

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:

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| 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 |

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| **Part 1 Our family details** |
| Who is the estate plan being created for | ☐ Single person ☐ A couple  |
| Are you an existing client of ours: | ☐ Yes ☐ No |
| Are you married or in a civil union: | ☐ Yes ☐ No Date of Marriage or civil union: |
| Are you a de facto couple: | ☐ Yes ☐ 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) | ☐ Yes ☐ No | ☐ Yes ☐ 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 alias (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: | ☐ Male ☐ Female☐ Transgender/Non-binary | ☐ Male ☐ Female☐ 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: | ☐ Yes ☐ No Country: | ☐ Yes ☐ 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: |

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| **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. |
| 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: | ☐ Myself☐ Myself and my partner☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable | ☐ Myself☐ Myself and my partner☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- 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 | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable |
| **After the death of the first of us:** |  |  |
| Let my Partner live in the family home: | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable |
| Let my Partner live in any holiday home: | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable |
| My Partner is to be the number one priority: | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable | ☐ 5 - Critical☐ 4 - Very Important ☐ 3 - Important☐ 2 - Slightly Important ☐ 1 - UnimportantNA- If inapplicable |
| We need new wills: | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| We need an enduring power of attorney as to property to avoid a Court appointed property manager if we become incapacitated | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| We need an enduring power of attorney as to welfare to avoid healthcare decisions being made by a Court appointed person | ☐ Yes ☐ No  | ☐ Yes ☐ No  |

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| **Part 3: Our Beneficiaries** |
| **The Beneficiaries whom we want to benefit** |  |  |
| My partner: | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| My children: | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| My grandchildren: | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| Others: | ☐ My parents: ☐ Yes ☐ No ☐ My brothers and sisters:☐ Yes ☐ No ☐ My nieces and nephews:☐ Yes ☐ No ☐ Others:☐ Yes ☐ No  | ☐ My parents: ☐ Yes ☐ No ☐ My brothers and sisters:☐ Yes ☐ No ☐ My nieces and nephews:☐ Yes ☐ No ☐ Others:☐ Yes ☐ No  |
| Charities: | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| Secondary Beneficiaries (who receive nothing unless all of your other beneficiaries die): | ☐ My parents: ☐ Yes ☐ No ☐ My brothers and sisters:☐ Yes ☐ No ☐ My nieces and nephews:☐ Yes ☐ No ☐ Others:☐ Yes ☐ No  | ☐ My parents: ☐ Yes ☐ No ☐ My brothers and sisters:☐ Yes ☐ No ☐ My nieces and nephews:☐ Yes ☐ No ☐ Others:☐ Yes ☐ No  |

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

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| **Provisions for our beneficiaries (do not include bequests here):** | Partner 1 | Partner 2 |
| **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:  | ☐☐ Yes ☐ No Insert details:☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No  | ☐☐ Yes ☐ No Insert details:☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No  |
| My children are to receive the following interest, assets or percentages:  | ☐ After the death of my Partner; or☐ After my deathSpecify:☐ Equally☐ Other: Specify: | ☐ After the death of my Partner; or☐ After my deathSpecify:☐ Equally☐ Other: Specify: |
| If my children die I want their children to receive their parents interest | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| **Other Primary Beneficiaries:** | ☐ Yes ☐ No ☐ My parents: ☐ Yes ☐ No Percentage: ☐ My brothers and sisters:☐ Yes ☐ NoPercentage: ☐ My nieces and nephews:☐ Yes ☐ NoPercentage: ☐ Others:☐ Yes ☐ No Percentage:  | ☐ Yes ☐ No ☐ My parents: ☐ Yes ☐ No Percentage: ☐ My brothers and sisters:☐ Yes ☐ NoPercentage: ☐ My nieces and nephews:☐ Yes ☐ NoPercentage: ☐ Others:☐ Yes ☐ No Percentage:  |
| Charities: | ☐ Yes ☐ No Percentage:  | ☐ Yes ☐ No Percentage:  |
| I want them to benefit at age: | ☐ 18 ☐ 20 ☐ 21 ☐ 25 ☐ 30 ☐ 35 ☐ Other - Specify  | ☐ 18 ☐ 20 ☐ 21 ☐ 25 ☐ 30 ☐ 35 ☐ Other - Specify |
| **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:  | ☐ My parents: Percentage: ☐ My brothers and sisters:Percentage:☐ My nieces and nephews: Percentage:☐ Others:Percentage:  | ☐ My parents:Percentage: ☐ My brothers and sisters: Percentage:☐ My nieces and nephews:Percentage:☐ Others:Percentage: |

