



The purpose of this questionnaire is to assist you to decide whether you need a trust based estate and asset protection plan or a will based estate plan, and if so to record the information needed to prepare it. The questionnaire has been divided into 9 parts:

Part 1: Our family details	Part 2: Our objectives
Part 3: Our beneficiaries	Part 4: Our wills
Part 5: Our enduring powers of attorney	Part 6: Our advance health care directives
Part 7: Our trust (for a trust based estate plan only)	Part 8: Our financial position

Part 1 Our family details		
Who is the estate plan being created for	<input type="checkbox"/> Single person <input type="checkbox"/> A couple	
Are you an existing client of ours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you married or in a civil union:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage or civil union:
Are you a de facto couple:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date you started living together:
	Partner 1	Partner 2
If you are a defacto couple: Is your new will to be made in contemplation of your marriage or civil union to your Partner (so marriage or civil union does not cancel it)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
My Full legal names: (as they are on my passport or birth certificate) (first name, middle name(s) and family name)		
I am known by the name:		
I use another name. My <u>alias</u> (first name, middle name(s) and family name) is:		
My date of birth is:		
My city of birth is:		
My country of birth is:		
I am:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Non-binary	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Non-binary
My street address is:		
Suburb:		
City:		
Province:		
Country:		
Post code:		
My postal if different:		

Suburb:		
City:		
Country:		
Post code:		
My New Zealand IRD number		
I am resident for taxation purposes in another country:	<input type="checkbox"/> Yes <input type="checkbox"/> No Country:	<input type="checkbox"/> Yes <input type="checkbox"/> No Country:
If yes overseas tax identity number:		
My business Phone:		
My mobile Phone:		
My home Phone:		
My email:		
My passport details: Please email us a colour pdf copy of your passport, and if you hold a New Zealand Visa a colour pdf copy of your visa. Please sign your passport if it is not signed.	Country: Passport number: Expiry date: If an overseas passport New Zealand Resident Visa details:	Country: Passport number: Expiry date: If an overseas passport New Zealand Resident Visa details:

Part 2: Our objectives:

What are your estate planning objectives and family values? Under s 4 of the Trusts Act 2019 Trustees of your Estate and Trust are required to administer your Estate and Trust in a way consistent with its terms and objectives. It is therefore important that those objectives are detailed. Please identify your estate planning objectives and family values by rating them on a scale of 1 to 5 as to how important they are to you. (5 critical, 4 very important, 3 important, 2 slightly important, 1 unimportant, N/A if inapplicable). Feel free to leave blank any item you do not wish to rank.

We want to ensure:	Partner 1	Partner 2
In order to enable the Trustees to achieve the objectives of the Trust the we wish to set out the following guidelines and conditions for the Trustees as to when and how the Beneficiaries are to be assisted:		
While we are alive give priority to the needs of:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
While we are alive look after the welfare of the Other Primary Beneficiaries only after the welfare of the Principal Beneficiaries has been attended to	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
After the death of the first of us:		

Let my Partner live in the family home:	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
Let my Partner live in any holiday home:	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
My Partner is to be the number one priority:	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
My Partner's interest ceases if they remarry or enter a de facto relationship (not for jointly owned assets or joint trusts)	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
We need new wills:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
We need an enduring power of attorney as to property to avoid a Court appointed property manager if we become incapacitated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
We need an enduring power of attorney as to welfare to avoid healthcare decisions being made by a Court appointed person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3: Our Beneficiaries		
The Beneficiaries whom we want to benefit		
My partner:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
My children:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
My grandchildren:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Others:	<input type="checkbox"/> My parents: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My brothers and sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My nieces and nephews: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> My parents: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My brothers and sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My nieces and nephews: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others: <input type="checkbox"/> Yes <input type="checkbox"/> No
Charities:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Beneficiaries (who receive nothing unless all of your other beneficiaries die):	<input type="checkbox"/> My parents: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My brothers and sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My nieces and nephews: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> My parents: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My brothers and sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My nieces and nephews: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others: <input type="checkbox"/> Yes <input type="checkbox"/> No

Some of our children have special needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For special needs beneficiaries. We want to ensure: They do not suffer from neglect in the Government care system.	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
We provide instructions, people, and assets to support our special needs Beneficiaries so that they enjoy the best possible lifestyles	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable
Our special needs Beneficiaries can enjoy the benefit of assets that are protected from Government seizure while retaining eligibility for necessary services	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable	<input type="checkbox"/> 5 - Critical <input type="checkbox"/> 4 - Very Important <input type="checkbox"/> 3 - Important <input type="checkbox"/> 2 - Slightly Important <input type="checkbox"/> 1 - Unimportant NA- If inapplicable

Provisions for our beneficiaries (do not include bequests here):	Partner 1	Partner 2
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<p>Provisions for our partner: To my Partner: Option 1: [insert %] of my estate: Option 2: The following assets owned by me at the date of my death namely [specify]. Option 3: Life interest for wills and for trusts: - Let my Partner live in the family home: - Let my Partner live in any other home: - My Partner is to be the number one priority: - Look after my children after my Partner is looked after: - My Partner's interest ceases if they remarry or enter a de facto relationship (or in the case of a trust we separate) (not for jointly owned properties or joint trusts):</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No Insert details: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No Insert details: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>My children are to receive the following interest, assets or percentages:</p>	<p><input type="checkbox"/> After the death of my Partner; or <input type="checkbox"/> After my death Specify: <input type="checkbox"/> Equally <input type="checkbox"/> Other: Specify:</p>	<p><input type="checkbox"/> After the death of my Partner; or <input type="checkbox"/> After my death Specify: <input type="checkbox"/> Equally <input type="checkbox"/> Other: Specify:</p>
<p>If my children die I want their children to receive their parents interest</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Other Primary Beneficiaries:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My parents: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: <input type="checkbox"/> My brothers and sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: <input type="checkbox"/> My nieces and nephews: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: <input type="checkbox"/> Others: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My parents: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: <input type="checkbox"/> My brothers and sisters: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: <input type="checkbox"/> My nieces and nephews: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage: <input type="checkbox"/> Others: <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage:</p>
<p>Charities:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Percentage:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Percentage:</p>
<p>I want them to benefit at age:</p>	<p><input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> Other - Specify</p>	<p><input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> Other - Specify</p>

Secondary Beneficiaries: Include full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), date and country of birth, residential address, and email:	<input type="checkbox"/> My parents: Percentage: <input type="checkbox"/> My brothers and sisters: Percentage: <input type="checkbox"/> My nieces and nephews: Percentage: <input type="checkbox"/> Others:	<input type="checkbox"/> My parents: Percentage: <input type="checkbox"/> My brothers and sisters: Percentage: <input type="checkbox"/> My nieces and nephews: Percentage: <input type="checkbox"/> Others:
	Percentage:	Percentage:
	Percentage:	Percentage:
	Percentage:	Percentage:

We want to exclude the following as beneficiaries:	Partner 1	Partner 2
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
Others, and full legal names	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The full names of our Beneficiaries	Partner 1	Partner 2
Our children and grandchildren:	Partner 1	Partner 2
My First Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No
My Second Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>My Third Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>My Fourth Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Grandchildren: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this grandchild a joint grandchild:</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	Partner 1	Partner 2
<p>Other Primary Beneficiaries: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Their relationship to you:</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p>

	Partner 1	Partner 2
<p>Charities: Full legal names: Address: Email:</p>		

	Partner 1	Partner 2
<p>Secondary Beneficiaries: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Their relationship to you:</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p>

Part 4: Our wills	Partner 1	Partner 2
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Guardians for children under 18 for your wills: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), and their relationship to you :		
Full legal names of backstop guardians: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name) and Trustees of my will: their relationship to you :		
Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name) and their relationship to you: Trustees of your will must be over 18 when you die	<input type="checkbox"/> My partner	<input type="checkbox"/> My partner
	<input type="checkbox"/> All children over 20/25/30 <input type="checkbox"/> Children now under 20 are to be trustees of my will at 20/25/30 <input type="checkbox"/> Some children over 20/25/30 specify:	<input type="checkbox"/> All children over 20/25/30 <input type="checkbox"/> Children now under 20 are to be trustees of my will at 20/25/30 <input type="checkbox"/> Some children over 20/25/30 specify:
	<input type="checkbox"/> Others:	<input type="checkbox"/> Others:
How are they to act?	Partner followed by others together <input type="checkbox"/> Partner followed by others one at a time <input type="checkbox"/> Partner & Others together Others together <input type="checkbox"/> Others one at a time <input type="checkbox"/>	Partner followed by others together <input type="checkbox"/> Partner followed by others one at a time <input type="checkbox"/> Partner & Others together Others together <input type="checkbox"/> Others one at a time <input type="checkbox"/>

Bequests	Partner 1	Partner 2
Do you wish to make provisions to look after pets after your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which pets do you wish to make provision for:	Insert: 1. The name of the pet(s) and the type of pet:	Insert: 1. The name of the pet(s) and the type of pet:

The full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name) of the Pet Carer who is to care for the pets		
The full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name) of the Backstop Pet Carer		
The provision that you want to make for the care of the pet(s):	Please maintain the pets in the standard to which they were accustomed during my lifetime. For that purpose I wish the carer to receive: Option 1: A lump sum of NZ\$[insert amount] conditional upon them accepting this responsibility. Option 2: NZ\$[insert amount] per week, plus all veterinary surgeon's costs, plus the costs of accommodation for my pets while the carer is on vacation. Option 3: Other [Insert details]	Please maintain the pets in the standard to which they were accustomed during my lifetime. For that purpose I wish the carer to receive: Option 1: A lump sum of NZ\$[insert amount] conditional upon them accepting this responsibility. Option 2: NZ\$[insert amount] per week, plus all veterinary surgeon's costs, plus the costs of accommodation for my pets while the carer is on vacation. Option 3: Other [Insert details]
I wish to make specific gifts:		
Option 1: To my Partner my personal chattels:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Option 2: Bequest of real estate: Use full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name)	To [insert full names] my [insert details of address of real estate]	To [insert full names] my [insert details of address of real estate]
Option 3: Bequests of vehicle: Use full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name)	To [insert full names] my [insert details of vehicle]	To [insert full names] my [insert details of vehicle]
Option 4: bequests of cash: Use full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name)	To [insert full names] the sum of \$[insert amount]	To [insert full names] the sum of \$[insert amount]
Option 5: Bequests to charities:	To [insert name of charity] the sum of \$ for the general purposes of that organisation OR to be used for the following purpose [specify the purpose] .	To [insert name of charity] the sum of \$ for the general purposes of that organisation OR to be used for the following purpose [specify the purpose] .
Option 6: Other bequests Use full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name)	To [insert full names] my [insert details of what is to be bequeathed]	To [insert full names] my [insert details of what is to be bequeathed]

