

# Fact Finder

## 1. Your Personal Details

Surname			
Given Name			
Maiden Name			
Marital Status			
Date of Birth			
Occupation			
Residential Address			
Postal Address			
Telephone	Home:		Work:

## 2. Your Partner's Details

Surname			
Given Name			
Maiden Name			
Marital Status			
Date of Birth			
Occupation			
Residential Address			
Postal Address			
Telephone	Home:		Work:

## 3. Dependant(s)

	Relationship to Client	Name	Sex	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				

4. Other Persons Who May Be Interested In Your Estate (e.g. previous spouse, any other person who lived with you at any time, estranged children)

Names	Date of Birth

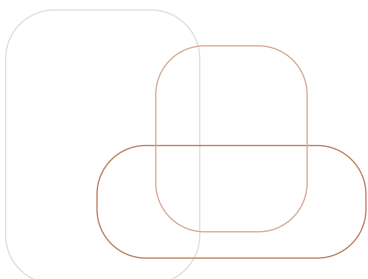
5. The Immediate Family Tree To enable us to get a picture of your family, please provide a tree.

Your Parents / Parents Inlaw			

You / Spouse	

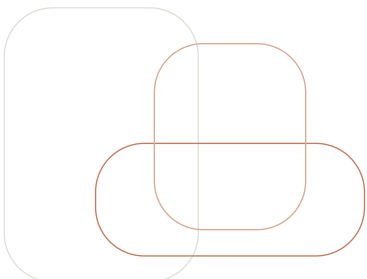
Your Children - Names	Date of Birth

Your Grandchildren - Names	Date of Birth



6. Assets

	Your Assets	Your Partners Assets	Your Joint Assets		External Structures			Date Acquired
			Joint Tenancy	Tenancy in Common	Trust Assets	Company Assets	Other Structures	
Located in Australia								
Cash								
Bank Accounts								
Accrued Wages								
Other Entitlements								
Taxation Credits								
Home								
Other Real Estate								
Bonds								
Shares								
Debentures								
Personal Property Listed & Unlisted								
Loans - Secured and unsecured								
Life Insurance								
Superannuation								
Business Interest								
Annuity								



7. Liabilities

	Your Liabilities	Your Partners Liabilities	Jointly Incurred Liabilities		External Structures	
			Joint Tenancy	Tenancy in Common	Company	Other Structures
Mortgage 1						
Mortgage 2						
Mortgage 3						
Tax						
Loans						
Leases (Real Estate)						
Financial Leases (Cars & Equipment)						
Total Other Unpaid Debts						

8. Do You Have a Family Trust?    Yes / No    If Yes, please provide details

Name of Family Trust	
Date of Family Trust	
Name of Settlor	
Is Copy of Trust Deed Available for Inspection?	Yes / No
Is Copy of the Latest Balance Sheet Available for Inspection	Yes / No
Name of Accountant for Trust	

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9. Do You Have a Family Company? Yes / No If Yes, please provide details

Name of Company	
Address of Company	
Name of Accountant for Company	
Is Copy of the Latest Balance Sheet Available for Inspection	Yes / No

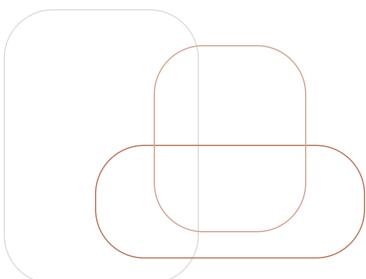
Shareholders Name	Number of Shares

10. Do You Have Life Insurance and/or Annuities? Yes / No If Yes, please provide details

Name of Life Company	
Name of Beneficiary	
Amount of Cover	

11. Does Your Partner Have Life Insurance and/or Annuities? Yes / No If Yes, please provide details

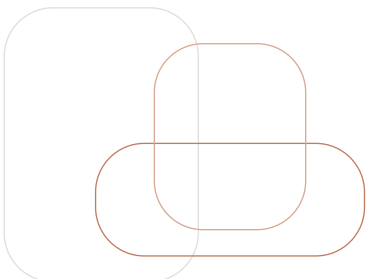
Name of Life Company	
Name of Beneficiary	
Amount of Cover	



**12. Are You A Member Of A Superannuation Fund?**    Yes / No    If Yes, please provide details

Name of Superannuation Fund	
Date of Fund	
Type of Fund (Self Managed, Public Offer or Employer)	
Name of Trustee	
Value of Benefit on Death	
Have you made a nomination as to who is to receive your superannuation benefits after your death?	
Is that nomination binding or not? Can it be amended?	

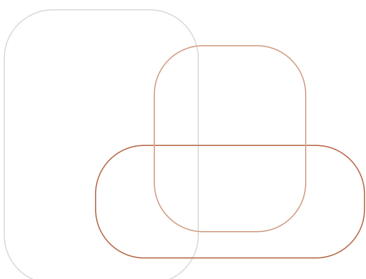
Types of Benefits Authorised by Deed	
Lump Sum	Yes / No
Allocated Pension	Yes / No
Complying life time pension	Yes / No
Life Expectancy Pension	Yes / No
Can you defer payment until 65 or 75 or beyond?	Yes / No
Are you currently in receipt of an allocated pension?	Yes / No
If yes, please provide details	Yes / No



**13. Is Your Partner A Member Of A Superannuation Fund?**    Yes / No    If Yes, please provide details

Name of Superannuation Fund	
Date of Fund	
Type of Fund (Self Managed, Public Offer or Employer)	
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Value of Benefit on Death	
Has your partner made a nomination as to who is to receive their superannuation benefits after your death?	
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Lump Sum	Yes / No
Allocated Pension	Yes / No
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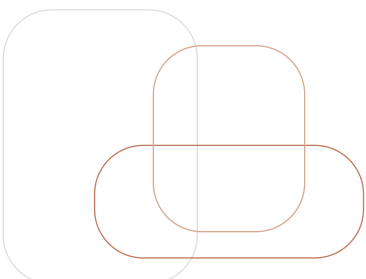
14. Will Instructions

Name of Executor(s) and Their Address(es)	
Name of Alternate Executor(s) and Their Address(es)	

Specific Bequests		
Full Description of Gifts	Full Name/Address of Recipient	Relationship

Name the people who will share the rest of your estate after specific gifts (Residuary Beneficiaries). If they are minor children at what age do you want them to inherit the capital - 18? 21? 25? 30? other?	
Name/Address	Relationship
If more than one, are they to inherit in equal shares?	Yes / No
If no, in what proportions?	

If all Residuary Beneficiaries named above pre-decease you, then who? If some of them are your children do you want their children or spouse to take the inheritance instead?	
Name/Address	Relationship
If more than one, are they to inherit in equal shares?	Yes / No
If no, in what proportions?	
Is there to be any age limitation on Beneficiaries before they can inherit?	Yes / No
If yes, at what age?	



**16. Testamentary Trust**

If you have minor children (ie under 18) do you want a testamentary trust to spread the marginal tax rate among all members of your immediate surviving family?

Is any potential beneficiary likely to misuse their inheritance because of bankruptcy or other financial irresponsibility, substance abuse, mental or personality disorders or abusive personal relationships? if so, you can set up a testamentary trust to hold their share of the inheritance. Is this relevant to you?

**17. Guardianship of Your Minor Children** (not binding, simply a request)

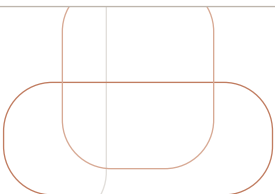
Name of Guardian for your minor children under 18 years of age?	
Name	
Address	
Relationship	
Name	
Address	
Relationship	

**18. Funeral Instructions** (if any) - Not binding on your Executor or family

Do you wish to be cremated or buried?	Cremated / Buried
Do you wish your body to be available for organ transplant?	Yes / No
Do you wish your body to be available for scientific research?	Yes / No
Do you want your funeral service conducted according to the rites of a particular Church or religion or would you prefer a civil ceremony?	

**19. Do you want to appoint a Power of Attorney who can deal with your assets if you become temporarily or permanently physically or mentally incapacitated?**

Name of Attorney		
Address of Attorney		
Extent of Power	Unlimited:	Yes / No
	If Limited, Nature of Limitation	



20. Do you want a Living Will that directs your family to turn off any life support in the event of your irreversible loss of mental and physical capacity? (Not binding, simply a request)

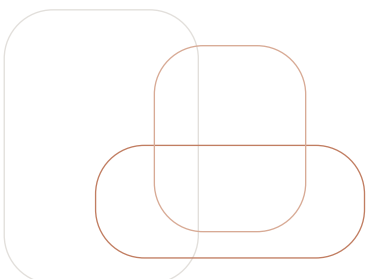
Yes / No

21. Do you want to appoint an Enduring Guardian to look after you if you lose mental capacity but retain physical capacity?

Yes / No

I hereby direct TOWNSENDS BUSINESS & CORPORATE LAWYERS to prepare my Will and my Enduring Power of Attorney, Living Will and/or Appointment of Enduring Guardian (as authorised above) in accordance with the instructions above.

Dated:	
Signature of Person Set Out in Para #1 (page 1):	
Signature of Spouse or Other Relationship Partner Set Out in Para #2 (page 1):	



### A WORD ABOUT ESTATE PLANNING

We have all thought at some stage: "If the worst happens to me, will my family be looked after?" The answer depends on individual circumstances and whether you have an effective estate plan. Research indicates people die every day without the basics being covered.

Let's consider the basics. Everyone needs a Will and an Enduring Power of Attorney. Many people would also want a Living Will and a Guardianship appointment. But these documents only regulate what is to happen to your assets if you are unable to look after them. In addition you may need to consider Estate Planning to make sure you have sufficient assets to protect your family at the time of your death.

#### Try this little exercise

Calculate the following:

- i How much money is needed to pay off the debt on the family home?
- ii What about credit card bills, personal loans, car, boat or other loans?
- iii What if last year's tax bill is suddenly due?
- iv The medical and hospital costs and funeral and cemetery costs should be considered.
- v If the family has been using gearing strategies or has bought investment property, the debt should be cleared from the estate.
- vi Have you taken into account all outstanding debts?

Then, calculate the following:

- i What would be your family's needs for income?
- ii How much money is required each week for them to live in the comfort that they are used to?
- iii How long will it be needed?
- iv Will someone go back to work or continue to work?
- v In a single parent family who will continue to look after the children, and at what cost?
- vi Do you have special education needs or particular schools selected?
- vii What are the costs each year and for how many years?
- viii Do you have a special legacy you want to make to a friend or dependent?

Then,

- a. Add these all up. Now you have a total in dollars.
- b. Deduct from this all current net asset values, superannuation, insurance policies and money in bank accounts.
- c. Consider the tax implications of your Estate or beneficiaries selling assets to pay debts or provide money for your family to live on.

If you are short, you have several choices:

1. Direct your Executor on which of your assets to sell in order to produce the cash necessary to meet these obligations (any asset sold will then not be available for your family's later financial support),
2. Increase your insurance cover including life insurance, total and permanent disablement, income protection, and/or business expense protection;
3. plan not to die soon.

Your financial planner, accountant, insurance agent or life broker can help identify your needs and the best program to solve these needs in your budget. REMEMBER it is better to be prepared than to cause more anxiety and grief to your family after you are gone or when you are seriously ill and unable to help them.

