

Thank you for taking the first steps to protect you and your loved ones with an estate plan.

This estate planning personal information form is a guide to help us understand your assets and family, so we can provide the best estate planning advice tailored to your circumstances.

Completing the form **before your appointment** will save time and minimise the need for follow-up appointments.

If you have any trouble completing your form, please do not worry; return the document with as much information as you can complete, and we can discuss and gather more information at your appointment.

This form has multiple sections; however, some sections may not apply to you and will not require information.

How to return this form

- You can return an electronic or scanned copy of this form to bsu@publictrustee.tas.gov.au
- You can post the form to GPO Box 1565, Hobart 7001
(Please allow sufficient time for the document to arrive before your appointment)
- Alternatively, if you are unable to do either of the above options, please drop the document into your local office.

Why does the Public Trustee need this information?

To ensure your estate is distributed the way you intend and to minimise the risk of your Will being challenged, we need to know:

- what assets and liabilities you have;
- how you own assets and
- the estimated value of your assets.

For example – how you own your assets (such as your home or bank account) will determine who you can leave that asset to. Information on the value of your assets or liabilities will help determine if certain gifts are possible or if the estate is distributed 'fairly' or the way you intend.

 Important – please read before you continue

If you select **any of the options below, do not continue this form.**

Please call us first on **1800 068 784**.

We need to speak with you before you proceed, as you may require specialised legal advice.

Do any of these apply to you?

☐ **You have a Self-Managed Superannuation Fund (SMSF)**

This means your super is managed through a private trust set up with a legal document called a trust deed. SMSFs have special rules and usually need extra advice.

☐ **You have an existing Family Trust**

This means your assets or income are held in a trust for family members. Family trusts are separate legal arrangements and need careful planning.

☐ **You want someone to live in or use your home for a period of time**

This means you want to give someone the right to live in your home for their lifetime or for a set number of years, even though they may not own it or they own it jointly with you. This is sometimes called a right of residence or life interest.

☐ **You want to set up a Discretionary Trust**

This means you want a trust that gives flexibility over who receives income or assets, often to help protect assets or reduce tax for your beneficiaries.

☐ **You own or are part of a business with other people**

This means you have a business interest in a partnership or a company. These businesses usually have legal agreements that affect what happens when you die.

☐ **You run a sole trader business that will continue after your death**

This means you are the only owner of a business, and you want it to keep operating after you die, rather than winding up on death.

☐ **You own significant assets overseas**

This means you own property or land in another country. Overseas assets are often managed under different laws and can affect your estate planning.

Section 1 - Contact Information

CLIENT DETAILS:

Title: (e.g. Mr/Mrs/Ms/Dr)

Surname:

Given names:

Also known as name:

(if applicable)

Preferred name:

Date of birth: (DD/MM/YYYY)

Occupation:

RESIDENTIAL ADDRESS:

Street no. and name:

Suburb:

State and postcode:

Postal address:

☐ As Above ☐ Other

CONTACT DETAILS:

Home phone:

Mobile phone:

Email:

YOUR CONTACT PREFERENCES:

We may contact you about your documents or appointments. Your information is protected under the *Personal Information Protection Act 2004*.

After your appointment, we may send you one SMS to ask for quick feedback

Feedback SMS: ☐ Opt out of providing us feedback

We may send occasional updates about seminars, events, or important news from the Public Trustee.

Updates & Events: ☐ Opt out of important updates and event notifications

Section 2 - Relationship

RELATIONSHIP DETAILS:

☐ **Single**

☐ **Married**

Date of Marriage:

Place of Marriage:

Name of Spouse:

☐ **Significant Relationship (de facto)**

Length of Relationship:

☐ **Deed of registered relationship**

Length of Relationship:

☐ **Divorced**

Date of Divorce:

Place of Divorce:

Name of Spouse:

☐ **Separated**

☐ **Widowed**

If you have additional Marriages/Divorces, please state the details on the last page.

If you are in a current relationship, please complete the following

Your partner's name:

Your partner's
date of birth

Your partner's address

Section 3 – Children

Do you have children? ☐ Yes ☐ No (If **no**, please go to the next section)

Child 1

Child's full name:

Daughter/ Son:

☐ Daughter ☐ Son

Relationship:

☐ Natural Child ☐ Adopted Child
☐ Step Child ☐ Deceased Child

Date of birth: (DD/MM/YYYY)

Address:

Contact phone/email:

Is this child under a disability?

☐ Yes ☐ No
If yes, state disability: _____

Child 2

Child's full name:

Daughter/ Son:

☐ Daughter ☐ Son

Relationship:

☐ Natural Child ☐ Adopted Child
☐ Step Child ☐ Deceased Child

Date of birth: (DD/MM/YYYY)

Address:

Contact phone/email:

Is this child under a disability?

☐ Yes ☐ No
If yes, state disability: _____

Child 3

Child's full name:

Daughter/ Son:

☐ Daughter ☐ Son

Relationship:

☐ Natural Child ☐ Adopted Child
☐ Step Child ☐ Deceased Child

Date of birth: (DD/MM/YYYY)

Address:

Contact phone/email:

Is this child under a disability?

☐ Yes ☐ No
If yes, state disability: _____

If you have additional children, please state their details on the last page.

Section 4 – Household Goods and Personal Contents

Brief description of contents:

How are these assets owned?

☐ solely owned ☐ jointly owned

If jointly owned, please state with whom?

Estimated market value?

(\$)

Please state any additional contents details on the last page

Section 5 – Motor Vehicles, Boats, Campervans etc.

Do you own a vehicle?

☐ Yes ☐ No

E.g. Car, boat, campervan etc.

(If **no**, please go to the next section)

Description of vehicle(s):

E.g. Subaru Forester 2017

How is the vehicle owned?

☐ solely owned ☐ jointly owned

If jointly owned, please state with whom?

Estimated market value?

(\$)

Do you have money owing against the vehicle?

☐ Yes ☐ No

Do you own any other types of vehicles?

☐ Yes ☐ No

(If **yes**, please state additional details on the last page)

Section 6 - Property Details

Do you own real estate? ☐ Yes ☐ No (If **no**, please go to the next section)

Street no. And name:

Suburb:

State and Postcode:

How is the property held:

- ☐ Freehold (own property & land outright)
☐ Leasehold (own property subject to terms)

Property type:

- ☐ Principal place of residence
☐ Residential
☐ Commercial
☐ Vacant land

How is the property owned?

- ☐ Sole owner
☐ Joint tenants
☐ Tenants in common

If jointly owned please state with whom?

If tenants in common, please state Interest held? %

Location of title deeds:

- ☐ At the property
☐ With Public Trustee
☐ Unknown
☐ Other

If other, please state location:

Estimated value:

(\$)

Is there a mortgage over this property?

- ☐ Yes ☐ No

If yes, please state

Mortgage
Financial
institution:

Mortgage
outstanding:

(\$)

Do you own more real estate?

- ☐ Yes ☐ No

(If **yes**, please state the additional property details on the last page)

Section 7 - Bank Accounts and Investments

Do you own a bank or investment account?

☐ Yes ☐ No (If **no**, please go to the next section)

ACCOUNT 1

Financial institution:

How is the account owned?

☐ solely owned ☐ jointly owned

If jointly owned please state with whom?

Estimated value:

(\$)

ACCOUNT 2

Financial institution:

How is the account owned?

☐ solely owned ☐ jointly owned

If jointly owned please state with whom?

Estimated value:

(\$)

Do you own any other accounts or investments?

☐ Yes ☐ No

(If **yes**, please state additional investment details on the last page)

Section 8 - Shares

Do you own any Shares?

☐ Yes ☐ No (If **no**, for both clients please go to the next section)

Share company holdings (e.g. Woolworths, Telstra):

How are these shares owned?

☐ solely owned ☐ jointly owned

If jointly owned with whom?

Estimated value:

(\$)

Do you own any other Shares?

☐ Yes ☐ No

(If **yes**, please state additional share details on the last page)

Section 9 – Liabilities

Do you have any Liabilities?
E.g. Credit cards

☐ Yes ☐ No
(If **no**, please go to the next section)

Provide details of liability:

How is the liability *held*?

☐ solely held ☐ jointly held

If jointly owned please state with whom?

Estimated value:

(\$)

Do you have any other
liabilities?

☐ Yes ☐ No
(If **yes**, please state additional details on the last page)

Section 10 – Superannuation

Do you have superannuation?

☐ Yes ☐ No (If **no**, please go to the next section)

Fund name:

Account type:

☐ Accumulation ☐ Pension

Account balance:

(\$)

Do you have death
benefit cover:

☐ Yes ☐ No ☐ Unknown

If **yes**, please state death benefit cover:

\$

Nomination type:

☐ Binding
☐ Non-binding
☐ No nomination
☐ Unknown

Nominated to:

☐ Estate
☐ Named beneficiary (please state
details below)

Name:

Relationship

to you:

Do you have any other superannuation
accounts?

☐ Yes ☐ No
(If **yes**, please state additional details on the last page)

Section 11 – Funeral arrangements

Do you have any Funeral arrangements?

☐ Yes ☐ No

(If **no**, for both clients please go to the next section)

CLIENT ONE:

Pre-paid funeral:

☐ Yes ☐ No

Pre-arranged funeral:

☐ Yes ☐ No

Funeral insurance:

☐ Yes ☐ No

Please state the details:

Section 12– Life Insurance

Do you have Life Insurance?

☐ Yes ☐ No

(If **no**, please go to the next section)

Fund name:

Nomination In place:

☐ Yes ☐ No ☐ Unknown

If **yes**, please state who it is nominated to:

☐ Estate

☐ Named beneficiary (please state details below)

Name:

Relationship to you:

Insurance cover:

(\$)

Section 13 – Other Assets:

Do you own any Foreign Assets?

☐ Yes ☐ No

(If **Yes**, please state the details on the last page)

Do you have an interest in a business?

☐ Yes ☐ No

(If **Yes**, please state the details on the last page)

What prompted you to make an appointment?

- ☐ I am a previous client and knew I had to update my document
- ☐ I did a web search
- ☐ I had a promotional voucher
- ☐ I received an email reminder
- ☐ I went to a seminar — Which one _____
- ☐ I am a beneficiary of estate
- ☐ I saw a display ad on social media
- ☐ a TV/radio ad
- ☐ A friend recommended me
- ☐ I picked up a brochure at Service Tasmania
- ☐ Other _____

Additional information

Please list any additional information here:

(e.g. Additional children, real estate, bank accounts, shares, motor vehicles, superannuation, life insurance, foreign assets, business interests, assets held on trust, interest in a deceased estate or intellectual property rights)

If you need additional room please add more pages.

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