



Commercial | Family | Litigation | Property

WILL, ENDURING POWER OF ATTORNEY AND APPOINTMENT OF MEDICAL TREATMENT DECISION MAKER INSTRUCTION SHEET

Thank you for instructing our office to prepare your Will and Enduring Power of Attorney (Financial and Personal) and Appointment of Medical Treatment Decision Maker.

In order to assist our office with the preparation of these documents, we ask that you complete the instruction sheets below to the best of your ability.

Please note that upon our review of the information provided below, we may deem it necessary to schedule an additional meeting with you in order to ensure that each document meets your specific needs and requirements.

Should you have any queries in relation to the information requested or seek further clarification, please do not hesitate to contact us.

WILL INSTRUCTIONS

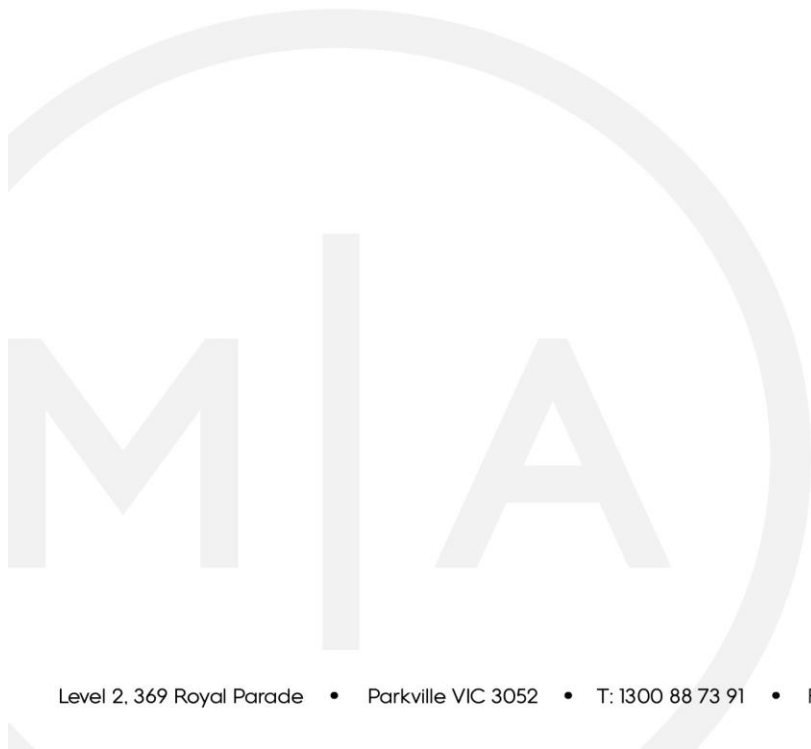
1. Will maker	
Full name:	
Any other names under which assets are held:	
Normal residential address:	
Occupation:	
Date of Birth:	
2. Your family arrangements	
Married or in a relationship:	
Spouse or partners full name and residential address:	

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Full names of children of your current marriage or relationship:	
Full names of children of previous marriage or relationship as well as full name and residential address of your former spouse or partner:	
Full names and residential address of anyone who is financially or emotionally dependant on you:	
Do you provide for all of your children:	
3. Executors:	
First choice of executor including his or her full name, residential address, age and relationship to you.	
Second choice of executor including his or her full name, residential address, age and relationship to you.	
Do you want executors to act jointly or as alternatives?	
4. Powers of your Trustees	
Please let us know if there are any other powers other than those discussed or to be discussed with you that you would like to grant your Trustees with regards to the administration of your estate.	
5. Guardians	
First choice of guardian including his or her full name, residential address, age and relationship to you.	
Second choice of guardian including his or her full name, residential address, age and relationship to you.	
6. Beneficiaries	
Full names, residential addresses and ages for those you wish to benefit under your Will including their relationship to you.	
What share in your estate do you wish each beneficiary to receive?	
If you only want them to receive a share at a particular age please specify that age. I.e. 25 years	
If any beneficiaries predecease you would you want their share to go to their children?	
If you wish to donate to charities, please specify which charities.	
7. Gifts	

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If you have certain gifts you would like to make such as heirlooms, jewellery or a sum of money please specify the item and the full name and residential address of the person you wish to receive the gift.	
8. Assets	
Please provide us with a brief outline of your assets and liabilities so that we may properly advise you when planning your estate. Corporate interests are to be included.	
9. Trusts and Companies	
Names of any trusts or companies in which you hold an interest or are a beneficiary as well as specific details as to the interest.	
If involved in business, please specify whether you have a Buy-Sell Agreement, Shareholders' Agreement or like succession planning agreement in place.	
10. Family Law	
If making this Will because you have separated from your spouse or partner please specify whether you have resolved matters by a binding financial agreement, consent order or court order.	
11. Superannuation	
Have you made a binding nomination for your superannuation benefits? If so, please specify who the nomination is in favour of.	
If you have a SMSF, please provide further details.	



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**ENDURING POWER OF ATTORNEY (FINANCIAL AND PERSONAL) AND APPOINTMENT OF MEDICAL
TREATMENT DECISION MAKER INSTRUCTIONS**

1. Enduring Power of Attorney (Financial and Personal)	
First choice of attorney including his or her full name, residential address, age and relationship to you.	
Second choice of attorney including his or her full name, residential address, age and relationship to you.	
Do you want your attorneys to act jointly or alternatively?	
Commencement. Please specify whether you would like to power to commence on a certain date or certain event such as <i>When a medical general practitioner certifies that I lack mental capacity OR on a particular event occurring OR immediately.</i>	
Conditions and Instructions for attorney in relation to: <ul style="list-style-type: none">- Conflict transactions- Gifts or donations- Maintenance of dependants- Payments to attorneys	
2. Appointment of Medical Treatment Decision Maker	
First choice of medical treatment decision maker including his or her full name, residential address, date of birth and relationship to you.	
Second choice of medical treatment decision maker including his or her full name, residential address, date of birth and relationship to you.	
Third choice of medical treatment decision maker including his or her full name, residential address, date of birth and relationship to you. (If applicable). <i>Please note that you cannot jointly appoint medical treatment decision makers.</i>	

If you believe that you would like or need an advance care directive or suffer a pre-existing medical condition, please contact us to discuss the same.