

Estate Planning Personal Information Form

Please complete this form before your appointment.

Thank you for taking the first step.

This form helps us understand your family, assets and circumstances before your appointment, so we can provide estate planning advice that suits your needs and reduce the chance of follow-up appointments.

Allow about 20 minutes to complete this form. You can skip any section that does not apply to you. If you need more space, use the Additional information section at the end of the form.

If you have trouble completing the form, please do not worry. Return it with as much information as you can. We can discuss and gather more information at your appointment.

How to return this form

- Email an electronic or scanned copy to bsu@publictrustee.tas.gov.au.
- Post it to GPO Box 1565, Hobart TAS 7001. Please allow enough time for it to arrive before your appointment.
- If you cannot email or post the form, take it to your local Public Trustee office.

Why we need this information

To help make sure your estate is distributed the way you want and reduce the risk of someone challenging your Will, we need to know:

- What assets and liabilities you have.
- How your assets are owned.
- The estimated value of your assets.

Seniors' Month Offer

Before you continue

Important: please read before you continue

If any option below applies to you, stop and call us on 1800 068 784 before continuing.

The Public Trustee prepares standard Wills. Some situations need extra advice, so we need to speak with you before you continue.

If none apply, select "None of these apply" and continue.

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

Your super is managed through a private trust established by a trust deed. SMSFs have special rules and usually need additional advice.

☐ **You have an existing Family Trust**

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**

You want someone to have the right to live in your home for their lifetime or for a set period, even if they do not own it or own it jointly with you. This is sometimes called a right of residence or life interest.

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

You want a trust that gives flexibility over who receives income or assets, often to protect assets or reduce tax for beneficiaries.

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

You have a business interest in a partnership or company. Legal agreements may affect what happens when you die.

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

You are the only owner and want the business to continue operating after you die, rather than being wound up.

☐ **None of these apply - I can continue with this form**

We only prepare Wills for assets held in Australia. If you have significant overseas assets, you may need extra legal advice.

Who is filling out this form?

- ☐ I am filling this out for myself
- ☐ I am filling this out for someone else

What documents do you want to prepare?

You can find out more about these documents on our website.

- ☐ **Will** - appoints an executor and records what you want to happen to your assets when you die.

Who would you like to appoint as your executor?

- ☐ Public Trustee ☐ Another person
-

- ☐ **Enduring Power of Attorney** - appoints an attorney to make financial and legal decisions for you while you are alive.

Who would you like to appoint as your attorney?

- ☐ Public Trustee ☐ Another person
-

- ☐ **Enduring Guardianship** - appoints a guardian to make medical and personal decisions if you lose decision-making capacity.

Please note: You can only appoint an adult family member or friend as your guardian. You cannot appoint the Public Trustee as your guardian.

Your contact preferences

We may contact you about your documents or appointments. Tick below to opt out of other messages.

- ☐ SMS feedback survey
-
- ☐ Public Trustee seminars, events or important updates
-

Section 1: Contact information

Client details	Client one	Client two
Title (for example, Mr, Mrs, Ms or Dr)		
Pronouns (such as she/her, he/him or they/them)		
Surname		
Given names		
Also known as (if applicable)		
Preferred name		
Date of birth (DD/MM/YYYY)		
Occupation		
Residential address	Client one	Client two
		☐ Same as Client one
Street number and name		
Suburb		
State and postcode		
Postal address (if different)	☐ Same as above ☐ Other	☐ Same as above ☐ Other
Contact details	Client one	Client two
Home phone		
Mobile phone		
Email		

Section 2: Relationship

Are Client one and Client two partners? ☐ Yes ☐ No

Relationship status	Client one	Client two
		☐ Same as Client one
Single	☐	☐
Married - If you are married, complete the marriage details.	☐	☐
Significant relationship (de facto) - Please provide your relationship details.	☐	☐
Registered relationship - Please provide your relationship details.	☐	☐
Divorced - If you are divorced, complete the divorce details.	☐	☐
Separated	☐	☐
Widowed	☐	☐

Marriage details	Client one	Client two
Date of marriage (DD/MM/YYYY)		
Place of marriage		
Spouse's name		

Significant or registered relationship details	Client one	Client two
Length of relationship		

Divorce details	Client one	Client two
Date of divorce (DD/MM/YYYY)		
Place of divorce		
Former spouse's name		

If you have had more marriages or divorces, provide the details in the Additional information section.

Section 3: Children

Do either of you have children? ☐ Yes ☐ No If no, both clients go to Section 4.

Child 1	Client one	Client two
		☐ Same as Client one
Child	☐ Daughter	☐ Daughter
	☐ Son	☐ Son
	☐ Another description	☐ Another description
Relationship	☐ Natural child	☐ Natural child
	☐ Adopted child	☐ Adopted child
	☐ Stepchild	☐ Stepchild
	☐ Child is deceased	☐ Child is deceased
Child's full name		
Date of birth (DD/MM/YYYY)		
Address		
Phone or email		
Does this child have a disability or support needs?	☒ Yes ☐ No	☐ Yes ☐ No
If yes, provide relevant details		

Child 2	Client one	Client two
		☐ Same as Client one
Child	☐ Daughter	☐ Daughter
	☐ Son	☐ Son
	☐ Another description	☐ Another description
Relationship	☐ Natural child	☐ Natural child
	☐ Adopted child	☐ Adopted child
	☐ Stepchild	☐ Stepchild
	☐ Child is deceased	☐ Child is deceased
Child's full name		
Date of birth (DD/MM/YYYY)		
Address		
Phone or email		
Does this child have a disability or support needs?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, provide relevant details		

Child 3	Client one	Client two
		☐ Same as Client one
Child	☐ Daughter	☐ Daughter
	☐ Son	☐ Son
	☐ Another description	☐ Another description
Relationship	☐ Natural child	☐ Natural child
	☐ Adopted child	☐ Adopted child
	☐ Stepchild	☐ Stepchild
	☐ Child is deceased	☐ Child is deceased
Child's full name		
Date of birth (DD/MM/YYYY)		
Address		
Phone or email		
Does this child have a disability or support needs?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, provide relevant details		

If you have more children, provide their details in the Additional information section.

Section 4: Household goods and personal contents

	Client one	Client two
		☐ Same as Client one
Brief description of contents		
How are these items owned?	☐ Solely owned ☐ Jointly owned	☐ Solely owned ☐ Jointly owned
If jointly owned, who with?		
Estimated market value (\$)		

Provide any additional details in the Additional information section.

Section 5: Vehicles, boats and campervans

Do you own a vehicle, boat, campervan or similar asset? ☐ Yes ☐ No

If no, for both clients go to Section 6.

	Client one	Client two
		☐ Same as Client one
Description of vehicle(s) (for example, Subaru Forester 2017)		
How is the vehicle owned?	☐ Solely owned ☐ Jointly owned	☐ Solely owned ☐ Jointly owned
If jointly owned, who with?		
Estimated market value (\$)		
Do you have money owing against the vehicle?	☐ Yes ☐ No	☐ Yes ☐ No
Do you own any other vehicles?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, provide details in the Additional information section.

Section 6: Property details

Do you own real estate? ☐ Yes ☐ No If no, for both clients go to Section 7.

	Client one	Client two
		☐ Same as Client one
Street number and name		
Suburb		
State and postcode		
How is the property held?	☐ Freehold (own property and land outright) ☐ Leasehold (own property subject to terms)	☐ Freehold (own property and land outright) ☐ Leasehold (own property subject to terms)
Property type	☐ Principal place of residence ☐ Residential ☐ Commercial ☐ Vacant land	☐ Principal place of residence ☐ Residential ☐ Commercial ☐ Vacant land
How is the property owned?	☐ Sole owner ☐ Joint tenants ☐ Tenants in common	☐ Sole owner ☐ Joint tenants ☐ Tenants in common
If jointly owned, who with?		
If tenants in common, interest held	(%)	(%)
	☐ At the property	☐ At the property
Location of title deeds	☐ With Public Trustee ☐ Unknown	☐ With Public Trustee ☐ Unknown

	☐ Other	☐ Other
If other, location of title deeds		
Estimated value (\$)		
Is there a mortgage over this property?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, provide the following details.		
Mortgage provider		
Mortgage outstanding		
Do you own more real estate?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, provide details in the Additional information section.

Section 7: Bank accounts and investments

Do you own a bank or investment account? ☐ Yes ☐ No

If no, for both clients go to Section 8.

Account one	Client one	Client two
		☐ Same as Client one
Financial institution		
How is the account owned?	☐ Solely owned	☐ Solely owned
	☐ Jointly owned	☐ Jointly owned
If jointly owned, who with?		
Estimated value (\$)		
Account two	Client one	Client two
		☐ Same as Client one
Financial institution		
How is the account owned?	☐ Solely owned	☐ Solely owned
	☐ Jointly owned	☐ Jointly owned
If jointly owned, who with?		
Estimated value (\$)		
Do you own any other bank or investment accounts? ☐ Yes ☐ No ☐ Yes ☐ No		

If yes, provide details in the Additional information section.

Section 8: Shares

Do you own shares? ☐ Yes ☐ No If no, for both clients go to Section 9.

	Client one	Client two
		☐ Same as Client one
Share company holdings (for example, Woolworths or Telstra)		
How are the shares owned?	☐ Solely owned ☐ Jointly owned	☐ Solely owned ☐ Jointly owned
If jointly owned, who with?		
Estimated value (\$)		
Do you own any other shares?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, provide details in the Additional information section.		

Section 9: Liabilities

Do you have any liabilities, such as credit cards or loans? ☐ Yes ☐ No

If no, for both clients go to Section 10.

	Client one	Client two
		☐ Same as Client one
Details of liability		
Who is responsible for this liability?	☐ Sole responsibility ☐ Joint responsibility	☐ Sole responsibility ☐ Joint responsibility
If jointly owned, who with?		
Amount owing (\$)		
Do you have any other liabilities?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, provide details in the Additional information section.

Section 10: Superannuation

Do you have superannuation? ☐ Yes ☐ No

If no, for both clients go to Section 11.

	Client one	Client two
		☐ Same as Client one
Fund name		
Account type	☐ Accumulation ☐ Pension	☐ Accumulation ☐ Pension
Account balance (\$)		
Do you have death benefit cover?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Death benefit cover (\$), if known		
Nomination type	☐ Binding ☐ Non-binding ☐ No nomination ☐ Unknown	☐ Binding ☐ Non-binding ☐ No nomination ☐ Unknown
Nominated to	☐ Estate ☐ Named beneficiary	☐ Estate ☐ Named beneficiary
Name of named beneficiary		
Relationship to you		
Do you have other superannuation accounts?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, provide details in the Additional information section.

Section 11: Funeral arrangements

Do you have funeral arrangements? ☐ Yes ☐ No

If no, for both clients go to Section 12.

Pre-paid funeral	☐ Yes ☐ No	☐ Yes ☐ No
Pre-arranged funeral	☐ Yes ☐ No	☐ Yes ☐ No
Funeral insurance	☐ Yes ☐ No	☐ Yes ☐ No
Details		

Provide any additional details in the Additional information section.

Section 12: Life insurance

Do you have life insurance? ☐ Yes ☐ No If no, for both clients go to Section 13.

	Client one	Client two
		☐ Same as Client one
Insurer or fund name		
Is a nomination in place?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
If yes, who is it nominated to?	☐ Estate ☐ Named beneficiary	☐ Estate ☐ Named beneficiary
Name of named beneficiary		
Relationship to you		
Insurance cover (\$)		

Section 13: Other assets

	Client one	Client two
Do you own foreign assets?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any other business interests?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, provide details in the Additional information section.

What prompted you to make an appointment?

- ☐ I am a previous client and knew I needed to update my document
- ☐ I completed a web search
- ☐ I had a promotional voucher
- ☐ I received an email reminder
- ☐ I attended a seminar
- ☐ I am a beneficiary of an estate
- ☐ I saw an advertisement on social media
- ☐ I saw or heard a television or radio advertisement
- ☐ A friend recommended the Public Trustee
- ☐ I picked up a brochure at Service Tasmania
- ☐ Other

If you attended a seminar, which one?

If other, please provide details

Additional information

Use this space for any additional information, such as extra children, real estate, bank accounts, shares, vehicles, superannuation, life insurance, foreign assets, business interests, assets held on trust, an interest in a deceased estate or intellectual property rights. Add extra pages if needed.

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