Percentage to inherit: |  |
| Held in trust to protect vulnerable beneficiary? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **BENEFICIARY (3)** |  |
| Beneficiary full name: |  |
| DOB: |  |
| Age: |  |
| Relationship:  |  |
| Percentage to inherit: |  |
| Held in trust to protect vulnerable beneficiary? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| **BENEFICIARY (4)** |  |
| Beneficiary full name: |  |
| DOB: |  |
| Age: |  |
| Relationship:  |  |
| Percentage to inherit: |  |
| Held in trust to protect vulnerable beneficiary? | [ ]  Yes [ ]  No |

Gifts to charity

|  |  |
| --- | --- |
| Do you want to leave any gifts (financial or otherwise) to charity? | [ ]  Yes [ ]  No*Specify the gift and to what charity*  |
| Are there any instructions on how the gift (financial or otherwise) is to be used? | *Advice** Need to make sure enough in residue to pay for debts.** With specific gifts instead of a dollar amount consider a percentage.* |

Debts

|  |  |
| --- | --- |
| Are outstanding debts to be paid from the estate? | [ ]  Yes [ ]  No |
|  | *Advice** Need to make sure enough in residue to pay for debts.** With specific gifts instead of a dollar amount consider a percentage.* |

|  |  |
| --- | --- |
| Comments about testamentary capacity |  |
|  |  |
| Any other will instructions? |  |

Guardians for minor children

|  |  |
| --- | --- |
| GUARDIANS FOR MINOR CHILDREN  | [ ]  Yes [ ]  No |
| Have you advised the appointment of a guardian is not binding and if challenged the court will appoint persons on the basis of the child’s best interest?  | *Full name, relationship, date of birth, address* |

Funeral arrangements

|  |  |
| --- | --- |
| Would you like to be:[ ]  Buried[ ]  Cremated | [ ]  Medical Research[ ]  Organ Donation  |
| Any special wishes regarding funeral arrangements? |  |

Appointment of enduring power of attorney

|  |  |
| --- | --- |
| What decisions do you want your attorneys to be able to make? | [ ]  **Personal (including health) maters only**. Personal matters relate to personal or lifestyle decisions. This includes decisions about support services, where and with whom you live, health care and legal matters that do not relate to your financial or property matters.  |
| Eligibility criteria for attorneys  | or[ ]  **Financial matters only.** Financial matters relate to your financial property affairs including paying for expenses, making investments, selling property or carrying on a business Or[ ]  **personal (including health) matters and financial matters**[ ]  Has capacity to make decisions for the matter they are being appointed for[ ]  18 years older[ ]  Not be a service provider for a residential service if you are a resident there[ ]  For a financial matter not be bankrupt or taking advantage of bankrupt laws[ ]  Not be your paid carer in the previous three years (note: a paid carer is someone who is paid a fee or wage, not someone receiving a carer’s pension.)  |

Appointment of enduring power of attorney (personal and health matters)

|  |  |
| --- | --- |
| **Previous power of attorney?**Have you made a power of attorney (personal and health matters) before? Have you advised the client to destroy the power of attorney and any copies?  |  |
| Directions to your attorney (e.g. client's views on where they would prefer to live, healthcare preferences, other wishes/ preferences) |  |
| Attorney(s) |
| **ATTORNEY (1)** |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
| ATTORNEY (2) |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
| ATTORNEY (3) |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
| **ATTORNEY (4)** |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
|  |
| Do you want to appoint alternative attorneys? | *Name, address, occupation, DOB, relationship to client, phone and email* |
| When do you want the power of attorney (personal and health matters) to start?  | [ ]  Once a medical practitioner considers that the client is unable to manage their affairs (and provides a document to that effect? (only option for health/ personal matters). |
| Do you want your attorneys to make decisions: | [ ]  Jointly[ ]  Severally[ ]  By majority (specify - more than half, two thirds, other)[ ]  Other (successively, alternatively)  |
| Any further instructions for your attorney(s), including general terms? |  |
| Who to notify? (personal matters) | The attorney is to notify when exercising powers: [ ]  Our client[ ]  The other attorney(s)[ ]  The nominated person(s) below(full name, address, phone number, email) |
| What to notify? | The attorney(s) must provide the following to the person(s) nominated above:* + - 1. Written notice that my attorney(s) intend to begin exercising power for personal and health matters under this enduring power of attorney before exercising the power for the first time
			2. Other information (provide below - what information and how often to be provided)
 |
|  |
| Appointment of enduring power of attorney (financial matters) |
| Have you made an enduring power of attorney (financial matters) before?  |  |
| Directions to your Attorney (e.g. instructions on how to manage financial accounts, assets,investments, pay expenses, carry on a business, sell property etc.) |  |
|  |
| Attorney(s) |
| ATTORNEY (1) |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
| ATTORNEY (2) |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
| ATTORNEY (3) |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
| ATTORNEY (4) |  |
| Full name: |  |
| DOB: |  |
| Address: |  |
| Relationship to you: |  |
| Occupation: |  |
| Phone: |  |
| Email:  |  |
|  |
| Do you want to appoint alternative attorneys? | *Name, address, occupation, DOB, relationship to client, phone and email* |
| When do you want the power of attorney to start?  | [ ]  Once a medical practitioner considers that the client is unable to manage their affairs (and provides a document to that effect)?[ ]  Once the attorney have accepted his/her appointment by signing this document?[ ]  At a specific time (specify the time)? |
| Do you want your attorneys to make decisions: | [ ]  Jointly[ ]  Severally[ ]  By majority (more than half, two thirds)[ ]  Other (successively, alternatively)  |
| Any further instructions for your attorney(s)? |  |
| Who to notify? | The attorney is to notify when exercising powers: [ ]  Our client[ ]  The other attorney(s)[ ]  The nominated person(s) below:(name, address, DOB, phone, email) |
| What to notify? | The attorney(s) must provide the following to the person(s) nominated above:[ ]  Written notice that my attorney(s) intend to begin exercising power for financial matters under this enduring power of attorney before exercising the power for the first time[ ]  All financial records and accounts[ ]  Records relating to transactions over the amount of $................[ ]  Records and accounts for all assets including property, investments and vehicles[ ]  Summaries of income, expenditure and assets[ ]  Copies of financial management plans and financial advice obtained[ ]  Other information (provide below - what information and how often to be provided)  |
| When to notify? | [ ]  On request at any time by the nominated person[ ]  On a regular timeframe (specify timeframe such as annually or EOFY)  [ ]  Other (specify)  |

Referral information

|  |
| --- |
| Referral made: [ ]  Yes [ ]  No |

Add in referral information

|  |  |  |  |
| --- | --- | --- | --- |
| Time spent with client: |  |  |  |
| Legal Practitioner name: |  |  |  |
| Legal Practitioner signature: |  | Date: |  |
| Responsible / Nominated Person signature: |  | Date: |  |