Our funeral directives	Partner 1	Partner 2
I wish to be cremated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I wish to be buried	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part 5: Our enduring powers of attorney	Partner 1	Partner 2
Property attorneys (who should normally be the same as the Trustees of your will for consistency): Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name) and their relationship to you: Property attorneys must be over 20 now	<input type="checkbox"/> The same as the Trustees of my will	<input type="checkbox"/> The same as the Trustees of my will
	<input type="checkbox"/> My partner	<input type="checkbox"/> My partner
	<input type="checkbox"/> All children over 20/25/30 <input type="checkbox"/> Children now under 20 are to be trustees of my will at 20/25/30 <input type="checkbox"/> Some children over 20/25/30 specify:	<input type="checkbox"/> All children over 20/25/30 <input type="checkbox"/> Children now under 20 are to be trustees of my will at 20/25/30 <input type="checkbox"/> Some children over 20/25/30 specify:
	<input type="checkbox"/> Others:	<input type="checkbox"/> Others:
How are they to act?	Partner followed by others together <input type="checkbox"/> Partner followed by others one at a time <input type="checkbox"/> Partner & Others together <input type="checkbox"/> Others together <input type="checkbox"/> Others one at a time <input type="checkbox"/>	Partner followed by others together <input type="checkbox"/> Partner followed by others one at a time <input type="checkbox"/> Partner & Others together <input type="checkbox"/> Others together <input type="checkbox"/> Others one at a time <input type="checkbox"/>
Welfare attorneys to look after my welfare if I am incapacitated: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name): Welfare attorneys must act one at a time They must be over 20 now	1 st my partner: <input type="checkbox"/> 2 nd children over 20 in age order: <input type="checkbox"/> Specify the people and the order: 1: 2: 3: 4:	1 st my partner: <input type="checkbox"/> 2 nd children over 20 in age order: <input type="checkbox"/> Specify the people and the order: 1: 2: 3: 4:

Part 6: My advance health care directives	Partner 1	Partner 2
My medical practitioner(s): Dr. Name: Medical practice: Address: Telephone number:		

If I suffer from a terminal illness that is likely to end my life within 6 months without the administration of life-sustaining treatment; and I am in an advanced state of irreversible decline in physical capability my wishes are that I receive:		
Artificially fed nutrition or hydration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPR/shock equipment for cardiac arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antibiotics or antivirals for infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other life-sustaining medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If I'm pregnant above wishes don't apply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide me with palliative care: In my home In a hospice [insert name]:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to donate organs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes I give: any needed organs, tissues, or parts except my [insert details] the following organs, tissues, or parts only [insert details]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
To be used for (tick the first one OR any one or more of the others):	<input type="checkbox"/> any purpose authorised by law <input type="checkbox"/> transplantation <input type="checkbox"/> research <input type="checkbox"/> therapy <input type="checkbox"/> education	<input type="checkbox"/> any purpose authorised by law <input type="checkbox"/> 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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 7 Our trust for trust based estate and asset protection plans only	Partner 1	Partner 2
We want the Trust to be called:		
Settlor: (normally yourself)	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Other only. Full legal names:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Other only. Full legal names:
My own Trustee company as Trustee Name of Trustee Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No Trustee Limited	<input type="checkbox"/> Yes <input type="checkbox"/> No Trustee Limited

