Referred by: _____

Sedsman Legal

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 ☐ No ☐ Details (if no):	Yes ☐ No ☐ Details (if no):
RELATIONSHIP STATUS	Married ☐ Domestic partner ☐ Separated ☐ Divorced ☐ Widowed ☐ Single ☐	
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: .....
ADDRESS	....P\code:	
POSTAL ADDRESS **(if different from above)**	.....	
FULL NAME(S) OF ALL CHILDREN State to which partner children belong Include all children including deceased children and estranged 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.