



QBM Lawyers

Will & Enduring Power of Attorney Instruction Sheet

Please complete this form with as much detail as you can. If you are unsure of anything, please write your questions on the form.

WILL INSTRUCTIONS

Your Will is a legal document that expresses your wishes as to how and where you would like your property and assets are to be distributed.

Client Name:

1.	Personal Information	
1.1	Full Name:	
1.2	Email:	
1.3	Mobile:	
1.4	Date of Birth:	
1.5	Residential Address:	
1.6	Your Occupation:	
1.7	Do you have an existing Will?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide us with a copy if you have it
1.8	What is your marital status? Please provide a name under the correct status.	
	Single:	Yes <input type="checkbox"/>
	Engaged to:	
	Married to:	
	De facto relationship with:	
	Married to but separated from: Divorced from:	
1.9	Do you have any children? (Natural or Legally Adopted)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please list their name, age, and address. If no , go to section 2 .



QBM Lawyers

Will & Enduring Power of Attorney Instruction Sheet

	First Child:	
	Name:	
	Age:	
	Address:	
	Second Child:	
	Name:	
	Age:	
	Address:	
	Third Child:	
Name:		
Age:		
Address:		

2.	Executors	
		Your executor is the person named in your will who has the power to deal with your assets after you die. You should nominate a person that you trust for this role. We normally recommend that you nominate more than one executor or a backup executor (in case your first executor loses capacity). The maximum number of executors you may appoint is four.
2.1	First Executor:	
	Full Name:	
	Address:	
	Phone:	
	Email:	
	Relationship to you (if any) {e.g., brother, daughter}:	
2.2	Backup Executor:	
	Full Name:	
	Address:	
	Phone:	
	Email:	


QBM Lawyers
 Will & Enduring Power of Attorney Instruction Sheet

	Relationship to you (if any) {e.g., brother, daughter}:	
--	---	--

3.	Guardian of Minor Children	
3.1	Do you wish to nominate a guardian of your minor children (if any)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide the following:
	Full Name:	
	Address(es):	
	Relationship to you (if any) {e.g., brother, sister}:	

4.	Assets		
4.1	Do you own any real estate?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide a full description of the following:	
		Property Address:	Joint Tenants/ Tenants in Common
			Property Value:
4.2	Do you own any shares in listed companies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide the following:	
		Holding Company:	Total Shares Hold:



QBM Lawyers

Will & Enduring Power of Attorney Instruction Sheet

4.3	Do you own a business?	Yes No If yes, please provide details below:		
4.4	Are you a trustee, appointer, or beneficiary of any trusts (ie. a family trust or unit-trust)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide the following:		
	Name of Trust:			
	A copy of the Trust Deed:	Do you hold a copy of the Trust Deed? If so, please provide this to our office.		
	Position or interest held and description of what the trust does:			
4.5	Do you hold Life Insurance Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide the following:		
		Insurance Provider:	Policy Number/ Reference:	Beneficiaries:
4.6	Do you have a Self-Managed Super Fund?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide us with details and your Death Nomination Form (if any).		
4.7	List any assets (other than those already noted above) that you specifically want to gift in your			


QBM Lawyers
 Will & Enduring Power of Attorney Instruction Sheet

Will (e.g. cash, jewellery, art, vehicles, or other valuable property)		
	Gift:	Beneficiary Name:
1.		
2.		
3.		
4.		
5.		
6.		

5.	Disposal of Body	
5.1	Do you want to nominate how to dispose of your body, or organ donation in your Will?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide wishes regarding burial, cremation and/or organ donation.

6.	Residue Estate - <i>the balance of your estate after the deduction of liabilities and expenses.</i>	
6.1	Option 1 - Basic option	To your partner/spouse and then to your children equally (if any) If your partner/spouse AND your children have died before you, where do your assets go? (e.g., grandchildren, parents, charity) Yes <input type="checkbox"/> No <input type="checkbox"/>
6.2	Option 2 - Percentages	Split your assets to nominated people in nominated percentages. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following:
	Person 1	
	Full Name:	
	% of remainder of Estate:	
	Person 2	
	Full Name:	
	% of remainder of Estate:	
	Person 3	
	Full Name:	


QBM Lawyers
Will & Enduring Power of Attorney Instruction Sheet

	% of remainder of Estate:	
6.3	Option 3 - Other	If the above sections do not reflect your wishes, please provide details below.
	1.	
	2.	
	3.	
	4.	

7.	Other Matters
7.1	<p>Would you like to discuss Power of Attorney / Advanced Health Directive with us? If yes, please go to Section 8.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7.2	Do you have any other questions?
	1.
	2.
	3.
	4.
	5.

8.	Enduring Power of Attorney	
	<p>An Enduring Power of Attorney allows you (the principal) to appoint someone you trust (an attorney) to make decisions about personal (including health) matters and/or financial matter for you. An attorney for personal matters (including health matters) can only make decisions for you when you do not have capacity to make those decisions. You can decide when your attorney's power commences for financial matters.</p>	
8.1	Appointing your Attorney/s	Please fill out the below information to appoint your attorney/s
	Person 1	
	Full Name:	
	Address:	
	Mobile Number:	
	Email Address:	
	Relationship to you:	


QBM Lawyers
 Will & Enduring Power of Attorney Instruction Sheet

	Person 2	
	Full Name:	
	Address:	
	Mobile Number:	
	Email Address:	
	Relationship to you:	
	Person 3	
	Full Name:	
	Address:	
	Mobile Number:	
	Email Address:	
	Relationship to you:	
8.2	What decisions can your attorney/s make?	
	Personal (including health) matters only	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Financial matters only	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Personal (including health) matters and financial matters	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.3	When does your attorney/s power begin for financial matters? Select one box only	
	Immediately; OR	
	When I do not have capacity to make decisions for financial matters; OR	
	At this time, or in this circumstance, or on this occasion	(Please specify the time, circumstance or occasion) <input type="checkbox"/>
8.4	How must your attorney/s make decisions? <i>(Only complete if you have appointed more than one attorney)</i>	
	Jointly; OR	(all of your attorneys must agree on all decisions) <input type="checkbox"/>
	Severally; OR	(any one of my attorneys may decide) <input type="checkbox"/>
	By a majority; OR	(more than half of my attorneys must agree on all decisions) <input type="checkbox"/>



Will & Enduring Power of Attorney Instruction Sheet

	Other - (i.e. Jointly and severally, or appointing a successive or alternative attorney)	If you choose other; please specify how you want the attorneys to make decisions:
--	--	---