Initial Trustees or Directors of Trustee Company: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, mobile and IRD number for every Director, and their relationship to you	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Myself and others: <input type="checkbox"/> Others on their own: Details of the others:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Myself and others: <input type="checkbox"/> Others on their own: Details of the others:
Initial shareholders of Trustee Company: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, and mobile for every shareholder	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
Backstop Trustees or Directors of Trustee Company:	<input type="checkbox"/> The Trustees of my will	<input type="checkbox"/> The Trustees of my will
Initial Protector (the dispute resolver with power to hire and fire trustees):	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
Backstop Protector: For Others. Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name):	<input type="checkbox"/> The Trustees of my will <input type="checkbox"/> My children at age 25/30/35 <input type="checkbox"/> Some of my children at age 25/30/35. Specify: <input type="checkbox"/> Others. Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, and mobile:	<input type="checkbox"/> The Trustees of my will <input type="checkbox"/> My children at age 25/30/35 <input type="checkbox"/> Some of my children at age 25/30/35. Specify: <input type="checkbox"/> Others. Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, and mobile
Provisions to be made from the Trust:		
Principal Primary Beneficiaries: Include Full legal names	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
While I am alive give priority to the needs of:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
After my death:		
Keep the Trust going long term:	<input type="checkbox"/>	<input type="checkbox"/>
Let my Partner live in the family home:	<input type="checkbox"/>	<input type="checkbox"/>
Let my Partner live in any other home:	<input type="checkbox"/>	<input type="checkbox"/>
My Partner is to be the number one priority:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Look after my children after my Partner is looked after:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
My Partner's interest ceases if they remarry or enter a de facto relationship (not for jointly owned assets or joint trusts):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 8: My financial position [If you have a trust please note which assets are the trust's]		
Income Details:	Partner 1	Partner 2
Yearly self employed income:	\$	\$
Yearly interest and dividend income:	\$	\$
Yearly employee income:	\$	\$
Yearly rental property income or (losses)	\$	\$
My assets:		
Term deposit or investment accounts:	\$	\$
My Bank name(s):		
Life insurance policies: Company name: Policy number(s): Life(s) assured: Current surrender value:		
Superannuation Details: Company name: Policy Number Current surrender value:		
Unit Trusts and Shares: Name of Company/Trust Reference number Number of Shares/Units: Current Value of Shares/Units:		
Properties: Address: Current Value: Latest government valuation: Certificate of title number:	My family home \$ \$	My family home \$ \$
There is a mortgage against the title: Name of lender: Address:	<input type="checkbox"/> <input type="checkbox"/> Fixed interest \$ <input type="checkbox"/> Floating \$ <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Mortgage repaid	<input type="checkbox"/> <input type="checkbox"/> Fixed interest \$ <input type="checkbox"/> Floating \$ <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Mortgage repaid

Properties: Address: Current Value: Latest government valuation: Certificate of title number:	My holiday home \$ \$	My holiday home \$ \$
There is a mortgage against the title: Name of lender: Address:	<input type="checkbox"/> <input type="checkbox"/> Fixed interest \$ <input type="checkbox"/> Floating \$ <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Mortgage repaid	<input type="checkbox"/> <input type="checkbox"/> Fixed interest \$ <input type="checkbox"/> Floating \$ <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Mortgage repaid
Rental property/commercial property/farm: Address: Current Value: Latest government valuation: Certificate of title number: The annual profit/loss is:	My rental property/commercial property/farm \$ \$ Profit/Loss \$	My rental property/commercial property/farm \$ \$ Profit/Loss \$
There is a mortgage against the title: Name of lender: Address:	<input type="checkbox"/> <input type="checkbox"/> Fixed interest \$ <input type="checkbox"/> Floating \$ <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Mortgage repaid	<input type="checkbox"/> <input type="checkbox"/> Fixed interest \$ <input type="checkbox"/> Floating \$ <input type="checkbox"/> Flexi Credit <input type="checkbox"/> Mortgage repaid
Total depreciation claimed:	Buildings \$ Chattels \$	Buildings \$ Chattels \$
I am GST registered:	<input type="checkbox"/> GST reg no:	<input type="checkbox"/> GST reg no:
My other appreciating assets: Attach details (with market values)		
I have my own business or private company	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company
Name of the Company/Business:		
NB: Attach a copy of the last annual accounts.		
There are losses carried forward:	<input type="checkbox"/> \$	<input type="checkbox"/> \$
It is a Loss attributing Qualifying Company	<input type="checkbox"/>	<input type="checkbox"/>
There are retained earnings	<input type="checkbox"/> \$	<input type="checkbox"/> \$
The shareholders have given personal guarantees to:	<input type="checkbox"/> Landlord <input type="checkbox"/> Company bankers	<input type="checkbox"/> Landlord <input type="checkbox"/> Company bankers
Risks are fully covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>
The income paid to me by the Company is (before tax):	\$	\$
My accounting firm:	Firm:	Accountant:
	Phone Number:	Email or Fax Number:
	Postal address:	

Other information as to your wishes: