



## WILL & POA INSTRUCTIONS

Date:	
Financial Planner:	
Willmaker 1 full name:	
Willmaker 1 full address:	
Willmaker 1 occupation:	
Willmaker 1 DOB:	
Willmaker 2 full name:	
Willmaker 2 full address:	
Willmaker 2 occupation:	
Willmaker 2 DOB:	
Contact telephone number (h):	
Contact telephone number (m):	
Contact email:	
Date of Marriage:	
<b>Details of prior relationships</b>	
Willmaker 1:	
Willmaker 2:	

<b>Children</b>			
Full name child (1):			
Address child (1):			
DOB child (1):			
Full name child (2):			
Address child (2):			
DOB child (2):			
Full name child (3):			
Address child (3):			
DOB child (3):			
Full name child (4):			
Address child (4):			
DOB child (4):			
<b>Family Tree:</b>			
Notes on family tree:			
Other financial dependents?			
Details of other financial dependents			

<b>Assets</b>	
Description	Value
<b><i>Real Estate</i></b>	
<b><i>Shares/Managed Funds</i></b>	
<b><i>Cash/other</i></b>	
<b><i>Superannuation</i></b>	
<b><i>Superannuation Binding Death Nomination</i></b>	If no, advise client to update
	Yes / No
	Yes / No

<b>Standard Will or Testamentary Trust:</b>	
<b>Appointment of Executor</b>	
Executor (1a) full name:	
Executor (1a) address:	
Executor (1a) occupation:	
Relationship to willmaker:	
Executor (1b) full name:	
Executor (1b) address:	
Executor (1b) occupation:	
Relationship to willmaker:	
Nature of appointment: (joint/ joint & several)	
Executor (2a) full name:	
Executor (2a) address:	
Executor (2a) occupation:	
Relationship to willmaker:	
Executor (2b) full name: (Child)	
Executor (2b) address:	
Relationship to willmaker:	
Executor (2b) occupation:	
Nature of appointment: (joint/ joint & several)	

<b>Appointment of Guardian</b>	
Guardian (1) full name:	
Guardian (1) address:	
Guardian (1) occupation:	
Relationship to willmaker:	
Guardian (2) full name:	
Guardian (2) address:	
Guardian (2) occupation:	
Relationship to willmaker:	
<b>Specific gifts:</b>	
Details of gifts to be provided by email from client after consultation	Yes / No
Description of gift (1)	
Full name of recipient of gift (1)	
When gift to be given (ie. Upon death of willmaker or after death of spouse)	
Description of gift (2)	
Full name of recipient of gift (2)	
When gift to be given (ie. Upon death of willmaker or after death of spouse)	
Description of gift (3)	
Full name of recipient of gift (3)	
When gift to be given (ie. Upon death of willmaker or after death of spouse)	

<b>Primary Distribution of Estate</b>			
Full name of beneficiary (1):			
Proportion of estate to beneficiary (1)			
Full name of beneficiary (2):			
Proportion of estate to beneficiary (2)			
Full name of beneficiary (3):			
Proportion of estate to beneficiary (3)			
Full name of beneficiary (4):			
Proportion of estate to beneficiary (4)			
<b>Distribution of Residuary Estate</b>			
Age of majority: (18/21/25)			
Funeral Arrangements:			

Notes:

## POWERS OF ATTORNEY

### *Enduring Power of Attorney (Financial)*

Donor's full name:	
Donor's full address:	
Donor's occupation:	
Attorney (1a) full name:	
Attorney (1a) address:	
Relationship to willmaker:	
Attorney (1b) full name:	
Attorney (1b) address:	
Relationship to willmaker:	
Nature of appointment: (joint/ joint & several)	
Alternate Attorney (1) full name:	
Alternate Attorney (1) address:	
Relationship to willmaker:	
Limitations:	

***Enduring Power of Attorney (Medical)***

Donor's full name:	
Donor's full address:	
Donor's occupation:	
Agent (1) full name:	
Agent (1) address:	
Relationship to willmaker:	
Alternate Agent (1) full name:	
Alternate Agent (1) address:	
Relationship to willmaker:	