

# Pro Forma H Dossier for my Executor (and Attorney)

## Location of my Will and Other Testamentary Documents:

Date of my last Will/Codicil to existing Will:

I have a Safety Deposit Box at:

Access Details:

## Section 1. My Executors

<p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact: H) _____ W) _____</p> <p>Mob) _____</p> <p>Email: _____</p>	<p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact: H) _____ W) _____</p> <p>Mob) _____</p> <p>Email: _____</p>
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<p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact: H) _____ W) _____</p> <p>Mob) _____</p> <p>Email: _____</p>	<p>Full Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact: H) _____ W) _____</p> <p>Mob) _____</p> <p>Email: _____</p>
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## Section 2. My Personal Information

<p>Full Name: _____ Former Name(s): _____</p> <p>Residential Address: _____</p> <p>Postal Address: _____</p> <p>Date of Birth: _____ Place of Birth: _____</p> <p>Contact Details: H) _____ W) _____ Mob) _____</p> <p>Email: _____ Tax File No: _____</p> <p>Driver's Licence No: _____ State: _____ Passport No: _____ Country: _____</p>
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### Section 3. My Marriage / Partner Information

(see Pro Forma A - 'Diagram for Family Tree – Couple or Parent - 4 Generations')

#### Spouse/De Facto

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address/Contact (if required) \_\_\_\_\_

Date of Marriage/  
Registered Partnership: \_\_\_\_\_ Place of Marriage/  
Registered Partnership: \_\_\_\_\_

### Section 4. My Earlier Marriage/s / Partnership/s

(see Pro Forma A - 'Diagram for Blended Family – Children from Previous Relationship')

Details:

### Section 5. My Parents

#### Details of Father

Name: \_\_\_\_\_

Deceased  Yes  No Date: \_\_\_\_\_

If Not Deceased:

Address: \_\_\_\_\_

Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_

Email: \_\_\_\_\_

#### Details of Mother

Name: \_\_\_\_\_

Deceased  Yes  No Date: \_\_\_\_\_

If Not Deceased:

Address: \_\_\_\_\_

Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_

Email: \_\_\_\_\_

### Section 6. My Children

CHILD1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_

Email: \_\_\_\_\_

CHILD 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_

Email: \_\_\_\_\_

CHILD 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

Child 5 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

**Section 7. My Grandchildren**

	Full Name	Parents	DOB	Living in:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

**Section 8. My Brothers and Sisters**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Married Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Married Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Married Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Married Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

**Section 9. My Other Beneficiaries (not listed above)**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: H) \_\_\_\_\_ Mob) \_\_\_\_\_ W) \_\_\_\_\_  
Email: \_\_\_\_\_

**Section 10. My Medical Specialists**

**Primary G.P. Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

**Specialist 1 Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

**Specialist 2 Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

**Section 11. My Professional Advisors**

**Solicitor/Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** W) \_\_\_\_\_ Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Accountant/Tax Advisor/Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** W) \_\_\_\_\_ Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Financial Planner/Investment Advisor/Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** W) \_\_\_\_\_ Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Stockbroker/Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** W) \_\_\_\_\_ Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Life Insurance Broker/Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** W) \_\_\_\_\_ Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**General Insurance Broker/Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** W) \_\_\_\_\_ Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 12. My Important Documents and Their Location**

I set out below, a list of all my important documents and their location:

**Entities**

- SMSF Trust Deed \_\_\_\_\_
- SMSF Corporate Trustee Constitution \_\_\_\_\_
- Family Trust Deed \_\_\_\_\_
- Business Agreements (e.g. Buy/Sell) \_\_\_\_\_
- Partnership Interest (e.g. Partnership Agt) \_\_\_\_\_
- Other \_\_\_\_\_

