

## WILLS INSTRUCTIONS SHEET (COUPLE)

Please complete as much of the form as possible:  
For any queries please contact our dedicated line on **0449 931 831**

All questions contained in this document are strictly confidential

PERSONAL DETAILS – PARTNER 1	
1. Full Name: <i>(First, Middle, Last):</i>	<input type="checkbox"/> M <input type="checkbox"/> F
2. DOB:	
3. Residential Address:	4. Email Address:
Phone Number:	
5. Occupation:	6. Do you have a current Will? If so please provide a copy <input type="checkbox"/> Y / <input type="checkbox"/> N
7. Do you want to include a clause in your will stating who you leave your digital assets to and who you leave control of you digital accounts (e.g. email, Facebook) to? <input type="checkbox"/> Y / <input type="checkbox"/> N	
8. If you answered yes to question (7) please state that person's full name, address and their relationship to you:	

AFTER DEATH WISHES	
9. Would you like to be buried or cremated? Or do you have no preference	<input type="radio"/> Buried <input type="radio"/> Cremated <input type="radio"/> No preference
10. If you die overseas, is it important to you that your body is brought back to Australia? <input type="checkbox"/> Y / <input type="checkbox"/> N	
11. Do you want your body to be available to be used for medical purposes after your death? <input type="checkbox"/> Y / <input type="checkbox"/> N	12. Is there a particular place you would like to be buried or have your ashes scattered? If so, please specify? <input type="checkbox"/> Y / <input type="checkbox"/> N

## PERSONAL DETAILS – PARTNER 2

<b>1. Full Name:</b> <i>(First, Middle, Last):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>2. DOB:</b>
<b>3. Residential Address:</b>	<b>4. Email Address:</b>	
<b>Phone Number:</b>		
<b>5. Occupation:</b>	<b>6. Do you have a current Will? If so please provide a copy</b> <input type="checkbox"/> Y / <input type="checkbox"/> N	
<b>7. Do you want to include a clause in your will stating who you leave your digital assets to and who you leave control of you digital accounts (e.g. email, Facebook) to?</b>		
<input type="checkbox"/> Y / <input type="checkbox"/> N		
<b>8. If you answered yes to question (7) please state that person's full name, address and their relationship to you:</b>		

## AFTER DEATH WISHES

<b>9. Would you like to be buried or cremated? Or do you have no preference</b>	<input type="radio"/> Buried <input type="radio"/> Cremated <input type="radio"/> No preference	<b>10. If you die overseas, is it important to you that your body is brought back to Australia?</b>
<input type="checkbox"/> Y / <input type="checkbox"/> N		<b>12. Is there a particular place you would like to be buried or have your ashes scattered? If so, please specify?</b>
<b>11. Do you want your body to be available to be used for medical purposes after your death?</b>	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N

## FAMILY DETAILS

<b>13. Are you married?</b>  <input type="checkbox"/> Y / <input type="checkbox"/> N	<b>14. If you answered no to question (13) Do you think that you will one day marry your partner?</b>  <b>This is relevant as if so, we will include a clause in the Will that will prevent your Will being revoked upon marriage.</b>  <input type="checkbox"/> Y / <input type="checkbox"/> N
<b>15. Do you have any children together?</b>  <input type="checkbox"/> Y / <input type="checkbox"/> N	

**16. If you answered yes to question (15) please state these children's full names and dates of birth (First, Middle, Last) & Addresses (if the child is not living with you):**

Child #1:	Date of Birth:
Child #2	Date of Birth:
Child #3:	Date of Birth:
Child #4:	Date of Birth:

**17. At what age would you want your children or lineal descendants (eg, grandchildren) to inherit any money left to them under your will?**

- 18
- 21
- 25
- Other

**18. Has either of you previously been married to anyone else?**  Y /  N

**If so, please provide details of the full name of your former spouse(s), the duration of this marriage(s), its financial arrangements (that is, any property settlement, and whether that person helped you build your wealth or vice versa) and the names and dates of birth of any children of this marriage.**

**PLEASE NOTE: For the remainder of this questionnaire, reference to a 'spouse' includes a de facto partner**

**19. Is there anyone else who at any time has been wholly or partly dependent on you or that might have a "moral claim" on your estate (such as past partners who made significant contributions towards your wealth or who you cared for)?**

**If yes, please provide details (including the duration of your relationship, their financial resources, their age, any disabilities, whether they supported you at any time, and any gifts or benefits you have previously given them).**

Y /  N

<p><b>20. Do you have a child with a disability for whom special arrangements are needed in your Will?</b></p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N</p>	<p><b>21. Do you have a child who is having serious relationship problems with his/her spouse/partner, to the point where you are concerned that they might separate?</b></p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N</p>
<p><b>22. Do you have a child whom you want to exclude from your Will or give a much smaller share of your estate than your other children?</b></p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N</p>	<p><b>23. Do you have a child who has serious problems handling money and who you would not want having direct access to the assets in your estate?</b></p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N</p>
<p><b>24. If you have answered yes to any of the last 4 questions, please provide details:</b></p>          	
<p><b>25. Have either of you entered into a Binding Financial Agreement (with each other or anyone else)?</b> <input type="checkbox"/> Y / <input type="checkbox"/> N</p> <p><b>If so, please give details:-</b></p>          	
<p><b>YOUR EXECUTOR</b></p>	
<p>Here, you must name someone to be responsible for administering your estate when you die. This person is called your executor and will, among other things, be responsible for paying off your debts and taxes and distributing your remaining assets in accordance with your wishes.</p> <p>The person needs to be willing to act, not too old, within Australia and appropriately skilled (particularly if you require them to make investment decisions).</p> <p>If you would like Conatur Legal to be your executor or substitute executor, we are required to inform you we would charge for our services as executor. Typically people name their partner as executor, plus a backup executor.</p>	
<p><b>26. Do you wish to be each other's primary executors?</b> <input type="checkbox"/> Y / <input type="checkbox"/> N</p> <p><b>If you answered yes, please proceed directly to question (30)</b></p>	
<p><b>27. Full Name of Primary Executor: (First, Middle, Last):</b></p>   	<p><b>28. Relationship of Primary Executor to you:</b></p>   

<b>29. Residential Address of Primary Executor:</b>	
<b>30. Full Name of Secondary Executor: (First, Middle, Last):</b>	<b>31. Relationship of Secondary Executor to you:</b>
<b>32. Residential Address of Secondary Executor:</b>	

REAL ESTATE
<p><b>33. Do you own Real Estate?</b></p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N</p>
<p><b>34. If you answered yes to question (33) what is the address / addresses of the property / properties?</b></p> <p><b>If you answered no to question (33) please proceed directly to question (37)</b></p>
<p><b>35. Do you own this property / properties as joint tenants?</b></p> <p>NB: if you own the property as joint tenants, the property will automatically go to the other joint tenant when you die.</p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Don't Know</p>
<p><b>36. Do you want to leave this property to someone different to the person you will leave the residue of your estate to? *</b></p> <p><input type="checkbox"/> Y / <input type="checkbox"/> N</p> <p><b>If yes, please describe who you would like your properties left to:</b></p>

**CASH GIFTS**

You don't have to make any cash gift to a beneficiary. If you do not, then your financial assets form part of the residue of your estate, which you can transfer or divide among your residuary beneficiaries.

**37. Do you wish to make a cash gift to an individual (not a charity)?**

Y /  N

**38. If yes, how many gifts do you want to give to individuals?**

- 1
- 2
- 3
- Other, please specify:

**39. What are the full names of the beneficiaries, their relationship to you, their addresses, and the amount of money you want to leave them?**

**40. Do you only want this/these gift(s) to be made if you both die?**

Y /  N

**41. Do you wish to make a cash gift to charitable organization?**

Y /  N

**42. If yes, how many gifts do you want to give to individuals?**

- 1
- 2
- 3
- Other, please specify:

**43. What are the full names of the charities and the amounts you wish to gift to them?**

**44. If any of these charities do not exist at the time of your death, then:**

- Your charitable gift will not be made
- Your executor may make this gift to another charitable or community organization that carries on similar work for the benefit of a similar group of people

**45. Do you only want this/these charitable gift(s) to be made if you both die?**

- Y /  N

### PERSONAL GIFTS

You don't have to make any gift of personal property to a beneficiary. If you do not, then your personal property becomes part of the residue of your estate, which you can transfer or divide among your residuary beneficiaries.

