

Pro Forma B Estate Planning Fact Finder - Single

STRICTLY PRIVATE AND CONFIDENTIAL

Single Person means Single, never married (or) Single, partner deceased (or) Single, separated/divorced

Name: _____

Date: _____

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- This Questionnaire may contain Sections which are not relevant to you – just draw a diagonal line or cross through these or mark Not Applicable.
- Where you are not sure, put a big question mark "?" for discussion with your s.

Things your Estate Planning Lawyer will need:

1. Details of your family (see Family Tree Diagrams in Pro Forma A in this Guide)
2. Copies of any existing Will, POA, EPOA, Advance Care/Health Directive
3. Details of any Entities you own or in which you have an interest [see diagrams in Pro Forma A (Diagrams 4 - 6) in this Guide, to supply diagrammatic details of each Entity].
4. If you have an interest in an Entity, you will need to provide a copy of the Trust Deed, Company Constitution, details of shareholdings/directorships, Business Agreements and any other relevant documents, such as latest Tax Return for the Entity. If you have an interest in a number of related entities, ideally you should provide a diagram of the overall structure.
5. Identification documentation – photo identification preferred eg current driver's licence or passport.

Estate Planning Lawyer - Appointment Details	Date: _____	Time: _____
	Place: _____	
	Contact Details: _____	

Estate Planning Fact Finder – Single Person

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Section 1. Personal Information

WILL MAKER DETAILS [Complete the Family Tree Diagram/s – see Pro Forma A]

Full Name: _____

Former Name(s): _____

Residential Address: _____

Postal Address: _____

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Occupation: _____
(If Retired, add previous Occupation)

Contact Details: H) _____ W) _____ Mob) _____

Email: _____ Tax File No. _____

Do you have a current:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location
Will	<input type="checkbox"/>	<input type="checkbox"/>
EPOA Financial	<input type="checkbox"/>	<input type="checkbox"/>
EPOA Personal/Health	<input type="checkbox"/>	<input type="checkbox"/>
Advance Care/Health Directive	<input type="checkbox"/>	<input type="checkbox"/>

..

This space has been left intentionally blank.

Children

NOT APPLICABLE

Refer to Family Tree diagram/s in ProForma A

		Child 1	Child 2	Child 3	Child 4	Child 5
Child's Full Name:		_____	_____	_____	_____	_____
Address:		_____	_____	_____	_____	_____
Contact:		_____	_____	_____	_____	_____
Child's Place of Birth:		_____	_____	_____	_____	_____
Child's Age or Date of Birth: (note if Deceased)		_____	_____	_____	_____	_____
Child's Gender:	Male (M) Female (F)	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship Type	Child with former spouse/partner Adopted (A) Step (S)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> S	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> S
Child's Current Domestic Situation:	Single (S) Engaged (E) Married (M) Domestic Partner (P)	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> P	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> P	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> P	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> P	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> P
Child's Previous Relationships:	Divorced (D) Separated (S) Financial Settlement Completed	<input type="checkbox"/> D <input type="checkbox"/> (S) <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> D <input type="checkbox"/> (S) <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> D <input type="checkbox"/> (S) <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> D <input type="checkbox"/> (S) <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> D <input type="checkbox"/> (S) <input type="checkbox"/> No <input type="checkbox"/> Yes
Child's Special Circumstances:	Financially dependent Disability Addiction High risk profession / business Risk of marital breakdown Spendthrift	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Child's Occupation (optional):		_____	_____	_____	_____	_____
Exclude from any Distribution under the Will?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> N <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do they have Children? (ie your Grandchildren)		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many?		_____	_____	_____	_____	_____
Include Grandchild/ren under the Will?		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Assets and Liabilities

Please enter the details of the Will Maker's significant assets (or at least an estimated Summary Total against each Asset heading) held personally or as Joint Tenants or Tenants-in-Common. Do not include assets held in Superannuation, or in Trust or Companies (ie owned by separate entities) unless they are a share or unit or partnership interest. Please add additional details if necessary [** Please note if any assets are held as 'Tenants-in-Common' (TIC), under Value Jointly Owned]*]

ASSETS	Value owned by Will Maker
<u>LIFESTYLE ASSETS</u>	
Home	\$
Motor vehicle	\$
Motor vehicle	\$
Boat, Van	\$
Artwork	\$
Antiques, Collectibles	\$
Jewellery	\$
Other	\$
<u>INVESTMENT ASSETS</u>	
Cash Accounts	\$
	\$
	\$
	\$
	\$
Term Deposits	\$
	\$
	\$
	\$
Loans to Others	\$
	\$
	\$
	\$
Managed Funds	\$
	\$
	\$
	\$
	\$
	\$
Shares	\$
	\$
	\$
	\$
	\$
	\$
	\$
Real Property	\$
	\$
	\$
Other Investment Assets	
Potential Inheritances	\$
Other:	
TOTAL INVESTMENT ASSETS	\$

Public Superannuation Funds and Life Insurance

Superannuation and Life Insurance cannot be dealt with directly by your Will. However, you can direct the Trustees of your Super fund(s) to pay your superannuation entitlements to your Legal Personal Representative (your Executor) which means it will be paid into your Estate, if that is your wish.

PUBLIC SUPERANNUATION FUND/S – Will Maker

NOT APPLICABLE

Name of Fund	Pension/ Accumulation	Value	Pension Reversionary? DBN or BDBN? Lapsing*/Non-Lapsing?	To Whom?
		\$	*If Lapsing, when?	

DBN = Death Benefit Nomination BDBN = Binding Death Benefit Nomination

INSURANCE – Will Maker (Insurances paying a lump sum on death) **NOT APPLICABLE**

Insurer	Type of Policy (eg Whole of Life, Death, TPD, Trauma)	Policy Number	Inside/ Outside Super	Life Insured	Level of Cover/Sum Insured	Policy Owner/ Beneficiary

Details/Comments:

Assets Owned Through Entities

NOT APPLICABLE If you have no Entities, draw a line through this Section – **GO TO NEXT SECTION**

A. Do you have a Self Managed Super Fund?

No Yes

SMSF Name: _____

- If 'Yes', have you completed the 'Diagram for Self Managed Super Fund' structure provided? No Yes
- Have you made the necessary arrangements (if any needed, including changes to the Corporate Trustee, Company constitution and/or changes to the SMSF Trust Deed) to ensure the proper transition of Trustee control of the SMSF and/or ownership of your assets in the SMSF, to the desired beneficiaries, in the event of your death or loss of capacity? No Yes
- If 'No', discuss/review with your professional Estate Planning Lawyer/specialist SMSF
- Estimate of Value for Estate purposes **Will Maker \$** _____

Comments:

B. Do you have a Discretionary Trust, Family Trust or Unit Trust? No Yes
(List all Trusts in which you are an office holder (ie Trustee, Appointor, Principal, etc))

Trust Name: _____

- If 'Yes', have you completed the 'Diagram for Family or Discretionary Trust Structure' provided? No Yes
- Have you made the necessary checks [if any needed, including changes to the constitution of the Corporate Trustee and/or changes to the Trust Deed, in relation to the Appointor and/or Trustee/s] to ensure that control of the Family Trust will pass into the hands of your desired and intended Replacements in these roles, in the event of your death or incapacity? No Yes
- Have you checked that your intended plan for succession to the role of Trustee is consistent with your Will? No Yes
- Have you checked that your intended plan for succession to the role of Appointor is consistent with Trusteeship? No Yes
- Estimate of Value for Estate purposes **Will Maker \$** _____

Comments:

C. Do you conduct a Business? No Yes

- Name of Business: _____
- Do you conduct the Business alone:

as a Sole Trader	<input type="checkbox"/>
via a Company	<input type="checkbox"/>
via a Trust	<input type="checkbox"/>
- Do you conduct the Business with other person/s:

as a Partnership	<input type="checkbox"/>
via a Company	<input type="checkbox"/>
via a Trust	<input type="checkbox"/>
- Have any of your children contributed – for less than market reward – to the building of the business asset (e.g. by working for less than commercial wages in the family business)? No Yes
- Does the business carry debt which would need to be repaid? Have you made provision for this in your Will? No Yes
- Have you entered into a Business Agreement, Buy/Sell Agreement or other form of business succession arrangement? No Yes
- Where the Business is run as a Company, have you Appointed alternate or substitute Directors of the Company in the event of your absence, incapacity or death? No Yes
- If the Business is run as a Company, is the planned succession of shareholders consistent with The Will? No Yes
- If the Business is to continue after your death or incapacity, have you put business succession planning arrangements in place? For example, if the Business run by a Company or Trust, have you left your shares in the Company to the right person(s) in your Will? Have you ensured that control of the Trust [Appointor/s and Trustee/s] will pass into the right hands? No Yes
- Estimate of Value for Estate purposes **Will Maker \$** _____

Comments:

D. Do you have a Private Company?

No Yes

- If 'Yes', have you completed the 'Diagram of Private Company Structure' provided? No Yes
- Have you made arrangements to have ownership and control of the Company pass into the correct hands in the event of your death or loss of capacity? For example, have you left your shares in the Company to the right person(s) in your Will or arranged for the appointment of alternate or substitute Director(s) in the event of your absence, incapacity or death? No Yes
- Is the planned succession of shareholders consistent with the Will? No Yes

Comments:

E. Do you own or have any interest in any Other Entity not listed above?

No Yes

Details/Comments:

F. Do you have a Complex Structure of Entities?

No Yes

- Have you created a diagram to illustrate the overall structure? No Yes

Comments:

G. Other Assistance/ Advice? - After completing the Entities Questionnaire, do you think you may require specialist advice in any of the following areas:

SMSF

- | | | | |
|--|-----------------------------|------------------------------|--------------------------------|
| Advice re Transition of Trusteeship | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |
| Corporate Trustee Company Constitution review/update | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |
| Self Managed Super Fund trust deed review/update | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |
| Binding Death Benefit Nomination | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |

Company

- | | | | |
|--|-----------------------------|------------------------------|--------------------------------|
| Company Constitution review/update | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |
| Division 7A* agreement (relating to Company loans) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |
| Shareholders agreement/review/update | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |
| Small business Capital Gains Tax advice | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe |

Business

- Partnership Agreement No Yes Maybe
- Buy/Sell Agreement/review No Yes Maybe
- Insurance funded Buy/Sell agreement No Yes Maybe
- Company Constitution review/update No Yes Maybe
- Small business Capital Gains Tax advice No Yes Maybe

Discretionary Trust / Family Trust / Unit Trust

- Trust Deed review/update No Yes Maybe
- Trustee Company Constitution review/update No Yes Maybe
- Shareholders/Unitholders agreement/review/update No Yes Maybe
- Small business Capital Gains Tax advice No Yes Maybe

Other

- Parent to child loan agreement No Yes Maybe
- Mortgage Documents No Yes Maybe
- Asset protection device (think Family Provision Application claims) No Yes Maybe

Other Items /Concerns for Discussion

The above Entity questions encompass a broad range of specialist advice areas. In the first instance, you should talk to your Financial Planner, who can either assist directly or advise where you may seek the specialist advice needed, if you do not already have a professional in the required area of expertise.

** Division 7A is part of the Income Tax Assessment Act 1936 and is intended to prevent profits or assets being provided to shareholders or their associates tax free. ([/www.ato.gov.au/Business/Private-company-benefits--Division-7A-dividends](http://www.ato.gov.au/Business/Private-company-benefits--Division-7A-dividends)).*