**Document**

**Location**

- Will \_\_\_\_\_
- Enduring Power of Attorney (Financial) \_\_\_\_\_
- Enduring Power of Attorney (Personal/Health) \_\_\_\_\_
- Advance Health Directive \_\_\_\_\_
- Drivers licence \_\_\_\_\_
- Passport \_\_\_\_\_
- Medicare / Private Health Fund details/cards \_\_\_\_\_
- Birth Certificate \_\_\_\_\_
- Adoption Certificate (if relevant) \_\_\_\_\_
- Marriage Certificate/Registered Partnership \_\_\_\_\_
- Divorce - Certificate of decree nisi/absolute \_\_\_\_\_
- Funeral Bond / Pre-paid Funeral Agreement \_\_\_\_\_
- Other Funeral Documents (prepaid Funeral plot/Crematorium niche) \_\_\_\_\_
- Organ Donation documents \_\_\_\_\_
- House/Real Estate Title Deeds \_\_\_\_\_
- Home and Contents Insurance Policy \_\_\_\_\_
- Life Insurance Policy(ies) \_\_\_\_\_
- Superannuation Details \_\_\_\_\_
- Bank passbook(s) \_\_\_\_\_
- Bank Account details \_\_\_\_\_
- Share Certificates \_\_\_\_\_
- Debenture Certificates \_\_\_\_\_
- Motor Vehicle Registration Certificates \_\_\_\_\_
- Motor Vehicle Insurance Policy/ Details \_\_\_\_\_
- Other \_\_\_\_\_

**Section 13. My Bank / Building Society / Credit Union Account Details**

<i>Institution Name</i>	<i>Branch</i>	<i>BSB</i>	<i>Account No.</i>	<i>Account Name</i>	<i>Comment</i>

**Section 14. My Credit Cards, Debit Cards And ATM Cards**

<i>Issuer</i>	<i>Exact Name</i>	<i>Card Type</i>	<i>Card Number</i>	<i>User ID</i>	<i>Contact to Cancel</i>

**Section 15. My Assets And Liabilities**

The following is a summary of the Assets I own personally, or with others, with approximate values. This summary does not include any assets held in Superannuation, Trusts or Private Companies, which are detailed separately.  
 \* [Assets Owned with Others: (JT) = Joint Tenants; (TIC) = Tenants in Common]

<b>ASSETS</b>	<b>ASSETS I OWN</b>	<b>ASSETS OWNED WITH OTHERS*</b>	<b>ASSET BEQUEATHED TO:</b>
<b><u>LIFESTYLE ASSETS</u></b>			
<b>Home</b>	\$	\$	
Motor vehicle	\$	\$	
Motor vehicle	\$	\$	
Boat, Van	\$	\$	
Artwork	\$	\$	
Antiques, Collectibles	\$	\$	
Jewellery	\$	\$	
Other	\$	\$	
<b><u>INVESTMENT ASSETS</u></b>			
<b>Cash Accounts</b>			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
<b>Term Deposits</b>			
	\$	\$	
	\$	\$	
	\$	\$	
<b>Loans to Others</b>			
	\$	\$	
	\$	\$	
<b>Managed Funds</b>			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
<b>Shares</b>			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

<b>Real Property</b>			
	\$	\$	
	\$	\$	
	\$	\$	
<b>Other Investment Assets</b>			
	\$	\$	
	\$	\$	
<b>TOTAL INVESTMENT ASSETS</b>	<b>\$</b>	<b>\$</b>	
<b>LIABILITIES</b>	<b>LIABILITIES I OWE</b>	<b>LIABILITIES OWED WITH OTHERS</b>	<b>DETAILS</b>
Mortgage – Home	\$	\$	
Mortgages – Investment	\$	\$	
Margin Loan	\$	\$	
Loans from Others	\$	\$	
Other Liabilities (describe)	\$	\$	
<b>TOTAL LIABILITES</b>	<b>\$</b>	<b>\$</b>	

**Comments on Specific Assets or Liabilities**

e.g. If there are any Mortgages over property, you should provide full details of the mortgage and who to contact for repayment

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**The Following Assets are Located in Other Jurisdictions (e.g. another State or Overseas)**

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**Personal Guarantees Provided**

Name of person/company to whom guarantee given: \_\_\_\_\_  
 Name of person/company guaranteed: \_\_\_\_\_  
 Amount guaranteed: \$ \_\_\_\_\_

Name of person/company to whom guarantee given: \_\_\_\_\_  
 Name of person/company guaranteed: \_\_\_\_\_  
 Amount guaranteed: \$ \_\_\_\_\_



## Section 16. My Personal Assets – Special Instructions

In my Will, I have left certain Personal assets to specific beneficiaries. Some of these assets have special personal or sentimental significance. I provide below, a list of those assets and specific details or instructions in relation to those assets, for my beneficiaries.

Details

There are certain Personal assets which have not been specifically bequeathed to any beneficiary. However, it is my wish that the following assets should go to particular beneficiaries, but only if they wish to receive them as part of their share of the Residue of my Estate.

Details

## Section 17. My CGT Assets - Record of CGT Cost Base Details

**Note to Will Maker:** Every asset will have financial details about the asset, which must be known, recorded and passed on to the Executor. These same details will also need to be known and passed on by your Executor to your beneficiary, if you have bequeathed the asset to them.

In particular, details which must be recorded and passed on, include the purchase price and date of purchase of any asset, plus acquisition costs and the cost of any improvements, which would add to the cost base of the asset.

In the case of shares, where there have been additional purchases [such as through the use of a Dividend Reinvestment Plan (DRP)], a separate record of the date, the number of additional shares/units purchased and the purchase price, must be maintained for each transaction. This is a bit of a nightmare if you have used a DRP for a number of your shareholdings over a number of years and you have not had a system in place to keep track of each DRP investment.

### ***Record of Each Investment Asset + Details for Capital Gain/Loss Record Purposes***

The details which may be required as a record of each of my investment assets, including details of capital gains and losses for each of my assets, have been recorded separately. I have included them with this dossier, in folders marked "**Details Required for Capital Gain Tax Record Purposes**".

I have taken particular care to ensure that details are complete and up-to-date on any real estate property I own and any shares that I own, including the HIN (Holder Identification Number) or SRN (Shareholder Registration Number) and Share Registry contact details.

**My Advisors** -The name/s of my Professional Advisor/s who will be able to best assist with any queries in relation to my investment and/or taxation matters are.....

Their Contact details are set out in the List of my Professional Advisors.

**Section 18. My Superannuation and Life Insurance**

**SUPERANNUATION**

**NOT APPLICABLE**

Name of Fund	Pension/ Accum'n	Value	Pension Reversionary? DBN or BDBN? Lapsing*/Non-Lapsing?	To Whom?
Account No: Contact Details:				
Account No: Contact Details:				
Account No: Contact Details:				
		\$	*If Lapsing, when?	

*Special Details or Comments about My Superannuation*

**INSURANCE**

**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/ Nominated Beneficiary

*Special Details or Comments about My Insurance Policy/ies*

**Section 19. My Entities**

I wish to provide information and guidance about the Entities in which I have an interest, which cannot be dealt with through my Will.

I have provided in a separate Folder with this Dossier, all the information (such as TFN, copies of Trust Deed, Company Constitution, copies of Trustee/Director Meeting Minutes and Resolutions, copies of most recent Tax Return etc) my Executor will require, in order to deal with each of the following Entities.

**My Self Managed Super Fund - .....**

I have provided a one- page pro forma "Diagram for Self Managed Super Fund" of my SMSF.

I wish to make the following comments and/or to give the following advice in relation to my SMSF:

**My Family or Discretionary Trust - .....**

I have provided a one page pro forma "Diagram for Discretionary or Family Trust Structure "

I wish to make the following comments and/or to give the following advice in relation to my Family or Discretionary Trust:

**My Private Company - .....**

I have provided a one page pro forma "Diagram of Private Company Structure"

I wish to make the following comments and/or to give the following advice in relation to my private Company:

My **Business/Partnership Interests** - .....

I wish to make the following comments and/or to give the following advice in relation to my Business/ Partnership Interests:

**Section 20. Testamentary Trusts Established Through My Will**

I have arranged for the establishment of one or more Testamentary Trusts in my Will – if my Executor believes this to be the best interests of my beneficiary/ies and my beneficiary/ies agrees/agree. The details have been set out in my Will. I provide the following further information and advice in relation to the establishment of the Testamentary Trust/s:

Details:

**Section 21. Other Specific Provisions in My Will**

In my Will, I have made specific provision for a number of matters. I have listed these below and provide further information and commentary for my Executor:

Life Interest/Right to Reside:

My Comments:

Guardians for my Children:

My Comments:

Arrangements for Minor Beneficiaries:

My Comments:

Special Needs or Vulnerable Beneficiaries:

My Comments:

Forgiveness of Loans/Debt:

My Comments:

My Pets:

My Comments:

Charity/ies as Beneficiary

My Comments:

Other -

My Comments:

**Section 22. My Funeral Wishes**

I would like to be <input type="checkbox"/> Cremated <input type="checkbox"/> Buried <input type="checkbox"/> My Executor can decide	
<input type="checkbox"/> <b>I would like the following to occur</b>	
Burial/Cremation at:	
Service Conducted by:	
According to rites of the _____ Religion	
Special service -RSL, Lodge, other...	...
I would like the following music/songs/hymns/psalms played:	
Special Arrangements regarding my Funeral:	
Wishes re my headstone (what type, text etc):	
<input type="checkbox"/> <b>I have made the following arrangements:</b> (e.g. prepayment of Funeral costs with Funeral Director)	
I own a Funeral Bond (policy no. _____ ) with: _____ Contact: _____	

It is my wish that the following people be NOT contacted in relation to my funeral/death:

It is my wish that the following specific people be made aware immediately of my death:

**Section 23. Donation Of My Body, Tissue Or Organs**

In my Will, I have stated that I wish/don't wish to donate my human tissue - my body and/or my organs.

Can you ensure my next of kin has been notified of my wishes? You will need to contact my Doctor and the donee Institute to which I have donated my human tissue. In particular, the donation/s I have requested required/require that I complete special donor forms. I have listed the location of these forms in another section. It is my wish that you ensure that my wishes/directions regarding the donation of my human tissue, are ultimately successful. The necessary contact details are below:

My Doctor's Details:

Name of Donee Institution: Phone:

Contact: Address:

Name of Donee Institution: Phone:

Contact: Address:

**Section 24. Organisations Who Should be Notified**

There are a number of organisations (e.g. Centrelink, RACQ, Medicare) including the following clubs or organisations with which I am associated, who should be notified of my death:

- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:
- Organisation: Membership No: Phone:

**Section 25. My Internet / Social Media Accounts**

I have set out below, details of my Internet and social media accounts (Facebook, Twitter, Linked In etc), including my Username for each account:

<i>Account</i>	<i>My Email Address</i>	<i>Password/ User Name / Access Code</i>
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**Section 26. Estate Liquidity Worksheet**

I have given consideration to the various costs and expenses which will need to be met from my Estate in the months following my death. I have listed an estimate of these costs below:

**Expenses**

Immediate

Funeral expenses	\$
Pharmaceutical	\$
Medical	\$
Hospital	\$
Household	\$
Family continuance (till Settlement)	\$
Other.....	\$

Administration

Estate administration expenses	\$
Legal	\$
Executor	\$
Payout mortgages	\$
Payout loans	
– Credit Cards	\$
– Overdrafts	\$
– Income Tax due or potential	\$
– Hire purchase/Lease payout	\$

Business - Cash Flow Needs \$

Bequests - Value of Bequests (total) \$

Other \$

Other \$.....

*Total Cash Funds Needed from Estate* \$

**Suggested Sources of Funds**

These funds should be taken from the following assets in my Estate: