

**INITIAL INSTRUCTIONS**

**FOR PREPARATION OF FINAL WILL**

**AND TESTAMENT**

*Strictly Confidential*

CMS Legal

14/405-407 Oxford St

Mount Hawthorn WA 6006

P: 08 9207 1866

F: 08 6311 7299

E: reception@cmslegal.com.au

**PART A: PERSONAL DETAILS**

*Title:*   Mr  Mrs  Ms  Miss  Dr  Other

*Full name:*

*Other names used:*

*Home address:*

*Business address:*

*(if applicable)*

*Telephone (home): Telephone (work):*

*Telephone (mobile): Facsimile:*

*Date of birth:*

*Occupation:*

*(or last occupation)*

*Marital status:*  Single  Married  Separated Divorced  Widowed

De Facto  Other:

*(This is important to determine whether someone may make a claim against your estate)*

*If you are unmarried, do you have plans to marry?*  Yes  No

*(A marriage revokes a Will unless the Will itself anticipates the marriage)*

*Full and correct name, address and occupation of your spouse, partner, or intended spouse:*

*A divorce revokes a Will unless the Will is made in contemplation of the divorce. Do you want this Will to be made in contemplation of a divorce?*  Yes  No

*Do you have an existing Will?*  Yes  No

*If you checked “yes”, you will need to provide us with a copy of your existing Will.*

*Buried or cremated?*

*(Include any details as such)*

**PART B: EXECUTOR**

An Executor must be selected by you to administer your estate thereby giving effect to the Will. Please ensure that the Executor is a person you trust to carry out their duties to administer the Will. This person may be a beneficiary, friend, solicitor, accountant, financial adviser or child over 18 years of age. It is important that this person has knowledge of their appointment and accepts the role as Executor.

*Full name of Executor:*

*Address:*

*Occupation:*

*(or last occupation)*

*Relationship to you:*

*Is this Executor to be named with someone else as an Executor?*  Yes  No

*If yes, please complete the following:*

*Full name of Executor:*

*Address:*

*Occupation:*

*(or last occupation)*

*Relationship to you:*

*In the event your selected Executor(s) dies before you, please provide an Alternate Executor:*

*Full name of Alternate*

*Executor:*

*Address:*

*Occupation:*

*(or last occupation)*

*Relationship to you:*

**PART C: CHILDREN**

Please provide the following information regarding your children including those children who are adopted or from a previous marriage.

*Given name(s): Last name:*

*Address:*

*Date of birth: Financially dependent on you?* Yes  No

*Given name(s): Last name:*

*Address:*

*Date of birth: Financially dependent on you?* Yes  No

*Given name(s): Last name:*

*Address:*

*Date of birth: Financially dependent on you?* Yes  No

*Given name(s): Last name:*

*Address:*

*Date of birth: Financially dependent on you?* Yes  No

*Given name(s): Last name:*

*Address:*

*Date of birth: Financially dependent on you?* Yes  No

**PART D: DEPENDENTS**

Please provide information regarding any other person who is partially or wholly financially dependent on you. This may include de facto partners or any relatives who might have a right to claim under *The Inheritance Act.*

*Full name:*

*Address:*

*Occupation:*

*Date of birth: Relationship to you:*

*Full name:*

*Address:*

*Occupation:*

*Date of birth: Relationship to you:*

*Full name:*

*Address:*

*Occupation:*

*Date of birth: Relationship to you:*

**PART E: ASSETS & LIABILITIES**

*Assets owned solely by you:*

*Assets owned jointly by you and any other person(s):*

*Liabilities solely attributed to you:*

*Liabilities shared jointly by you and any other person(s):*

*Check the boxes below if you have an interest in any of the following:*

Family Trust/Unit Trust  Superannuation  Business/Partnership

Insurance Policies

*If you have checked any of the above boxes, you will need to provide us with details of your interest(s), copies of the Trust Deeds, partnership papers or business constitution and policy documents.*

**Note:**

*The following property does not pass under a Will –*

1. *property, including bank accounts or deposits, owned jointly with another person;*
2. *superannuation monies where the Trustee of the fund has a discretion to pay various dependents or relatives;*
3. *assets of a Family Trust;*
4. *insurance policies on the life of the deceased which are owned by another person;*
5. *the assets of companies (including private shares).*

*However, interests in a business/partnership and shares in private companies may pass according to an agreement.*

**PART F: YOUR ESTATE**

***1. GIFTS***

*Do you wish to make any specific gifts under your will?* Yes  No

*(Gifts may include money, possessions, property, shares etc)*

*If you checked “yes” above, please provide the following information:*

*Full name of recipient:*

*Details of gift:*

*Full name of recipient:*

*Details of gift:*

*Full name of recipient:*

*Details of gift:*

*Full name of recipient:*

*Details of gift:*

***2. BENEFICIARIES***

A beneficiary is any person or entity that receives a gift or benefit from your estate. You may describe how you would like the assets of your estate to be distributed between children, family members or entities.

***Beneficiaries:***

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

***Alternate Beneficiaries***

*Provide alternate beneficiaries in the event that the above person(s) die before you:*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

*Given name(s): Last name:*

*Address:*

*Date of birth: Relationship to you:*

*Detail(s) of gift or benefit:*

*Age upon to receive benefit:*

*(A beneficiary inherits the benefit(s) at 18 years unless a later age is provided)*

***Testamentary Trust***

A testamentary trust is a separate entity for tax purposes. It is similar to a person or a company, and can own and hold assets such as cash, real estate, land, shares etc., can invest and can operate businesses.

Separate legal advice may be required to prepare a testamentary trust.

*Do you wish to prepare a Testamentary Trust?*  Yes  No

*If you checked “yes” to the above, provide the following information:*

*Trustees:*

*Purpose:*

*Term:*

*Beneficiaries:*

*Purpose:*

***3. GUARDIANS***

In the event that both parents of a child(ren) pass away before the child(ren), you may nominate an adult person as a guardian. A guardian takes responsibility for the welfare and care of your child(ren).

*Given name(s): Last name:*

*Address:*

*Occupation: Relationship to you:*

**ADDITIONAL INFORMATION**

We advise that the information contained within this document will be kept ***strictly confidential.***

In the event you would like our practitioners to liaise with any other person (accountant, financial adviser etc) regarding your Will or financial affairs, please provide their information –

*I authorise CMS Legal to liaise with the following people regarding my Will and financial affairs:*



*Signed:*

*(Print or type name in substitution for signature)*

***In the event that I die before executing a formal Final Will and Testament made in accordance with the instructions contained within this document, I confirm that it is my intention that this document will constitute my Final Will and Testament.***

Please be advised:

1. in the event your instructions contained in this document are not clear, this document will not be considered a Final Will and Testament.
2. if you check “yes” below, this document may revoke part or all of your existing Will to the extent that its contents are inconsistent with the terms contained in your existing Will. A revocation of part or all of your existing Will may have consequences for your estate upon your death.
3. providing a date on this form below ensures that these instructions can be identified as your final written instructions.

**Yes**  **No**

*Signed:* *Date:*

(*Print or type name in* *substitution for signature)*

**We advise that you must attend our offices in person to formalise your Final Will and Testament.**

**Please contact our office on (08) 9207 1866 with any queries you may have.**