



# Wills Day Promotion

## Client Information (Prepared by Client)

To help in the preparation of your Will please complete the following Instruction Sheet which you should pass to the Solicitor on the day. If you are unable to answer all the questions, the Solicitor will be able to assist you. This information is for the solicitor only and will not be made available to The Salvation Army.

### Please Note

This Promotion covers **SIMPLE WILLS ONLY**. This is usually from one spouse to another, or from a parent to children. Husbands and wives must have **separate** Wills. Requests for repeated amendments to the Will prior to signing may incur a fee being charged by the Solicitor. This Promotion does not include the preparation of Wills where a great amount of property, trusts or complex legal business exists, and when this is the case, clients are advised to arrange a special appointment with a Solicitor.

### Please print all details clearly.

#### Your details:

Title  Dr  Mr  Mrs  Ms  Miss

First Names (in full) \_\_\_\_\_ Surname \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mailing Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: / /

#### Full Name of spouse/children if applicable

Spouse: Title  Dr  Mr  Mrs  Ms  Miss

First Names (in full) \_\_\_\_\_ Surname \_\_\_\_\_

Children - Names in Full and Dates of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have you previously made a Will? (please ✓ as appropriate):  Yes  No

Where is that Will held?

Street Address

Suburb

State

Postcode

**Executor – (Person/s administering the Estate after death)**

Name (in full)

Street Address

Suburb

State

Postcode

Home ( )

Work ( )

Mobile

Occupation

**Alternate Executor**

Name (in full)

Street Address

Suburb

State

Postcode

Home ( )

Work ( )

Mobile

Occupation

**Guardian for infant children**

Name (in full)

Street Address

Suburb

State

Postcode

Home ( )

Work ( )

Mobile

Occupation

Do you want to record funeral details? (please ✓ as appropriate):  Yes  No

If yes (please ✓ as appropriate):  Buried  Cremated

Please specify

I would like a (please ✓ as appropriate):  Religious Service  Other

Please specify

**Beneficiaries:**

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Do you want to include special gifts to organisations/charities? e.g.The Salvation Army):

Yes  No

Organisation \_\_\_\_\_

Gift \_\_\_\_\_

### Assets and Liabilities

Please give a brief summary of your assets and liabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold shares in a private company?  Yes  No

Do you have a Family Trust?  Yes  No

Do you run your own business?  Yes  No

Do you have assets overseas?  Yes  No

### Superannuation

Do you have a Self Managed Superannuation Fund?  Yes  No

If yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_

Do you have other superannuation?  Yes  No

If yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_

Have you made a death benefit nomination for your superannuation?  Yes  No

If yes, please provide a copy

### Life Insurance

Do you have life insurance?  Yes  No

If yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_