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| **We want to exclude the following as beneficiaries:** | Partner 1 | Partner 2 |
| Future Partners | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Children's partners | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Others, and full legal names | ☐ Yes ☐ No | ☐ Yes ☐ No |

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| **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: | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ 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: | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  |
| **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: | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  |
| **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: | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  |
| **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: | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  | ☐ Male ☐ Female☐ Non-binary☐ Yes ☐ No  |

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|  | Partner 1 | Partner 2 |
| **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: | ☐ Male ☐ Female☐ Non-binary | ☐ Male ☐ Female☐ Non-binary |

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|  | Partner 1 | Partner 2 |
| **Charities:** Full legal names:Address:Email: |  |  |

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|  | Partner 1 | Partner 2 |
| **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: | ☐ Male ☐ Female☐ Non-binary | ☐ Male ☐ Female☐ Non-binary |

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| **Part 4: Our wills** | Partner 1 | Partner 2 |
| **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 their relationship to you : |  |  |
| **Trustees of my will:** 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 | ☐ My partner | ☐ My partner |
| ☐ All children over 20/25/30☐ Children now under 20 are to be trustees of my will at 20/25/30☐ Some children over 20/25/30 specify: | ☐ All children over 20/25/30☐ Children now under 20 are to be trustees of my will at 20/25/30☐ Some children over 20/25/30 specify: |
| ☐ Others:  | ☐ Others:  |
| **How are they to act?** | Partner followed by others together ☐Partner followed by others one at a time ☐ Partner & Others together ☐Others together ☐ Others one at a time ☐ | Partner followed by others together ☐Partner followed by others one at a time ☐Partner & Others together ☐Others together ☐Others one at a time ☐ |
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| **Bequests** | Partner 1 | Partner 2 |
| Do you wish to make provisions to look after pets after your death?  | ☐ Yes ☐ No  | ☐ Yes ☐ 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: | ☐ Yes ☐ No  | ☐ Yes ☐ 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 bequestsUse 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] |

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| **Our funeral directives** | Partner 1 | Partner 2 |
| I wish to be cremated | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| I wish to be buried | ☐ Yes ☐ No  | ☐ Yes ☐ 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 | ☐ The same as the Trustees of my will | ☐ The same as the Trustees of my will |
| ☐ My partner | ☐ My partner |
| ☐ All children over 20/25/30☐ Children now under 20 are to be trustees of my will at 20/25/30☐ Some children over 20/25/30 specify: | ☐ All children over 20/25/30☐ Children now under 20 are to be trustees of my will at 20/25/30☐ Some children over 20/25/30 specify: |
| ☐ Others:  | ☐ Others:  |
| **How are they to act?** | Partner followed by others together ☐Partner followed by others one at a time ☐ Partner & Others together ☐Others together ☐ Others one at a time ☐ | Partner followed by others together ☐Partner followed by others one at a time ☐Partner & Others together ☐Others together ☐Others one at a time ☐ |
| **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 timeThey must be over 20 now | 1st my partner: ☐2nd children over 20 in age order: ☐Specify the people and the order: 1:2:3:4: | 1st my partner: ☐2nd children over 20 in age order: ☐Specify the people and the order: 1:2:3:4: |

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| **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 | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| CPR/shock equipment for cardiac arrest | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| Antibiotics or antivirals for infections | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Other life-sustaining medical treatment | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If I'm pregnant above wishes don't apply | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Please provide me with palliative care: In my homeIn a hospice [insert name]: | ☐ Yes ☐ No☐ Yes ☐ No | ☐ Yes ☐ No☐ Yes ☐ No |
| I wish to donate organs.  | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| If yes I give:any needed organs, tissues, or parts except my [insert details]the following organs, tissues, or parts only [insert details] | ☐ Yes ☐ No ☐ Yes ☐ No  | ☐ Yes ☐ No ☐ Yes ☐ No  |
| To be used for (tick the first one OR any one or more of the others): | ☐ any purpose authorised by law☐ transplantation ☐ research☐ therapy☐ education | ☐ any purpose authorised by law☐ transplantation ☐ research☐ therapy☐ education |
| My organs, tissues, or parts should if possible be given to relatives of mine | ☐ Yes ☐ No  | ☐ Yes ☐ 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  | ☐ Yes ☐ No  | ☐ Yes ☐ No  |

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| 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) | ☐ Myself ☐ Myself and my partner☐ Other only. Full legal names: | ☐ Myself ☐ Myself and my partner☐ Other only. Full legal names: |
| **My own Trustee company as Trustee**Name of Trustee Company:  | ☐ Yes ☐ No Trustee Limited | ☐ Yes ☐ 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 | ☐ Myself ☐ Myself and my partner☐ Myself and others:☐ Others on their own:Details of the others: | ☐ Myself ☐ Myself and my partner☐ Myself and others:☐ 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 | ☐ Myself ☐ Myself and my partner | ☐ Myself ☐ Myself and my partner |
| **Backstop Trustees or Directors of Trustee Company**: | ☐ The Trustees of my will  | ☐ The Trustees of my will  |
| **Initial Protector** (the dispute resolver with power to hire and fire trustees): | ☐ Myself ☐ Myself and my partner | ☐ Myself ☐ 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): | ☐ The Trustees of my will☐ My children at age 25/30/35☐ Some of my children at age 25/30/35. Specify:☐ 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: | ☐ The Trustees of my will☐ My children at age 25/30/35☐ Some of my children at age 25/30/35. Specify:☐ 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 | ☐ Myself ☐ Myself and my partner | ☐ Myself ☐ Myself and my partner |
| **While I am alive** give priority to the needs of: | ☐ Myself☐ Myself and my partner | ☐ Myself☐ Myself and my partner |
| **After my death:** |  |  |
| Keep the Trust going long term: | ☐ | ☐ |
| 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: | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| Look after my children after my Partner is looked after:  | ☐ Yes ☐ No  | ☐ Yes ☐ No  |
| My Partner’s interest ceases if they remarry or enter a de facto relationship (**not for jointly owned assets or joint trusts**): | ☐ Yes ☐ No  | ☐ Yes ☐ No  |

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| **Part 8: My financial position [If you have a trust please note which assets are the trust’s]. Please detail which of the assets are to be sold to the Trust.** |
| **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 NumberCurrent surrender value:  |  |  |
| **Unit Trusts and Shares:**Name of Company/Trust Reference numberNumber 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: | ☐ ☐ Fixed interest $☐ Floating $☐ Flexi Credit☐ Mortgage repaid | ☐ ☐ Fixed interest $☐ Floating $☐ Flexi Credit☐ 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: | ☐ ☐ Fixed interest $☐ Floating $☐ Flexi Credit☐ Mortgage repaid | ☐ ☐ Fixed interest $☐ Floating $☐ Flexi Credit☐ 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: | ☐ ☐ Fixed interest $☐ Floating $☐ Flexi Credit☐ Mortgage repaid | ☐ ☐ Fixed interest $☐ Floating $☐ Flexi Credit☐ Mortgage repaid |
| Total depreciation claimed: | Buildings $Chattels $ | Buildings $Chattels $ |
| I am GST registered: | ☐ GST reg no: | ☐ GST reg no: |
| **My other appreciating assets:** Attach details ( with market values) |  |  |
| **I have my own business or private company** | ☐ Sole trader ☐ Partnership☐ Company  | ☐ Sole trader ☐ Partnership☐ Company  |
| Name of the Company/Business: |  |  |
| NB: Attach a copy of the last annual accounts. |
| There are losses carried forward: | ☐ $ | ☐ $ |
| It is a Loss attributing Qualifying Company | ☐  | ☐  |
| There are retained earnings | ☐ $ | ☐ $ |
| The shareholders have given personal guarantees to: | ☐ Landlord☐ Company bankers | ☐ Landlord☐ Company bankers |
| Risks are fully covered by insurance | ☐  | ☐  |
| 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: