

Estate Planning – Fact finder



To enable Trust to assist your clients with their Estate Planning requirements, please complete all sections of this document in full. The advice provided to your client will be based on the information disclosed in this document.

If you are unable to answer any of the questions, please note this in the questions you are unable to answer.

If you have any questions about the completion of this questionnaire, please contact the Trust Legal Services solicitor you have been dealing with in one of the following locations:

New South Wales

Sydney
Level 4, 35 Clarence Street Sydney NSW 2000
GPO Box 4270 Sydney NSW 2001
Telephone: (02) 8295 8100
Facsimile: (02) 8295 8659

Victoria

Melbourne
151 Rathdowne Street Carlton South VIC 3053
PO Box 673 Carlton South VIC 3053
Telephone: (03) 9665 0200
Facsimile: (03) 9639 0286

Queensland

Brisbane
213-217 St. Paul's Terrace
Brisbane QLD 4000
GPO Box 441 Brisbane QLD 4001
Telephone: (07) 3634 9750
Facsimile: (07) 3252 3513

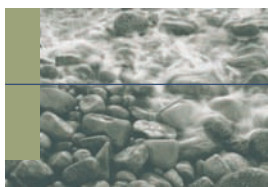
Townsville
Level 4, Suncorp Metway Plaza
61-73 Sturt Street Townsville QLD 4810
PO Box 990 Townsville QLD 4810
Telephone: (07) 4771 5114
Facsimile: (07) 4772 5260

You should aim to complete the document prior to our first meeting with your client.

To complete the document direct to your screen, all you have to do is 'tick' (by clicking on) a box and type text into the information fields provided. To make changes to text as you go, you can use the backspace key or highlight and delete blocks of text. If you tick a box by mistake, you can remove the tick by simply clicking on the box again.

Once you have completed the document, save and print it as normal. You have the option of returning the completed document to us by mail, fax or email. However, if you choose to email the document to us, you will also need to mail or fax us a signed copy of both the Privacy Disclosure Statement on page 27 and Adviser Details and Disclosure of Personal Information Consent sections on page 28.

Please be assured that Trust will respect the privacy of your client at all times. The personal information provided to us will be held by Trust with access to this information strictly controlled in accordance with Trust's Privacy Policy Guidelines. The Policy may be viewed on our website at www.trust.com.au



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DISCLAIMER: This document is not a Will and is not intended to operate as a Will.

Section 1 – Name

Person 1

Title Mr Mrs Miss Ms Other_____

Surname _____

Given names _____

Other names known by _____

Section 1 – Contact details

Person 1

Residential address _____

State _____ Postcode _____

Mailing address _____

State _____ Postcode _____

Email address _____

Phone home _____ work _____

mobile _____

Section 1 – Personal details

Person 1

Date of birth _____

Occupation _____

Are you currently married? Yes No

If yes, what is your spouse's name _____ Year of marriage? _____

If no, are you in a de-facto relationship? Yes No

If yes, what is your partner's name? _____

Date relationship commenced _____

Have you been previously divorced? Yes No

Was there a marriage settlement? Yes No

If yes, please provide details

Tax File Number _____



DISCLAIMER: This document is not a Will and is not intended to operate as a Will.

Section 1 – Name

Person 2

Title Mr Mrs Miss Ms Other _____

Surname _____

Given names _____

Other names known by _____

Section 1 – Contact details

Person 2

Residential address _____

State _____ Postcode _____

Mailing address _____

State _____ Postcode _____

Email address _____

Phone home _____ work _____

mobile _____

Section 1 – Personal details

Person 2

Date of birth _____

Occupation _____

Are you currently married? Yes No

If yes, what is your spouse's name _____ Year of marriage? _____

If no, are you in a de-facto relationship? Yes No

If yes, what is your partner's name? _____

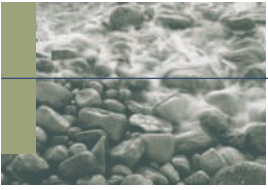
Date relationship commenced _____

Have you been previously divorced? Yes No

Was there a marriage settlement? Yes No

If yes, please provide details

Tax File Number _____



Section 2 – Family details

Person 1

Children's full names	Dependant	Age

Other dependants

Name	Relationship

Parents

Father's name _____

Is he still alive? Yes No

Mother's maiden name _____

Is she still alive? Yes No



Section 2 – Family details

Person 2 (If different from person 1)

Children's full names	Dependant	Age

Other dependants

Name	Relationship

Parents

Father's name _____

Is he still alive? Yes No

Mother's maiden name _____

Is she still alive? Yes No



Section 3 – Initial Will instructions

(Please note: detailed instructions will be taken when you meet with our solicitor)

Do you know who you would like as your executor? Yes No

If yes, please list (state whether sole/joint/alternate).

Name	Address	Relationship and age
Permanent Trustee Company Limited (delete if not applicable)		

Have you received your copy of 'Administering an Estate' which details the fees Trust can charge to administer your estate?

Yes No

Specific gifts of money or items

Nature of bequest	Name and address of beneficiary	Relationship and age

The remainder of my estate is to be distributed as follows:

1. _____
2. _____
3. _____
4. _____

What is to happen if one or more of the above people predeceases you?



Specific concerns regarding beneficiaries

(To be discussed at initial meeting – testamentary or protective trusts may be included in wills).

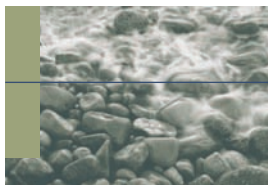
Concern	Yes	No	Beneficiary
Risk of relationship breakdown?			
Danger of challenge to Wills and superannuation benefits?			
Education of children/grandchildren?			
Risk of bankruptcy?			
Vulnerability?			
Other?			

Specific details if leaving someone out of your Will:

Guardians (state whether sole/joint/alternate)

Name	Address	Relationship and age

Burial/cremation instructions (i.e. preference of funeral directions)



Section 4 – Asset details:

Real estate

Person 1

1. Address _____

Ownership Sole Joint tenancy With whom? _____

Tenancy in common With whom and proportions _____

Is the property mortgaged? Yes No
If yes, to whom? _____ Amount outstanding _____

If not mortgaged, where are the title deeds held? _____

Please tick if this is your principal residence
this is an investment property If so, when purchased? _____
Approximate, value _____ Property manager _____

2. Address _____

Ownership Sole Joint tenancy With whom? _____

Tenancy in common With whom and proportions _____

Is the property mortgaged? Yes No
If yes, to whom? _____ Amount outstanding _____

If not mortgaged, where are the title deeds held? _____

Please tick if this is your principal residence
this is an investment property If so, when purchased? _____
Approximate, value _____ Property manager? _____

3. Address _____

Ownership Sole Joint tenancy With whom? _____

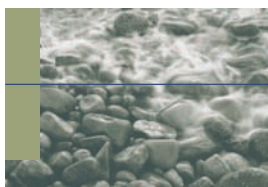
Tenancy in common With whom and proportions _____

Is the property mortgaged? Yes No
If yes, to whom? _____ Amount outstanding _____

If not mortgaged, where are the title deeds held? _____

Please tick if this is your principal residence
this is an investment property If so, when purchased? _____
Approximate, value _____ Property manager? _____

Please note: If other real estate is owned, please supply the above information for each property in the Additional notes section from page 29.



Section 4 – Asset details:

Real estate

Person 2

1. Address _____

Ownership Sole Joint tenancy With whom? _____

Tenancy in common With whom and proportions _____

Is the property mortgaged? Yes No
If yes, to whom? _____ Amount outstanding _____

If not mortgaged, where are the title deeds held? _____

Please tick if this is your principal residence
this is an investment property If so, when purchased? _____
Approximate, value _____ Property manager _____

2. Address _____

Ownership Sole Joint tenancy With whom? _____

Tenancy in common With whom and proportions _____

Is the property mortgaged? Yes No
If yes, to whom? _____ Amount outstanding _____

If not mortgaged, where are the title deeds held? _____

Please tick if this is your principal residence
this is an investment property If so, when purchased? _____
Approximate, value _____ Property manager? _____

3. Address _____

Ownership Sole Joint tenancy With whom? _____

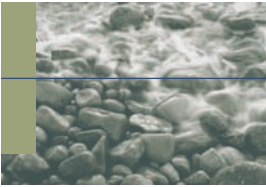
Tenancy in common With whom and proportions _____

Is the property mortgaged? Yes No
If yes, to whom? _____ Amount outstanding _____

If not mortgaged, where are the title deeds held? _____

Please tick if this is your principal residence
this is an investment property If so, when purchased? _____
Approximate, value _____ Property manager? _____

Please note: If other real estate is owned, please supply the above information for each property in the Additional notes section from page 29.



Section 4 – Asset details

Bank accounts

Person 1

Bank account

Name of institution	Sole owner (Please tick)	Joint owner (Please tick)	Approximate value
Credit union/building society/cash management account/other interest bearing deposits			
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
What is the approximate total value?			\$

Please note: If there is insufficient space, please attach a list or add details in the Additional notes section from page 29.



Section 4 – Asset details

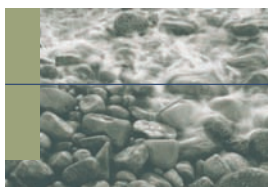
Bank accounts

Person 2

Bank account

Name of institution	Sole owner (Please tick)	Joint owner (Please tick)	Approximate value
Credit union/building society/cash management account/other interest bearing deposits			
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
What is the approximate total value?			\$

Please note: If there is insufficient space, please attach a list or add details in the Additional notes section from page 29.



Section 4 – Asset details

Shares in publicly listed companies

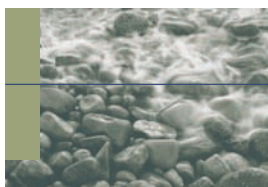
Person 1

Name of share	Sole owner (Please tick)	Joint owner (Please tick)	Approximate value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
What is the approximate total value?			\$

Person 2

Name of share	Sole owner (Please tick)	Joint owner (Please tick)	Approximate value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
What is the approximate total value?			\$

Please note: If there is insufficient space, please attach a list or add details in the Additional notes section from page 29.



Section 4 – Asset details

Shares in private companies

(Please supply a copy of each company's constitution or memorandum and articles of association and the latest balance sheet.)

Person 1

Name of company	
Directors	
Shareholders	
Loans from company to you	
Loans from you to company	
Approximate value of company assets	
What are the company assets?	
What is the purpose of the company?	

Person 2

Name of company	
Directors	
Shareholders	
Loans from company to you	
Loans from you to company	
Approximate value of company assets	
What are the company assets?	
What is the purpose of the company?	



Section 4 – Asset details

Other investments – Overseas assets

Person 1

Do you have any assets overseas? Yes No

If yes, please provide details

Person 2

Do you have any assets overseas? Yes No

If yes, please provide details



Other investments – Other assets

(e.g. unit trusts/debentures, etc.)

Person 1

Do you have any other assets of significant value not referred to above?

Yes

No

If yes, please provide details

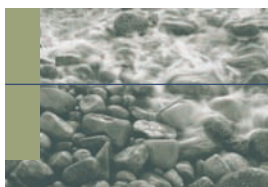
Person 2

Do you have any other assets of significant value not referred to above?

Yes

No

If yes, please provide details



Section 5 – Business or partnership

Person 1

Do you run your own business? Yes No

What type of business do you conduct? _____

Is the business conducted as Sole trader? Partnership? Company?

Is there a buy/sell agreement or business succession in place? Yes No

If yes, please provide a copy of the agreement or plan.

On your death, how is the purchase of your estate's share of the business going to be funded?

If the business is conducted as a partnership:

Is there a formal partnership agreement? Yes No

If yes, please provide a copy of the agreement and any deeds of amendment.

Who are the partners? _____

Person 2

Do you run your own business? Yes No

What type of business do you conduct? _____

Is the business conducted as Sole trader? Partnership? Company?

Is there a buy/sell agreement or business succession in place? Yes No

If yes, please provide a copy of the agreement or plan.

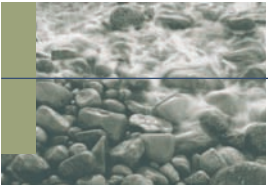
On your death, how is the purchase of your estate's share of the business going to be funded?

If the business is conducted as a partnership:

Is there a formal partnership agreement? Yes No

If yes, please provide a copy of the agreement and any deeds of amendment.

Who are the partners? _____



Section 6 – Family trusts

(If you have an interest in a family trust, please provide a copy of the trust deed, any deeds of amendment and the latest balance sheet)

Person 1

If the trustee is a corporate entity, who do you wish to have control of those shares?

Name of trust _____

Who are the trustees? _____

Who are the beneficiaries? _____

Who is the appointor? _____

When is the vesting date? _____

What do you want to happen when you die? _____

What are the assets? _____

What is the approximate value? _____

Details of loans _____

Person 2

If the trustee is a corporate entity, who do you wish to have control of those shares?

Name of trust _____

Who are the trustees? _____

Who are the beneficiaries? _____

Who is the appointor? _____

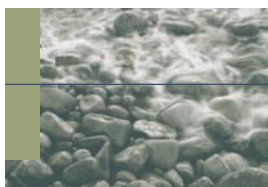
When is the vesting date? _____

What do you want to happen when you die? _____

What are the assets? _____

What is the approximate value? _____

Details of loans _____



Section 7 – Superannuation

Person 1

Do you have superannuation (excluding self-managed superannuation)? Yes No

If yes, please answer the following questions and supply a copy of your latest statement.

Name of the fund _____

What is the value of any death benefit payable? _____

Do you have a superannuation pension? Yes No

If yes, what type? _____

Do you have any life insurance with your superannuation fund? Yes No

If yes, what is the value? _____

Have you previously applied for a transitional reasonable benefit limit? Yes No

If yes, what is the amount? _____

How are death benefits likely to be paid? Please tick correct box:

(a) By a binding nomination*

If so, to whom? (Please supply us with a copy)

(b) At the discretion of the trustee after considering any nomination you may have made.

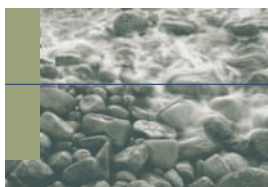
If so, whom have you nominated?

(c) Fixed payment category, e.g. lump sum to spouse, balance to minor children

(d) In what other form can your superannuation death benefit be paid (i.e. lump sum, pension, etc)?

Please note: If you have more than one superannuation fund, please attach a separate sheet providing the same details for each fund.

* A binding nomination must be in writing, witnessed by two independent witnesses and renewed every three years.



Section 7 – Superannuation

Person 2

Do you have superannuation (excluding self-managed superannuation)? Yes No

If yes, please answer the following questions and supply a copy of your latest statement.

Name of the fund _____

What is the value of any death benefit payable? _____

Do you have a superannuation pension? Yes No

If yes, what type? _____

Do you have any life insurance with your superannuation fund? Yes No

If yes, what is the value? _____

Have you previously applied for a transitional reasonable benefit limit? Yes No

If yes, what is the amount? _____

How are death benefits likely to be paid? Please tick correct box:

(a) By a binding nomination*

If so, to whom? (Please supply us with a copy)

(b) At the discretion of the trustee after considering any nomination you may have made.

If so, whom have you nominated?

(c) Fixed payment category, e.g. lump sum to spouse, balance to minor children

(d) In what other form can your superannuation death benefit be paid (i.e. lump sum, pension, etc)?

Please note: If you have more than one superannuation fund, please attach a separate sheet providing the same details for each fund.

* A binding nomination must be in writing, witnessed by two independent witnesses and renewed every three years.



Section 7 – Self managed superannuation fund

Person 1

Do you have a self managed superannuation fund? Yes No

If yes, please answer the following questions and provide a copy of the trust deed and any amending deeds.

Who are the current trustees/members?

What is the value of any death benefit payable? _____

Do you have a superannuation pension? Yes No

If yes, what type? _____

Do you have any life insurance with your superannuation fund? Yes No

If yes, what is the value? _____

Have you previously applied for a transitional reasonable benefit limit? Yes No

If yes, what is the amount? _____

How are death benefits likely to be paid? Please tick the correct box:

(a) By a binding nomination*

(b) At the discretion of the trustee after considering any nomination you may have made.

If so, whom have you nominated?

(c) Fixed payment category, e.g. lump sum to spouse, balance to minor children.

(d) In what other form can your superannuation death benefit be paid (i.e. lump sum, pension etc)?

Please note: If you have more than one superannuation fund please attach a separate sheet providing the same details for each fund.

* A binding nomination must be in writing, witnessed by two independent witnesses and renewed every three years.



Section 7 – Self managed superannuation fund

Person 2

Do you have a self managed superannuation fund? Yes No

If yes, please answer the following questions and provide a copy of the trust deed and any amending deeds.

Who are the current trustees/members?

What is the value of any death benefit payable? _____

Do you have a superannuation pension? Yes No

If yes, what type? _____

Do you have any life insurance with your superannuation fund? Yes No

If yes, what is the value? _____

Have you previously applied for a transitional reasonable benefit limit? Yes No

If yes, what is the amount? _____

How are death benefits likely to be paid? Please tick the correct box:

(a) By a binding nomination*

(b) At the discretion of the trustee after considering any nomination you may have made.

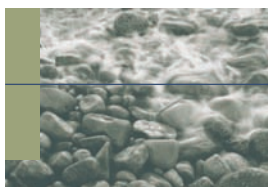
If so, whom have you nominated?

(c) Fixed payment category, e.g. lump sum to spouse, balance to minor children.

(d) In what other form can your superannuation death benefit be paid (i.e. lump sum, pension etc)?

Please note: If you have more than one superannuation fund please attach a separate sheet providing the same details for each fund.

* A binding nomination must be in writing, witnessed by two independent witnesses and renewed every three years.



Section 8 – Life insurance

Person 1

Do you have life insurance outside your superannuation fund? Yes No

If yes, please provide the following details:

Who is the policy provider? _____

Are you the policy owner? Yes No

If yes, have you made a beneficiary nomination? Yes No

If yes, of whom? _____

Do you own a policy on anyone else's life? Yes No

If yes, who? _____

Person 2

Do you have life insurance outside your superannuation fund? Yes No

If yes, please provide the following details:

Who is the policy provider? _____

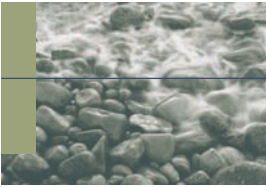
Are you the policy owner? Yes No

If yes, have you made a beneficiary nomination? Yes No

If yes, of whom? _____

Do you own a policy on anyone else's life? Yes No

If yes, who? _____



Section 9 – Liabilities

Person 1

Please provide details of all current liabilities

Are any of these liabilities secured over any particular asset(s)? Yes No
If yes, please provide details of security

Have you given any guarantees? Yes No
If yes, please provide details

Person 2

Please provide details of all current liabilities

Are any of these liabilities secured over any particular asset(s)? Yes No
If yes, please provide details of security

Have you given any guarantees? Yes No
If yes, please provide details



Section 9 – Loans

Person 1

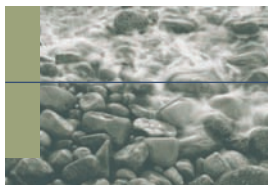
Have you lent money to another person/organisation? Yes No

If yes, please provide details and copies of formal documentation, if any

Person 2

Have you lent money to another person/organisation? Yes No

If yes, please provide details and copies of formal documentation, if any



Section 10 – Important information

Person 1

Do you have an existing Will? Yes No

If yes, where is it held? _____

Are you an organ donor? Yes No

Do you wish Trust to provide the legal services for your estate? Yes No

If no, please nominate who you wish to undertake these legal services on behalf of your estate

Do you have an accountant or tax agent? Yes No

If yes, please provide name and address

Do you have safe custody facilities? Yes No

If yes, where are they held?

Person 2

Do you have an existing Will? Yes No

If yes, where is it held? _____

Are you an organ donor? Yes No

Do you wish Trust to provide the legal services for your estate? Yes No

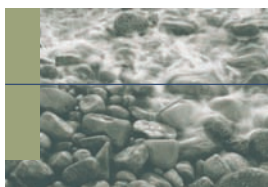
If no, please nominate who you wish to undertake these legal services on behalf of your estate _____

Do you have an accountant or tax agent? Yes No

If yes, please provide name and address

Do you have safe custody facilities? Yes No

If yes, where are they held?



Privacy disclosure statement

Trust Company Limited (Trust) is committed to protecting the privacy of the personal information that you provide to us. We only collect personal information from you, which is necessary for us to provide assistance to you.

We need to collect the personal information requested in this form to enable us to prepare your new Will/Estate Plan. If you do not provide us with this information, we may not be able to prepare your Will/Estate Plan in accordance with your instructions.

We may disclose your personal information that we collect on this form to our relevant staff involved in delivering our services, to the specialist law firms that we may engage to assist us to prepare your Will or contractors and third party suppliers engaged by us to deliver our services.

We will give you the opportunity to find out what personal information we hold about you and, where necessary, correct any errors in this information (some restrictions and costs may apply).

Consent

By completing and returning this form you agree to us using and disclosing your information as set out above. We may also use the information from time to time to provide you with news or offers about products or services that we offer. If you do not wish to receive this service, please indicate your wishes on the form by ticking and signing the opt-out box below.

Your consent to the disclosure of your personal information remains valid unless you alter or revoke it by giving written notice to us.

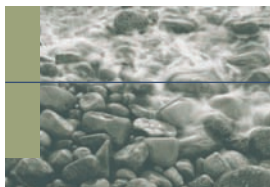
If you wish to obtain more information about our Privacy Policy, please contact our Privacy Officer:

Privacy Officer
 151 Rathdowne Street
 Carlton South VIC 3053
 Email: privacy.officer@trust.com.au
 Telephone: 1800 650 358
 Facsimile: (03) 9639 0286

Person 1 Signature _____ Date _____

Person 2 Signature _____ Date _____

I/We do not wish to receive news or offers about products and services offered by Trust Company Limited.



Adviser details

(Approved financial adviser to complete the following.)

Adviser name _____

Dealer group _____

Phone _____ Facsimile _____

Email address _____

Fees

Please apply full fees

Please apply rebate to fees

Consent to disclosure of personal information

In the interest of my privacy,

- > I/We give my consent to Trust sending a copy of this documentation and further documentation relating to the production of my will or estate plan to my approved financial adviser and
- > I/We give my consent for my approved financial adviser to discuss my financial situation with Trust.

Person 1 Signature _____ Date _____

Person 2 Signature _____ Date _____

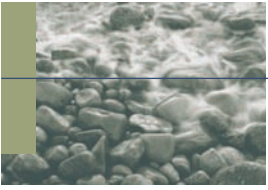
If you email a copy of a completed fact finder to estateplanning.com.au, you will also need to provide a signed copy of the fact finder to the solicitor you have been dealing with. Please note: We will be unable to complete the required work unless we receive a printed and signed copy of the fact finder.



Trust use only

Instruction date		
Instructions taken by		
Will instructions approved		New/replacement will _____
Account number		Out _____
Will ref:		At _____
TRUCIS		Fee _____
Approved filing		Execution of will
Privacy statement signed		In _____
Other services held with Trust		
CAC		Source of contact _____

Additional notes



Solicitor use only – Additional notes



Solicitor use only – Additional notes