**46. Do you wish to make a personal gift to an individual?**

- Y /  N

**47. If yes, how many gifts of personal property do you want to give to individuals?**

- 1
- 2
- 3
- Other, please specify:

**48. What are the full names of the beneficiaries, their relationship to you, their addresses, and the property that you want to leave them?**

**49. Do you only want this/these gift(s) to be made if you both die?**

- Y /  N

**COMPLEX ASSETS**

**50. Do either of you want to leave a gift of specific shares in a company or other securities to someone in your Will? Disregard shares that may pass as part of a general gift of or from your estate. If so, please provide details.**

Y /  N

**51. Do either of you control a family company or have shares in any private (non-listed) company that may need special consideration in your Will? Eg a company that may have pre-emptive rights or other restrictions on the transfer of shares in its constitution. This could include the trustee company of a family trust or self managed superannuation fund. If so, please provide details.**

Y /  N

**52. Do either of you control a family trust or have units in any private (non-listed) unit trust that may need special consideration in your Will? Eg a trust that may have pre-emptive rights or other restrictions on the transfer of units in the trust deed. If so, please provide details.**

Y /  N



**53. Do either of you have an interest as a partner in a partnership that may need special consideration in your Will? E.g a partnership that may have pre-emptive rights or other restrictions on the transfer of partnership interests in the partnership agreement. If so, please provide details.**

Y /  N

**54. Do either of you own substantial assets, especially real estate, outside Australia? If so, please provide details.**

Y /  N

**55. Are either of you subject to any agreement or court order that restricts your ability to transfer your assets or that could otherwise affect the distribution of your estate? e.g. a binding financial agreement under the Family Law Act or a mutual will agreement. If so, please provide details.**

Y /  N

**RESIDUE OF ESTATE**

The residue of your estate is all of the leftover assets that are available to be transferred or distributed to your beneficiaries after all funeral and testamentary expenses, taxes, and debts have been paid and specific gifts to beneficiaries (identified above) have been made.

**56. Do you want to leave the residue of your estate to each other, then your children to be held on trust (if you both die), then split between both of your siblings (if the two of you and your children all die)? \***

Y /  N

**If no, please describe the person you would like the residue of your estate left to and their relationship to you?**

**If yes, do either of you have half-siblings or step-siblings or siblings you would like excluded from your Will?**

Y / N

**GUARDIAN**

Here you can name a legal representative to be responsible for your minor children and their property when you pass away. Unless you say otherwise, the appointment of this legal representative only takes effect upon the death of the last surviving parent of your minor child.

If you do not have children please proceed to the end of the questionnaire.

**57. Are your children under the age of 18?**

Y /  N

**58. Do you want to name a guardian of your minor children?**

Y /  N

**59. If yes, what are the full names of the proposed guardian, their relationship to you and their address?**

**60. Do you want someone other than the person you appointed as substitute executor to be in charge of your children's property until they become adults?**

Y /  N

**61. If so, please state the name of the person you would like to appoint as the trustee of your children's property, their address and their relationship to you.**

**By signing below you intend these instructions to be your Wills for the time being until execution of your formal Wills (noting that you will provide any additional instructions required promptly and that you will sign your Wills as soon as possible after receipt)**

**Our recommendation is that this instruction sheet is printed and signed by hand, and signed back to our Firm. However, where this is not possible you may elect to sign electronically**

**Please send this form to [wills@conatur.com.au](mailto:wills@conatur.com.au) and we will respond to you shortly**

**Signature of Partner 1**

**Print Name of Partner 1**

**Date:**

**Signature of Partner 2**

**Print Name of Partner 2**

**Date:**