



The purpose of this questionnaire is to assist you to decide whether you need an Asset Protection Plan and Trust, and if so to record the information needed to prepare it. Further copies can be downloaded from [http://www.rossholmes.co.nz/trusts\\_chart.pdf](http://www.rossholmes.co.nz/trusts_chart.pdf). The questionnaire has been divided into 4 parts:

1	Do I need to set up an Asset Protection Plan and Trust?	3	My wishes for the asset protection plan.
2	My details	4	My financial position

**Part 1 Do I need an asset protection plan?**

**Disability or death risk. Do I have:**

Enduring powers of attorney  Yes  No Enough life assurance  Yes  No

**Investments and loans. I am:**

Buying a property in the near future:  Yes  No Paying taxation at 39%  Yes  No

Have a good investment plan  Yes  No Loss making rental properties  Yes  No

**Relationship risks. It is important:**

for me to protect assets against partners  Yes  No that children's inheritances are protected against partners and others  Yes  No

I am married or in a live in relationship and have been for: \_\_\_\_\_ years to protect assets I owned before my relationship  Yes  No

**Children. It is important**

My children have special needs  Yes  No Details:

**Business and creditor risks**

I have my own business now  Yes  No I am likely to go into business in future  Yes  No

It is important to me to protect my assets against business failure, fines and being sued  Yes  No

**Government risks: It is important to me to protect my assets against**

Estate duty or capital gains tax  Yes  No Geriatric care costs  Yes  No

**Trusts and wills**

I have a Trust  Yes  No I have an up to date will  Yes  No

If you have answered most of the above questions yes, then it is important that you establish an asset protection plan including a Trust.

<b>Part 2 My Details</b>	Partner 1	Partner 2 (and relationship to first person)
Are you married or a couple	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage:
My full names: a. (as it is on my passport or birth certificate):		
My occupation:		
Street address:		
Postal address:		
Suburb/City and post code:		
IRD numbers		
Business Phone:		
Mobile Phone:		
Home Phone:		
Email:		
Fax:		
Date of birth:		
I have serious health problems. If yes please, give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
My First Child: Full Names and date of birth:		
My Second Child: Full Names and date of birth:		
My Third Child: Full Names and date of birth:		
My Fourth Child: Full Names and date of birth:		
Full names of <b>guardians</b> for children under 18 <b>for your wills</b> :		
Full names of backstop guardians:		
<b>My bank and branch:</b>		Phone Number:
Postal address:		Email or Fax Number:
<b>My accounting firm</b> (if any):	Firm:	Accountant:
Phone Number:		Email or Fax Number:
Postal address:		
<b>My financial planners</b> (if any):	Firm:	Accountant:
Phone Number:		Email or Fax Number:
Postal address:		

### Part 3 My wishes for the asset protection plan

My wishes after death	Partner 1	Partner 2
I wish the life support system to be turned off if there is no hope	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to be buried or cremated	<input type="checkbox"/> Buried <input type="checkbox"/> Cremated	<input type="checkbox"/> Buried <input type="checkbox"/> Cremated
My wishes as to a funeral service are		
I wish to donate organs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes I want these restrictions	I give any needed organs, tissues, or parts except my [insert details] the following organs, tissues, or parts only [insert details] to be used for: any purpose authorised by law. <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <input type="checkbox"/> [tick yes to include any one or more] transplantation. <input type="checkbox"/> research. <input type="checkbox"/> therapy. <input type="checkbox"/> education. My organs, tissues, or parts should if possible be given to relatives of mine. <input type="checkbox"/> Yes <input type="checkbox"/> No If my relatives do not need organs, tissues, or parts, I desire that my organs, tissues, or parts be given to any other donee. <input type="checkbox"/> Yes <input type="checkbox"/> No	I give any needed organs, tissues, or parts except my [insert details] the following organs, tissues, or parts only [insert details] to be used for: any purpose authorised by law. <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <input type="checkbox"/> [tick yes to include any one or more] transplantation. <input type="checkbox"/> research. <input type="checkbox"/> therapy. <input type="checkbox"/> education. My organs, tissues, or parts should if possible be given to relatives of mine. <input type="checkbox"/> Yes <input type="checkbox"/> No If my relatives do not need organs, tissues, or parts, I desire that my organs, tissues, or parts be given to any other donee. <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Powers of Attorney, Wills &amp; Trusts:</b>		
Trustee(s) of my will, Trustees of the Trust after my death, and property attorneys after my incapacity (all of whom should be the same for consistency). [All over 20]	My partner on their own: <input type="checkbox"/> Yes <input type="checkbox"/> No My partner with others: <input type="checkbox"/> Yes <input type="checkbox"/> No Children over 20: <input type="checkbox"/> Yes <input type="checkbox"/> No Others: <input type="checkbox"/> Yes <input type="checkbox"/> No Full names of others:	My partner on their own: <input type="checkbox"/> Yes <input type="checkbox"/> No My partner with others: <input type="checkbox"/> Yes <input type="checkbox"/> No Children over 20: <input type="checkbox"/> Yes <input type="checkbox"/> No Others: <input type="checkbox"/> Yes <input type="checkbox"/> No Full names of others:
My backstop Trustee(s) of my will, Trustees of the Trust after my death, and property attorneys after my incapacity. If you want more than one person together name them both as first: [All over 20] You should always have a backstop.	First: Children over 20: <input type="checkbox"/> Yes <input type="checkbox"/> No Others:  Second:	First: Children over 20: <input type="checkbox"/> Yes <input type="checkbox"/> No Others:  Second:
Welfare attorneys to look after my welfare if I am incapacitated: [One at a time] All must be 20 now.	First: My partner on their own: <input type="checkbox"/> Yes <input type="checkbox"/> No First/Second: Children over 20: <input type="checkbox"/> Yes <input type="checkbox"/> No In age order: <input type="checkbox"/> Yes <input type="checkbox"/> No Others: Second: Third: Fourth:	First: My partner on their own: <input type="checkbox"/> Yes <input type="checkbox"/> No First/Second: Children over 20: <input type="checkbox"/> Yes <input type="checkbox"/> No In age order: <input type="checkbox"/> Yes <input type="checkbox"/> No Others: Second: Third: Fourth:

<b>Trusts: I want the Trust to be called:</b>		
<b>Trustees of trusts</b>		
I want my own trustee company as trustee of the Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
OR I want to be a trustee of the Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I want my partner to be a trustee of the Trust now	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I want others (insert full names) to be trustees of the Trust now (not needed):	Full names:	Full names:
Who is to be the Protector after your death	The dispute resolver with power to hire and fire trustees after your death or incapacity	
First	You <input type="checkbox"/> Yes <input type="checkbox"/> No	You <input type="checkbox"/> Yes <input type="checkbox"/> No
Second	Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I want to exclude the following as a beneficiary</b>		
Future Partners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children's partners	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>When I die (in the case of a couple on the death of the first of us) I want my assets to go to:</b>		
Do you wish to make provision for the care of pets after your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make any specific gifts in your will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach details:
All to my Partner. If no: my partner is to receive the following interest, assets or percentage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no: my children are to receive the following interest, assets or percentages:		
If no: others (include full names) are to receive the following interest, assets or percentage:		
In the case of a couple <b>on the death of both of us</b> I want the children to receive this interest, assets or percentages:	Equally: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equally: <input type="checkbox"/> Yes <input type="checkbox"/> No
In the case of a couple <b>on the death of both of us</b> I want the following (include full names) to receive this interest, assets or percentage:		
If my children die before me I want their children to receive this interest, assets or percentage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I want them to benefit at age:	<input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Other - Specify	<input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> Other - Specify
I want them to benefit by: Compulsory trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optional trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inherit personally (not a recommended option)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary beneficiaries: If all the above die I wish the following (include full names) to receive this interest, assets or percentage:	Equally: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equally: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Part 4 My financial position

Income Details:	Partner 1	Partner 2
Yearly self employed income:	\$	\$
Yearly interest and dividend income:	\$	\$
Yearly employee income:	\$	\$
Yearly rental property income or losses	\$	\$
<b>My income producing assets:</b>		
Term deposit or investment account details: Name of Bank/Issuer: Amount on deposit:		
Term deposit or investment account details: Name of Bank/Issuer: Amount on deposit:		
<b>Life insurance policies:</b> The insurance company's name: Policy number(s): Policy owner(s): Life(s) assured: Current surrender value:		
<b>Life insurance policies:</b> The insurance company's name: Policy number(s): Policy owner(s): Life(s) assured: Current surrender value:		
<b>Superannuation Details:</b> Company name: Owned by: Policy Number Current surrender value:		
<b>My assets which are likely to increase in value are:</b>		
<b>Unit Trusts and Shares:</b> Name of Company/Trust Reference number Number of Shares/Units: Current Value of Shares/Units: Date of valuation:		
<b>Properties:</b> Address: Current Value \$ Latest government valuation \$ Certificate of title number:	<b>My family home</b> \$ \$	<b>My family home</b> \$ \$
<b>There is a mortgage against the title:</b> Is there a penalty for early repayment if the Trust purchases the property?: Name of lender: Address: Amount owed to lender \$ The property the loan relates to is:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fixed interest <input type="checkbox"/> Floating <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fixed interest <input type="checkbox"/> Floating <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Properties:</b> Address: Current Value \$ Latest government valuation \$ Certificate of title number:	<b>My holiday home</b> \$ \$	<b>My holiday home</b> \$ \$
<b>There is a mortgage against the title:</b> Is there a penalty for early repayment if the Trust purchases the property?: Name of lender: Address: Amount owed to lender \$ The property the loan relates to is:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fixed interest <input type="checkbox"/> Floating <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fixed interest <input type="checkbox"/> Floating <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Rental properties:</b> Address: Current Value \$ Latest government valuation \$ Certificate of title number: The properties annual loss is: Other income from investments can offset that loss:	<b>My rental property</b> \$ \$ \$ <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>My rental property</b> \$ \$ \$ <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>There is a mortgage against the title:</b> Is there a penalty for early repayment if the Trust purchases the property?: Name of lender: Address: Amount owed to lender \$ The property the loan relates to is:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fixed interest <input type="checkbox"/> Floating <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fixed interest <input type="checkbox"/> Floating <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
Total depreciation claimed for the rental properties are:	Buildings \$ Chattels \$	Buildings \$ Chattels \$
I am GST registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No GST reg no:	<input type="checkbox"/> Yes <input type="checkbox"/> No GST reg no:
<b>My other Assets:</b> Attach details ( with market values)		
<b>I have shares in a private company</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Company: I attach a copy of the last annual accounts, the number of shares in the company in total, the number of shares owned by us, the full names of all directors, and the full names of all shareholders.		
There any losses carried forward for the company.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The company is a Loss attributing Qualifying Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are retained earnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There any substantial risks of the company being sued	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
There risks are fully covered by insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The income paid to me by the Company is (before tax):	\$	\$
The commercial market rate salary I would pay someone else to do my job is:	\$	\$