

Personal Details, Assets, Liabilities & Family Details Form

Part 1 – Personal Details

Client 1

Preferred title: Mr Mrs Ms Miss Dr

Full Name (inc. Middle Name): _____

Known Also As: _____

Preferred Name: _____

Phone Number: _____

Residential Address _____

Postal Address As above **OR** _____

Email Address _____

Date of Birth: ____/____/____

Client 2

Preferred title: Mr Mrs Ms Miss Dr

Full Name (inc. Middle Name): _____

Known Also As: _____

Preferred Name: _____

Phone Number: _____

Residential Address _____

Postal Address As above **OR** _____

Email Address _____

Date of Birth: ____/____/____

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Part 2 – Assets

Real Property

Property 1 address: _____

Owned in which name/s: _____

Approx value: _____

Mortgage: No mortgage

Or, bank name: _____

loan outstanding: _____

Property 2 address: _____

Owned in which name/s: _____

Approx value: _____

Mortgage: No mortgage

Or, bank name: _____

loan outstanding: _____

Property 3 address: _____

Owned in which name/s: _____

Approx value: _____

Mortgage: No mortgage

Or, bank name: _____

loan outstanding: _____

Please bring a Rates Notice for each property to your appointment.

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2. Bank Accounts

Bank / Credit Union	Account Name	Amount Held (approx.)

3. Shares in public companies

Name of Company	Owned in which name/s	HIN Number or SRN Number	Number of shares held

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4. Investment Portfolio or Managed Funds

Investment Portfolio or Managed Funds	Owned in which name/s	Approx. value

5. Life Insurance outside of Superannuation

Life Insurance Company	Owned in which name/s	Sum Insured	Named beneficiary

Please bring your latest life insurance statement to your appointment.

6. Superannuation

Name of fund	Owned in which name/s	Value of membership account	Nominated Beneficiary/ies

Please bring your latest superannuation statement to your appointment.

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7. Loans (money people owe to you)

Name of Borrower	Name of Lender	When is it Due?	Loan Amount

Has an Acknowledgement of Debt been signed? Yes No

8. Motor Vehicles, Boats, Motorcycles, etc.

Description and Location	Owned in which name/s	Value	Finance

9. Household Contents (e.g., collectibles, jewellery, art etc.)

Approx. value: Up to \$100,000 Up to \$200,000 \$200,000+

10. Other Assets

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Part 3 – Liabilities

1. Do you have any margin loans/personal loans?

Yes No

(If yes)

Liability: _____

Creditor: _____

Amount owing: _____

2. Do you have any other loans (e.g., do you owe money to family or friends)?

Yes No

(If yes)

Liability: _____

Creditor: _____

Amount owing: _____

Has a Loan Agreement been signed? Yes No

Has an Acknowledgement of Debt been signed? Yes No

Please bring copy of Loan Agreement or Acknowledgement of Debt, if applicable.

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Part 4 – Corporate Entities

1. Are you carrying out a business?

Yes No

Sole Trader

Run through a trust

Run through a company

Business Name: _____

If Sole Trader, please provide a list of the business' assets and liabilities.

2. Is there a family trust?

Yes No

Name: _____

Trustee: _____

Name: _____

Trustee: _____

3. Is there a family company?

Yes No

Director/s: _____

Shareholder/s: _____

Director/s: _____

Shareholder/s: _____

4. Is there a business partnership?

Yes No

Name of Partner: _____

Name of Partner: _____

5. Do you have an interest in a farm?

Yes No

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Part 5 – Details of Family Members

The reference to children includes stepchildren.

If you have no children, Skip to Part 6.

Otherwise, please complete this form to the best of your knowledge.

Name of Child 1: _____

Age: _____

Phone Number: _____

Email Address: _____

Address: _____

Occupation (if any): _____

Name of Spouse (if any): _____

Occupation of Spouse: _____

Their Children (if any): Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name of Child 2: _____

Age: _____

Phone Number: _____

Email Address: _____

Address: _____

Occupation (if any): _____

Name of Spouse (if any): _____

Occupation of Spouse: _____

Their Children (if any): Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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Name of Child 3: _____

Age: _____

Phone Number: _____

Email Address: _____

Address: _____

Occupation (if any): _____

Name of Spouse (if any): _____

Occupation of Spouse: _____

Their Children (if any): Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name of Child 4: _____

Age: _____

Phone Number: _____

Email Address: _____

Address: _____

Occupation (if any): _____

Name of Spouse (if any): _____

Occupation of Spouse: _____

Their Children (if any): Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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Do any of your children (or their spouses) have any special needs or health issues which would impact their ability to earn income?

Yes No

If Yes, please provide brief details of their special needs or health issues.

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Part 6 – Relationship History

Please provide the following information so that we can advise you on who may be able to contest your Will.

Date of Marriage: ____/____/____ First Marriage: Yes No

If not married, when did you begin this relationship? ____/____/____

If not married, when did you begin living together? ____/____/____

Client 1

Name of Spouse from 1st Marriage: _____

Date (approximate to month and year) of being:

Widowed: ____/____/____ Divorced: ____/____/____

Separated: ____/____/____

If widowed, do you have any stepchildren from that marriage:

Yes No

If Yes, please provide their names, ages and occupations.

If separated or divorced, regarding your property settlement:

already finalised in the process of finalising it did not do a property settlement

Name of Spouse from 2nd Marriage: _____

Date (approximate to month and year) of being:

Widowed: ____/____/____ Divorced: ____/____/____

Separated: ____/____/____

If widowed, do you have any stepchildren from that marriage:

Yes No

If Yes, please provide their names, ages and occupations.

If separated or divorced, regarding your property settlement:

already finalised in the process of finalising it did not do a property settlement

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Client 2

Name of Spouse from 1st Marriage: _____

Date (approximate to month and year) of being:

Widowed: ____/____/____ Divorced: ____/____/____

Separated: ____/____/____

If widowed, do you have any stepchildren from that marriage:

Yes No

If Yes, please provide their names, ages and occupations.

If separated or divorced, regarding your property settlement:

already finalised in the process of finalising it did not do a property settlement

Name of Spouse from 2nd Marriage: _____

Date (approximate to month and year) of being:

Widowed: ____/____/____ Divorced: ____/____/____

Separated: ____/____/____

If widowed, do you have any stepchildren from that marriage:

Yes No

If Yes, please provide their names, ages and occupations.

If separated or divorced, regarding your property settlement:

already finalised in the process of finalising it did not do a property settlement