

ESTATE ADMINISTRATION INSTRUCTIONS FORM

Prepared for (entity)

Preparation date

Services Agreement

or N/A

Prepared by

Autonomy First Planning Guide

This form prepares us to deal with a range of considerations, including those overviewed below.

WHO REPRESENTS YOU?

- During your life as:
 - attorney,
 - guardian, and
 - decision making supporter?
- After your death - as executor?
- Who are the backstop appointments to your primary representatives?
- Note we will need to formally identify all representatives and have verifiable descriptions of all beneficiaries. Formal visual identification procedures will be needed.

WHAT WILL THEY HAVE TO MANAGE?

- What is your property?
- What rights do you have that may have value e.g. debts or family provision claim rights
- What intention, causes or charities or other good do you want to do after you die?

HOW WILL THEY MANAGE YOUR INTENTIONS?

- During your life
- After your death
 - By direct gifts?
 - Forgiving debt?
 - Some other means

WHEN SHOULD THEIR ROLE COMMENCE?

- Your will can only take effect once you die.
- Your Enduring Guardianship will only commence when you lose some or all of your ability to make decisions about your health, wellness or living arrangements.
- Your Power of Attorney can take effect, now, or later and subject to a range of conditions. When do you think you may need help and why?

WHAT ELSE DO WE NEED TO KNOW TO HELP YOU?

People and family

Spouse 1

Title _____ Full name _____

Address _____

Home telephone _____ Mobile _____

Home fax _____ Email _____

Date of birth _____ Place of birth _____ Driver's licence no. _____

Occupation _____ Job title _____

Work telephone _____ Work fax _____

Citizenship _____ Residence _____

Spouse 2

Title _____ Full name _____

Address _____

Home telephone _____ Mobile _____

Home fax _____ Email _____

Date of birth _____ Place of birth _____ Driver's licence no. _____

Occupation _____ Job title _____

Work telephone _____ Work fax _____

Citizenship _____ Residence _____

Dependant(s)

	RELATIONSHIP TO CLIENT	NAME	SEX	DATE OF BIRTH
1				
2				
3				
4				
5				
6				

Representative(s)

	TYPE – ATTORNEY ETC	NAME	ADDRESS
1			
2			
3			
4			
5			
6			

Other persons who may be interested in your estate

NAMES	DATES OF BIRTH

Immediate family tree

To enable us to get a picture of your family, please provide a tree.

YOUR PARENTS AND PARENTS-IN-LAW

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YOU/SPOUSE

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YOUR CHILDREN

Names	Dates of birth

YOUR GRANDCHILDREN	
Names	Dates of birth

Assets and liabilities

Assets – copy and repeat for Non Australian jurisdictions

Located in Australia	Sole ownership	Jointly held property		External structures		
		JOINT TENANCY	TENANCY IN COMMON	TRUST ASSETS	COMPANY ASSETS	OTHER STRUCTURES
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						

* For further issues on superannuation see page 10 of this fact finder. These questions should be reviewed for appropriateness to your circumstances.

Liabilities					
	Sole ownership	Jointly incurred liabilities		External structures	
		JOINT TENANCY	TENANCY IN COMMON	COMPANY ASSETS	OTHER STRUCTURES
Mortgage 1					
Mortgage 2					
Mortgage 3					
Consumer debts					
Medical expenses					
Tax					
Domestic accounts					
Guarantees					
Sureties					
Loans					
Other					

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List collectables, offshore & substantial non-investment assets

DESCRIPTION	LOCATION	VALUE	DATE ACQUIRED

Do you have inheritances which may come to you from Australia or other sources? Yes No

Are you the trustee, agent or representative of another person Yes No

Does anyone in your family live in a country other than Australia Yes No

Do you hold dual citizenship? Yes No

If yes, where? _____

Annual income stream assessment

Income

CLIENT		SPOUSE	
Salary/wages	\$ _____	Salary/wages	\$ _____
Car allowance	\$ _____	Car allowance	\$ _____
Other fringe benefits	\$ _____	Other fringe benefits	\$ _____
Non salary allowances	\$ _____	Non salary allowances	\$ _____
Rental income	\$ _____	Rental income	\$ _____
Investment income	\$ _____	Investment income	\$ _____
Bank account income	\$ _____	Bank account income	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Total taxable income	\$ _____	Total taxable income	\$ _____
Tax liability	\$ _____	Tax liability	\$ _____
Net annual income	\$ _____	Net annual income	\$ _____
A. Combined net annual income		\$	_____

Core family expenditure

TYPE OF EXPENSE	ANNUAL COST
Mortgage/rent on principal residence	\$ _____
Investment loans	\$ _____
Investment costs – repairs, advice, fees, etc	\$ _____
Other loans	\$ _____
Credit and store card repayments	\$ _____
Tax (other than PAYE)	\$ _____
General household expenses	\$ _____
Electricity/Gas/Water	\$ _____
Telephones	\$ _____
Insurance – Life	\$ _____
Insurance – General	\$ _____

			\$

Insurance – Medical			\$

Education			\$

Entertainment			\$

General spending			\$

Other			\$

			\$

B. Total expenditure			\$

Net	Cashflow (A-B)		\$

less	Superannuation contributions	\$	

less	Charitable gift deductions	\$	\$

	“Fun money” (surplus/deficiency)		\$

Current insurance cover and superannuation

Personal insurance

POLICY OWNER	TYPE OF INSURANCE	INSTITUTION	BENEFIT	VALUE (IF ANY)	PREMIUM PER ANNUM
			\$	\$	\$
			\$	\$	\$
Total					\$

General insurance

POLICY TYPE	INSTITUTION	COVER	EXCESS	RENEWAL DATE	PREMIUM PER ANNUM
Home/Contents		\$	\$		\$
Investment property 1		\$	\$		\$
Investment property 2		\$	\$		\$
Car		\$	\$		\$
POLICY TYPE	INSTITUTION	COVER	EXCESS	RENEWAL DATE	PREMIUM PER ANNUM
Other		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
Total					\$

Private health insurance

COMPANY	PERSON(S) COVERED	TYPE OF COVER	PREMIUM
			\$
			\$
Total			\$

Transfer summary to page 8 as needed.

Superannuation

COMPANY	TYPE*	NOMINATED BENEFICIARY	VALUE
			\$
			\$

Total	\$
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* DIY – Do it yourself fund
 PO – Public offer/employer fund

Do you have a binding nomination in place? Yes No
 (Attach copy of nomination) If yes, date _____

Have you used your Transfer Balance Cap ? Yes No
 If yes, please attach evidence Amount \$ _____

SMSF fund Yes No
 (Attach copy of deed)

If yes, date fund commenced _____

If yes, has the deed been amended since inception? Yes No

If yes, dates amended _____

How many members in fund? _____

Types of benefits authorised by deed

Lump sum Yes No

Reversionary pension Yes No

Complying lifetime 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:

Insurance cover calculation sheet

Capital requirement
 \$

Mortgage	\$	
Education fund	\$	
Taxation	\$	
Amount due on death	\$	
Capital to top up requirement capital needs	\$	

	Total	\$
<hr/>		
LESS – existing:		
Superannuation		\$
Life insurance		\$
Sickness and accident cover		\$
	Total	\$
<hr/>		
	Excess	<input type="checkbox"/>
	Deficiency	<input type="checkbox"/>

Will instructions

Also consider medical decision making, powers of attorney, power of guardianship and advanced care directive.

1 Who do wish to appoint as the executor of your estate?

1.1 PRIMARY

(a) Primary 1

(b) Primary 2

1.2 SUBSTITUTE

(a) Substitute 1

(b) Substitute 2

2 Specific bequests

(a) within will:

(b) by Memorandum of Wishes:

3 Residuary bequests

(a) to spouse/partner/other then if spouse/partner/other has predeceased,

(b) to surviving children, if none then,

(c) to surviving grandchildren, if none then,

(d) final gift over:

(i) Scenario:

(1) my family, or

(2) spouse/partner/other's family, or

(ii) charity.

4 General powers given to a trustee

(a) Vesting Dates:

(i) income (eg at 18 years of age), and

(ii) capital (eg at 21, 25, 30 etc years of age)

- (b) Power to maintain infant beneficiaries
- (c) Power to invest
- (d) Power to borrow (particularly relevant if there are infant beneficiaries)
- (e) Power to partition, appropriate and postpone sale
- (f) Negate section 144 *Conveyancing Act*

(To assist in apportionment of income streams after death of testator or life tenant.)

- (g) Power to carry on business (relevant if you are the proprietor of a business)
- (h) CGT and GST charging clause

5 Testamentary guardians in the event of infant children?

6 Funeral arrangements - any particular requests?

7 Have you appointed a professional person to act as your executor (eg accountant, solicitor?) If so note here what needs to be considered.

- (a) charging provisions,
- (b) nomination of representation, or
- (c) review of executors commission rights.

8 Other clauses and provisions which may be need to be considered in your will

8.1 ASSETS

Collectables are those assets that are used mainly for your personal use or enjoyment which have an acquisition cost excess of \$500.00 and which fall within a list which includes, artwork, jewellery, an antique or a coin or medallion, a rare folio, manuscript or book, a postage stamp or first day cover.

Personal use assets are those personal use assets which are used or kept mainly for your personal use or enjoyment and include furniture, household appliances, boats used for pleasure, sporting equipment which have an acquisition cost in excess of \$10,000.

8.2 LIABILITIES

Dealing with external structures:

- (a) companies,
- (b) trusts,
- (c) superannuation, and
- (d) life insurance.

Are there any guarantees or sureties or like obligations surviving death?

Are there contractual liabilities which will survive death eg commercial or professional risk?

What is the contemplated time scale for administration of the estate? ie How long lived are the provisions of the testamentary estate intended to be?

See the following strategic accountabilities diagram for more information: