

WILL INSTRUCTION SHEET

FULL NAME(S)	Mr/Mrs/Ms/Miss/Other..... Given Name Middle Name(s) Surname Preferred Name (if applicable)	Mr/Mrs/Ms/Miss/Other..... Given Name Middle Name(s) Surname Preferred Name (if applicable)
SAME NAME ON ALL ID & LEGAL DOCUMENTS?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details (if no):	Yes <input type="checkbox"/> No <input type="checkbox"/> Details (if no):
RESIDENCY	Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Visa <input type="checkbox"/>	Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Visa <input type="checkbox"/>
RELATIONSHIP STATUS	Married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>	
OCCUPATION(S) (If retired, please specify AND also give former occupation) (If retired, please specify AND also give former occupation)
DATE OF BIRTH	
CONTACT DETAILS	Email Phone:	Email Phone:
ADDRESSP\code:	
POSTAL ADDRESS (if different from above)	
FULL NAME(S) OF ALL CHILDREN	1. Full Name: Address: Phone No:DOB: 2. Full Name: Address: Phone No:DOB: 3. Full Name: Address: Phone No:DOB: 4. Full Name: Address: Phone No:DOB:	
Do you have a Family Trust or Self-Managed Superannuation Fund?	If so, please bring a copy of your Family Trust or SMSF Deed with you to your appointment or ask your accountant to email it to us before your appointment.	
Do you have retail superannuation?	If so, please bring the latest member balance statement to your appointment.	
Enduring Power of Attorney		
If you are appointing attorneys that are not mentioned above, please bring full names and addresses for each attorney.		
Advance Care Directive		
If you are appointing substitute decision-makers that are not mentioned above, please bring full names, addresses, dates of birth and phone numbers for each decision-maker.		