



FACT FIND AND INSTRUCTIONS

Kindly ensure that all details are provided. Wills are important legal documents that can be invalid if incorrect information is provided. If details are missing, we will not be able to draft your documents appropriately and this may result in additional time and cost to you in finalising your Estate Plan.

- Please provide our receptionist with photographic ID to confirm your identity when attending our office to execute your documents.

SECTION 1: Your details		
Details:	Person 1	Person 2
Do you have an existing Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Will (DD/MM/YYYY):		
Location of Will:		
Personal Details: Please ensure ALL details are provided		
Details:	Person 1	Person 2
Surname:		
Given Names:		
Former or other names:		
Residential Address:		
Postal Address (if different to residential address):		
Contact Details:	H: M:	H: M:



	E:	E:
Date of Birth (DD/MM/YYYY):		
Marital Status:		
Are you Contemplating Marriage?		
Number of Marriages:		
Occupation:		

SECTION 2: Children & Grandchildren: *Note: relationship could be natural child, stepchild, adopted child, grandchild

Full Name (including middle name)	DOB	Address	Relationship

Dependants:				
Dependants aside from spouse and minor children: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name (including middle name)	DOB	Address	Relationship	Reason for dependency

SECTION 3: Executor(s) (the person/s who will be responsible for administering your will when you die. For example, your Spouse and a backup in case your Spouse cannot act):	
Full name and Address of Executor(s)	
Person 1	Person 2
Alternate Executor(s) Details: If the people mentioned above are unable to act or predecease you, who would you appoint as your executor? If you appoint more than one, how are they to perform their duties? <input type="checkbox"/> Jointly <input type="checkbox"/> Separately	
Back up: Full name(s) and address (including middle name):	
Person 1	Person 2

Testamentary Guardian (guardians of your minor children):	
Full Names and Address of Guardians (including middle name):	
Full Names and Address of Back-up Guardians (including middle name):	

SECTION 4: Distribution of Estate:	
<p>For example:</p> <ol style="list-style-type: none"> 1. My estate is to be left to my Spouse in the first instance. 2. If my Spouse pre-deceases me, to my children in equal shares. 3. If my children and Spouse pre-decease me, to my brothers and sisters. <p>Would you like a testamentary trust established in your Will?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Person 1	Person 2
<input type="checkbox"/> Spouse / Partner	<input type="checkbox"/> Spouse / Partner
<input type="checkbox"/> Children in equal shares	<input type="checkbox"/> Children in equal shares
<input type="checkbox"/> Children in unequal shares as follows:	<input type="checkbox"/> Children in unequal shares as follows:
<input type="checkbox"/> Other as follows (for example parents, siblings, nieces and nephews):	<input type="checkbox"/> Other as follows (for example parents, siblings, nieces and nephews):
<p>Person 1</p> <p>Do you wish to leave any specific gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details of the gifts and who you would like to provide them to below:</p>	<p>Person 2</p> <p>Do you wish to leave any specific gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details of the gifts and who you would like to provide them to below:</p>

<p>Whole Family Tragedy: In the event that all of the beneficiaries listed above predecease you, who would you leave your Estate to? Please list the person(s) full name and address (including middle name)</p>	
Person 1	Person 2

SECTION 5: Assets				
Property				
Address	Type i.e. investment or main residence	Estimate Value	Year of Purchase	Ownership i.e. joint tenants with spouse or tenants in common in [specify shares]

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BANK ACCOUNTS AND INVESTMENTS

Name	Type i.e. shares, bank accounts	Estimated Value	Ownership i.e. joint tenants with spouse or tenants in common in [specify shares]

SUPERANNUATION

Name	Name of fund	Death Nomination in place?
		<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

Other:

Self-Managed Super Fund? Yes No

Name	Trustee	Location of Trustee's Constitution and Trust Deed

Family Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Trust	Trustee	Appointor
Companies or Family Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Shareholders	Directors

SECTION 6: Other Information (please select)

1. **Do you have any property overseas?**
 Yes No

2. **Are you divorced or in the process of getting divorced?**
 Yes No

3. **Are you aware of any family disputes or uneasiness in your family that may result in a challenge to the distribution of your estate?**
 Yes No

4. **Do you have any specific wishes regarding the donation of body parts, burial or cremation?**
 Yes No

Details: _____



5. What age do you wish young beneficiaries to inherit?

18 21 25 Other: _____

6. Are any beneficiaries:

- Bankrupt or at risk of going bankrupt?
 Yes No
- Mentally incapable or drug and alcohol dependent?
 Yes No
- In an unstable marriage/relationship?
 Yes No

7. Where did you hear about Griffin Legal? _____

8. Would you like to be sent the Griffin Legal electronic newsletter every month?

Yes No

Purpose of Collection

PRIVACY

Griffin Legal Pty Limited (ACN 137 380 360) collects your information to enable us to:

- (a) Verify your identity;
- (b) Ensure we have your current information to contact you and provide you with the services you require from time to time and any correspondence relevant to your matter; and
- (c) Only disclose the information to third parties who provide us or you with ancillary services relevant to any matter you have with Griffin Legal, for example our IT service and software providers.

