

Pro Forma F Our Will Instructions - Couple

Strictly Private & Confidential

Section 1. Executor

Is this a Mutual Will?

No Yes

To administer my Estate, I wish to appoint:

| | |
|--|---|
| <p>Will Maker 1 – As Initial Executor/Trustee: <input type="checkbox"/> MY SPOUSE (OR) FIRSTLY Full Name: Address: Contact:</p> <p>And Then – As Additional/Substitute* Executor/T'ee: Full Name: Address: Contact:</p> <p>And Then – As Additional/Substitute* Executor/T'ee: Full Name: Address: Contact:</p> <p>And Then – As Additional/Substitute* Executor/T'ee: Full Name: Address: Contact:</p> <p><i>* Delete one. Cross out if not needed.</i></p> <p>How my Executors are to act I wish my Executors to act: • Jointly (together) <input type="checkbox"/> No <input type="checkbox"/> Yes • Successively <input type="checkbox"/> No <input type="checkbox"/> Yes (e.g. Executor 1 to act, but if he/she is unable, then Executor 2 and Executor 3 to act) Instructions: </p> | <p>Will Maker 2– As Initial Executor/Trustee: <input type="checkbox"/> MY SPOUSE (OR) FIRSTLY Full Name: Address: Contact:</p> <p>And Then – As Additional/Substitute* Executor/T'ee: Full Name: Address: Contact:</p> <p>And Then – As Additional/Substitute* Executor/T'ee: Full Name: Address: Contact:</p> <p>And Then – As Additional/Substitute* Executor/T'ee: Full Name: Address: Contact:</p> <p><i>* Delete one. Cross out if not needed.</i></p> <p>I wish my Executors to act: • Jointly (together) <input type="checkbox"/> No <input type="checkbox"/> Yes • Successively <input type="checkbox"/> No <input type="checkbox"/> Yes (e.g. Executor 1 to act, but if he/she is unable, then Executor 2 and Executor 3 to act) Instructions: </p> |
|--|---|

Note: Co-Executors must act jointly. You must be able to trust them individually to act co-operatively in the administration of the Estate. One Executor cannot act independently of the other. Disputing Executors can cause delays and add considerably to Estate administration costs.

INDEPENDENT EXECUTOR/TRUSTEE

NOT APPLICABLE

Do you wish to appoint any independent person/s or entity to act as Executor/Trustee of your Estate? (whether on their own or as a Co-Executor/Trustee with any of your family Members)

| | |
|---|---|
| <p>Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details:</p> | <p>Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details:</p> |
|---|---|

Section 2. Distribution of Estate – Specific Gifts/Bequests

NOT APPLICABLE

I would like to give the following specific items or assets to the named person/s

| | | |
|--|---|---|
| Will Maker 1 Asset _____ _____ _____ _____ _____ _____ _____ _____ | Beneficiary/ies – Full Name + address _____ _____ _____ _____ _____ _____ _____ _____ | Value \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |
| Will Maker 2 Asset _____ _____ _____ _____ _____ _____ _____ | Beneficiary/ies – Full Name + address _____ _____ _____ _____ _____ _____ _____ _____ | Value \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |

Do you wish to include any specific conditions in relation to any gift left under your Will to a beneficiary:

| | |
|---|---|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ _____ _____ | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ _____ _____ |
|---|---|

Section 3. Life Interest/Right to Reside

NOT APPLICABLE

Do you wish to provide a life interest (or a temporary right of residence) to any person in any of your property upon your death?

| | | |
|---|--|--|
| | Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure _____ _____ _____ _____ _____ _____ _____ _____ | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure _____ _____ _____ _____ _____ _____ _____ _____ |
| Property Beneficiary/ies | | |
| Terms <i>(eg. who is responsible for paying rates and insurance)</i> | | |
| Remainder Beneficiaries | | |
| Comments | | |

Section 4. Guardians for Children

NOT APPLICABLE

Do you wish to appoint one or more Guardians for children under the age of 18 years?

No Yes Not Sure

(Bear in mind that the Guardian is not necessarily the person who has the day-to-day care of the children. The Guardian decides who is best placed to have the day-to-day care, and that may be themselves or some other person or persons)

If Yes,

Child Name: _____
Guardian Name: _____
Address: _____
Contact: _____

Child Name: _____
Guardian Name: _____
Address: _____
Contact: _____

Child Name: _____
Guardian Name: _____
Address: _____
Contact: _____

Comments, Requests or Instructions: _____

Section 5. Minor Beneficiaries

NOT APPLICABLE

Legal adult age is 18 years. Because of the young person's life inexperience, immaturity or vulnerability, many people impose restrictive conditions on a young beneficiary's right to their inheritance, such as:

- Inheritance is not paid until an older age, such as 25
- Inheritance is paid by instalments, e.g. 20% at age 18, 20% at age 21, 60% at age 25.

Do you wish to impose special conditions which over-ride the right of a beneficiary to receive their inheritance at 18 years of age?

| | |
|---|---|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ |
|---|---|

Section 6. Special Needs or Vulnerable Beneficiaries

NOT APPLICABLE

Would you like to protect or favour a beneficiary due to their vulnerable or personal circumstances, such as age (elderly parents) health, disability including mental illness, inability to manage personal affairs, addiction problems (drugs, alcohol or gambling), bankruptcy, or other reason?

| | |
|---|---|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ |
|---|---|

Section 7. Forgiveness of Loans/Debt

NOT APPLICABLE

Do you wish to forgive any loans/debt owed to you by anyone, upon your death?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> N/A |
|--|--|

If Yes, do you wish to adjust any distribution made to that person under your Will accordingly?

| | |
|---|---|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Details: _____ _____ _____ |
|---|---|

Section 8. Pets

NOT APPLICABLE

Do you wish to make provision for any pets under your Will?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Instructions: _____ _____ _____ | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure Instructions: _____ _____ _____ |
|--|--|

Section 9. Charity/ies as Beneficiary

NOT APPLICABLE

If you wish to include one or more charities as a Beneficiary, you must contact the charity to obtain the correct name and address and the appropriate bequest clause wording.

| | |
|---|---|
| Will Maker 1 Name of Charity: Address: Name of Charity: Address: Details: | Will Maker 2 Name of Charity: Address: Name of Charity: Address: Details: |
|---|---|

NOTE: Gift of a specific asset (other than cash) to a charity may trigger a CGT liability for the Estate

Section 10. Testamentary Trust/s

NOT APPLICABLE

- Do you wish to leave assets on a separate Testamentary Trust for your beneficiaries? No Yes Not Sure

- If Yes, do you wish to leave assets on **ONE** Testamentary Trust for all your beneficiaries or **SEPARATE** Testamentary Trusts for each beneficiary?
 One Trust
 Separate Trusts
 Not Sure

- Do you wish to appoint any independent person(s) or external entity (e.g. a Trustee Company) to act as Trustee/Appointor (i.e. Controller) of the Testamentary Trust (whether on their own or as a co-Trustee (Appointor) with any of your family members)?
 No
 Yes
 Not Sure

Note re Trustee: For ease, your Executor/s should initially be nominated as Trustee. The Trustee/s of a TT will usually be: your spouse, one or more of your adult children, your brother and/or sister, your accountant or solicitor, or trusted friend, and/or an independent external Trustee Company. (Your Lawyer will advise.)

Note re Appointor: The Appointor has the ultimate power to appoint and remove the TT Trustee under certain circumstances e.g. divorce, bankruptcy, death.

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TRUST 1

Trust Fund

Trustees

Substitute Trustee:

Beneficiaries:

Appointor:

Substitute Appointor:

Bequest/Assets to TT:

TRUST 2

Trust Fund

Trustees

Substitute Trustee:

Beneficiaries:

Appointor:

Substitute Appointor:

Bequest/Assets to TT:

TRUST 3

Trust Fund

Trustees

Substitute Trustee:

Beneficiaries:

Appointor:

Substitute Appointor:

Bequest/Assets to TT:

TRUST 4

Trust Fund

Trustees

Substitute Trustee:

Beneficiaries:

Appointor:

Substitute Appointor:

Bequest/Assets to TT:

Additional Details:

Section 11. Residue

The rest (residue) of my Estate is to be distributed as follows (it is safer and clearer to name specific beneficiaries rather than a class of beneficiaries such as “all my children”)

EITHER A - Simple Gifting:

| | |
|---|---|
| <p>Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure</p> <p>1. First to my Spouse 2. then equally to my children 3. then to my children’s children 4. then ½ to my siblings and ½ to my spouse/partner’s siblings OR (Insert Names/Details)</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure</p> <p>1. First to my Spouse 2. then equally to my children 3. then to my children’s children 4. then ½ to my siblings and ½ to my spouse/partner’s siblings OR (Insert Names/Details)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

OR B - As set out below:

| | |
|---|---|
| <p>Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure</p> <p>A. Firstly, to: [Insert Full Name/s and Address]</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B. If the person/s in A do not survive, then to: [Insert Full Name/ and Address]</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>C. If the persons in A and B do not survive me, then to: [Insert Full Name/s and Address/es]</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure</p> <p>A. Firstly, to: [Insert Full Name/s and Address]</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B. If the person/s in A do not survive, then to: [Insert Full Name/s and Address]</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>C. If the persons in A and B do not survive me, then to: {[Insert Full Name/s and Address/es]</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

OR C – As set out below:

| | Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | |
|---------------|---|------|---|------|
| Beneficiary 1 | | | | |
| Beneficiary 2 | | | | |
| Beneficiary 3 | | | | |
| Beneficiary 4 | | | | |
| Beneficiary 5 | | | | |
| Beneficiary 6 | | | | |
| Beneficiary 7 | | | | |
| Beneficiary 8 | | | | |
| | | 100% | | 100% |

RESIDUE NOTES:

A Please note if any Beneficiary is a NON-RESIDENT. If non-resident, CGT (capital gains tax) may be payable by the Estate. If so, who bears the payment of the CGT – the Beneficiary or the Estate?

Instructions: _____

B. Are Estate debts to be paid from the residue?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure |
| If No, what assets should the debts be paid from? | If No, what assets should the debts be paid from? |

C. Death of a Beneficiary

In the event that a named Beneficiary dies, do you wish to distribute that Beneficiary’s entitlements

Equally to the children of that Beneficiary?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure |
|--|--|

OR • Equally amongst the remaining Beneficiaries?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure |
|--|--|

OR If No, do you wish to nominate substitute Beneficiary/ies?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure |
| Substitute Beneficiary/ies | Substitute Beneficiary/ies |
| | |
| | |
| | |

D. Ultimate Beneficiary/ies

If no child or other descendent survives you to inherit your assets, how do you wish your assets to be distributed? This may include extended family, friends or organisations, including charities?

| | |
|---------------------|---------------------|
| Will Maker 1 | Will Maker 2 |
| | |

Section 12. Family Provision Application (FPA) Claims

Note: You must provide for the 3 classes of potential FPA claimants - your spouse, children and dependents. There is potential for a FPA if any potential claimant is entirely disinherited under the Will, receives a nominal bequest only, or receives a disproportionate bequest to other members of a class of potential FPA claimants.

Are any potential FPA claimants not being adequately provided for?

| | |
|--|--|
| Will Maker 1 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure | Will Maker 2 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure |
|--|--|

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