

## WILLS INSTRUCTIONS

Please complete this form as much as possible and bring it to your initial meeting with us. We can incorporate testamentary trusts, specific gifts and other special provisions in your Will if you wish and this will be discussed after we have received these initial instructions.

### SECTION A: WILL-MAKER

I authorise DBA to communicate with and copy documents to my adviser or \_\_\_\_\_.

**FULL NAME** \_\_\_\_\_ **Age** \_\_\_\_\_

Maiden name or other names you are known by \_\_\_\_\_

Home address \_\_\_\_\_

Postal address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

### SECTION B: EXECUTORS

Executors are the people who administer your estate upon your death. You can nominate a maximum of four executors. Note: 'substitute' executors act only if the first executor cannot act due to death, incapacity or refuses to act.

<b>E1</b>	Full name:	
Occupation:		Age:
Address:		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
<b>E2</b>	Full name: <i>Substitute?</i> <input type="checkbox"/>	
Occupation:		Age:
Address:		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
<b>E3</b>	Full name: <i>Substitute?</i> <input type="checkbox"/>	
Occupation:		Age:
Address:		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
<b>E4</b>	Full name: <i>Substitute?</i> <input type="checkbox"/>	
Occupation:		Age:
Address:		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>

**SECTION C: BENEFICIARIES**

Your estate will be distributed to the primary beneficiary named in Level 1. If that beneficiary predeceases you, your estate will be distributed to those beneficiaries in Level 2. It is common to name your spouse as the primary beneficiary under Level 1 and your children as beneficiaries under Level 2. If your spouse predeceases you, your children will take in equal shares as tenants-in-common, unless specified otherwise.

**Level 1:**

<b>PB</b>	Full name: _____ (or tick if E1 <input type="checkbox"/> )
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____

**Level 2:** these beneficiaries will take in the event that the primary beneficiary named in Level 1 does not survive you.

<b>B2</b>	Full name: _____ (or tick if E2 <input type="checkbox"/> )
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____
<b>B3</b>	Full name: _____ (or tick if E3 <input type="checkbox"/> )
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____
<b>B4</b>	Full name: _____ (or tick if E4 <input type="checkbox"/> )
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____

**SECTION D: POWERS OF ATTORNEY**

**MEDICAL:** a medical Power of Attorney requires **one** agent and **one** alternate agent.

Agent (choose **one**): E1  E2  E3  E4  other  (supply details in section E)

Alternate agent (choose **one**): E1  E2  E3  E4  other  (supply details in section E)

**FINANCIAL:**

**Primary attorney(s):**

I nominate the following as my attorney(s):

E1  E2  E3  E4  other  (supply details in section E)

Note that multiple attorneys will be joint and several, unless instructed otherwise.

**Alternative attorney(s):** are **optional** and you can nominate one alternative attorney for each primary attorney. If you wish to nominate alternative attorney(s), please include their details in section E.

