

Client Instruction Form

Confidential

Date: _____

Please complete (type or write) the following information.

This form will assist you and the solicitor to prepare your Will. If you are not able to answer all the questions, the solicitor will be able to assist you.

Please note

- Our volunteer solicitors generally prepare simple Wills. They can also prepare complex Wills, at extra cost. Please obtain a cost estimate, before proceeding
- Under NSW estate planning law, each person needs their own Will
- Identification - Driver's Licence and Medicare Card are preferred. Passport, Birth certificate, Marriage Certificate are additional methods of identification.
- Bring your current Will to the appointment if this is to be updated. There may be relevant information that can be brought into your new Will
- Provide names, addresses and contact details of people you are appointing as Enduring Powers of Attorney and/or Enduring Guardianship.

Your full name _____

Other names you are known by _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Occupation _____

Date of birth _____ Marital status _____

Full name of spouse or partner (if applicable) _____

Is there an existing will? Yes No

Full name, date of birth, age, address of your children (if applicable)

1. _____

2. _____

3. _____

4. _____

Do any of your children have any special needs Yes No

If you have a child/children under the age of 18, who is to be the guardian?

Full name _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Is this person aware that you would like them to be the guardian of your children? Yes No

Who is, or are, to be your executor/s?

Full name _____

Relationship _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Full name _____

Relationship _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Who is, or are, to be your alternative executor/s?

Full name _____

Relationship _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Full name _____

Relationship _____

Address _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

What assets do you own?

Please include the location of required documents for each asset, for example, property title/s.

Financial and Property Ownership

Bank Accounts

Please tick all that apply to your bank accounts:

Held in your name only

Held jointly with another person

Held in a business name

Held in a company name

Other: _____

Please tick the option that applies to your property assets:

Owned as tenants in common

Other: _____

Who will benefit from your Will? (that is, your beneficiaries)?

Please select your option(s):

In case my spouse/partner does not survive, I would like to leave everything to my:

In case my child/children do not survive, I would like to leave everything to my:

Then

Or everything to someone else

Full name and relationship _____

Address _____

Gift

Do any of your beneficiaries have any special needs	Yes	No

Many people like to leave a gift to charity in their Will. Are there any causes you are passionate about and would like to support in this way? Is there a family member you would like to honour by making a tribute gift to charity in your Will?

Would you like to support Wesley Mission by including a gift in your Will? Yes No

If Yes - Details of your gift will be held in confidence.

Details of your bequest (i.e. percentage or amount).

Can the solicitor inform Wesley Mission of your gift? Yes No, I would prefer my gift to stay anonymous

I would consider a gift in my Will but would like more information from Wesley Mission before doing so.

Please send me more information regarding Wesley Mission Community Services.

Specific burial/cremation/organ donation request (if any please note: preferable to advise your next of kin in advance):

Superannuation/Life Insurance

Super Fund name/Life Insurance company _____

Note: *Superannuation and Life Insurance is more often dealt with outside of your Will/Estate by the rules of the Fund/Policy agreement

Details _____

Is a binding nomination required: Yes No

Do you have a Self-Managed Super Fund? Yes No

Name of Super Fund _____

Do you own or have assets overseas Yes No

(*Note: if the answer is yes, a simple Will may not cover your needs. Your solicitor will provide you with further information)

Family provision orders

Is there anyone that you are deliberately leaving out of the Will – eg. children, spouse, or financial dependent.

(*Note if the answer is yes, a simple Will may not cover your needs and may require a separate testamentary statement)

Yes No

Include your reasons: _____

Are you appointing Enduring Powers of Attorney and Enduring Guardianship?

Yes No

Enduring Power of Attorney and Enduring Guardianship details:

(*Note: is the Enduring Power of Attorney to operate immediately or only if you lose capacity)

Name of appointee/s _____

Address _____

Occupation _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Name _____

Address _____

Occupation _____

Phone (home) _____ (work) _____ (mobile) _____

Email _____

Relationship to testador / testatrix of Guardian of minor children _____

Important Note: the cost of preparing the enduring Power of Attorney and Enduring Guardianship instruments and if applicable the testamentary statement is separate to the preparation of your Will and is payable to the law firm and the test supplement if applicable.

Payment must be made at the time of signing all documents.

Please discuss with your solicitor how to securely store your documents. Please ensure that your executor/s and other important people in your life know where they are stored. This Client Instruction Form will become part of your confidential legal file which will be securely held by your solicitor at their law firm.

Wesley Mission

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Wesley Mission is a part of the Uniting Church in Australia.