All personal information is held by Griffin Legal and its staff in accordance with our Privacy Policy which is available on request by contacting Griffin Legal on (02) 6198 3100. The Privacy Policy includes information on how you may request access to and correction of your personal information or how to complain about a breach of the Australian Privacy Principles. If you do not provide your personal information, we will be unable to prepare and finalise your will and estate planning documentation.

Communication with Griffin Legal is protected by Client Legal Privilege. Electronically signing and returning the document to us, you accept that an electronic representation of your signature, whether typed or electronically produced by you, is your signature.

Section 7: Client Declaration (please ensure you read prior to signing)**Person 1**

1. Do you have poor eyesight and require someone to read the will to you?
 Yes No
2. Do you have difficulty reading English or prefer another language and require someone to read/interpret the will for you?
 Yes No
3. Do you suffer from dementia, Alzheimer's disease and/or suffer from any other condition that affects your memory and understanding (even for short or infrequent periods)?
 Yes No
4. When do you require your estate to be finalised? (please state date)

5. To the best of our knowledge the personal information provided in this document is correct and up to date.
6. I am aware that Griffin Legal take no responsibility for estate planning advice based on any inaccurate information provided by me.
7. I authorise Griffin Legal to use this information in order to prepare legal documentation regarding our estate plan.
8. I do not intend this document to be my interim Will.

Person 2

1. Do you have poor eyesight and require someone to read the will to you?
 Yes No
2. Do you have difficulty reading English or prefer another language and require someone to read/interpret the will for you?
 Yes No
3. Do you suffer from dementia, Alzheimer's disease and/or suffer from any other condition that affects your memory and understanding (even for short or infrequent periods)?
 Yes No
4. When do you require your estate to be finalised? (please state date)

5. To the best of our knowledge the personal information provided in this document is correct and up to date.



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| <p>6. I am aware that Griffin Legal take no responsibility for estate planning advice based on any inaccurate information provided by me.</p> <p>7. I authorise Griffin Legal to use this information in order to prepare legal documentation regarding our estate plan.</p> <p>8. I do not intend this document to be my interim Will.</p> |
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Signature of Person 1

Date

Full Name of Person 1

Signature of Person 2

Date

Full Name of Person 2



SECTION 8: Power of Attorney (“POA”)

Do you have an existing POA?	Person 1	Person 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of existing POA		
Would you like a new POA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Appointment of Attorneys – Who do you appoint as your attorney?

For example:

- 1. I appoint my Spouse.**
- 2. If my Spouse can't act I appoint my brother/sister/friend**

Person 1

Full name of Attorney 1 (including middle name):	
Residential Address:	
Full name of Attorney 2 (including middle name):	
Residential Address:	

Person 2

Full name of Attorney 1 (including middle name):	
Residential Address:	
Full name of Attorney 2 (including middle name):	
Residential Address:	

Specific Directions

Person 1

1. Do you want your Attorney(s) to act jointly or for the second Attorney to only act if the first Attorney is unable or unwilling to act?

Jointly **Separately** **Other (to be discussed)**

2. Is there anything in particular that you wish to be addressed in your power of attorney?

Yes **No**

Details: _____

3. Do you wish to place any limits on the power of your attorney?

Yes **No**

Details: _____

4. Would you like a standard Medical Direction included in your Power of Attorney related to the provision or withdrawal of life support?

Yes **No**

Details: _____

5. Would you like your Power of Attorney to commence immediately or only after incapacity?

Immediately **Incapacity**

6. Would you like your Power of Attorney only to be effective for a limited time?

Yes **No**

Details: _____

Person 2

1. Do you want your Attorney(s) to act jointly or for the second Attorney to only act if the first Attorney is unable or unwilling to act?

Jointly **Separately** **Other (to be discussed)**

2. Is there anything in particular that you wish to be addressed in your power of attorney?

Yes No

Details: _____

3. Do you wish to place any limits on the power of your attorney?

Yes No

Details: _____

4. Would you like a standard Medical Direction included in your Power of Attorney related to the provision or withdrawal of life support?

Yes No

Details: _____

5. Would you like your Power of Attorney to commence immediately or only after incapacity?

Immediately Incapacity

6. Would you like your Power of Attorney only to be effective for a limited time?

Yes No

Details: _____