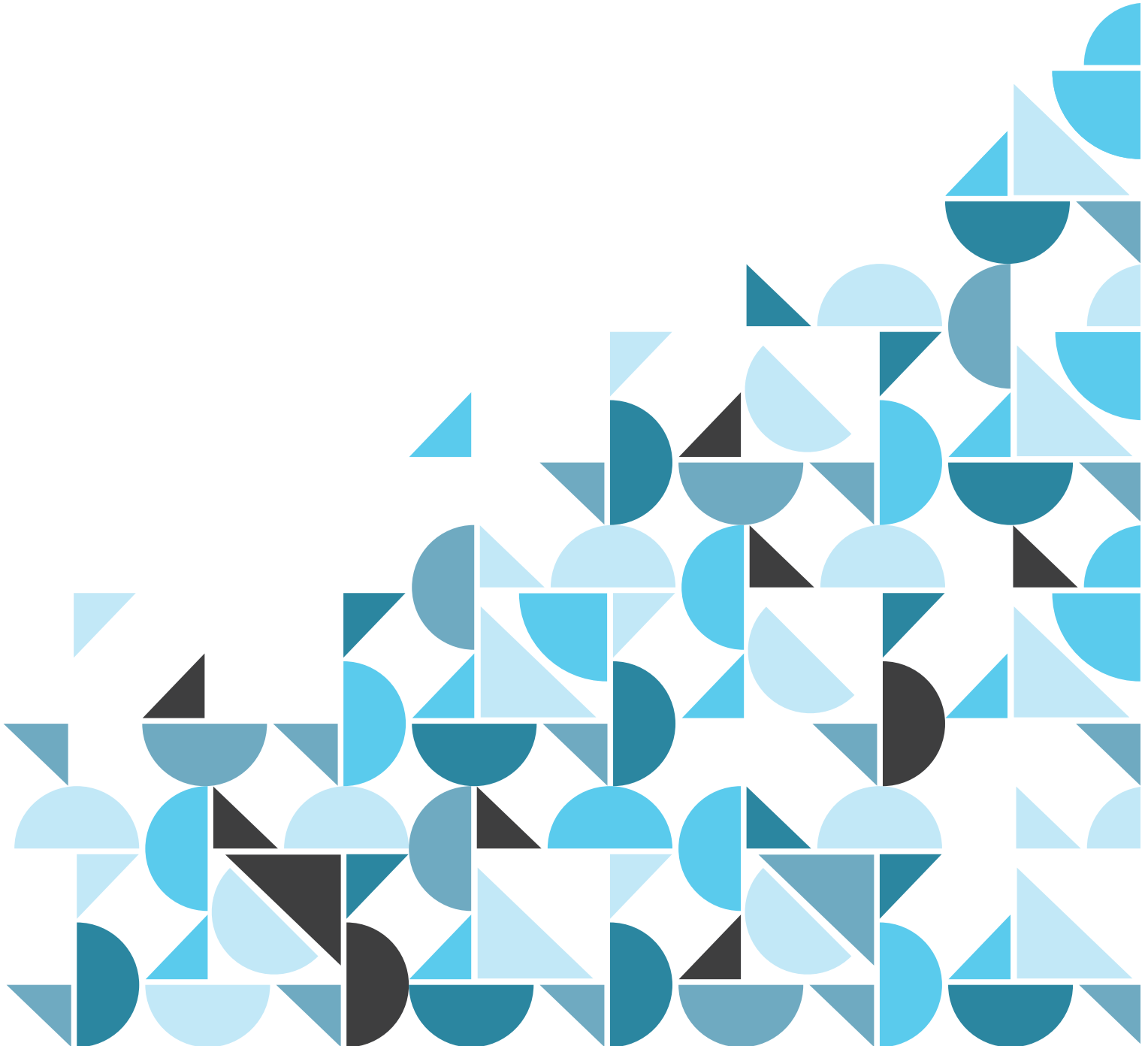




Estate Planning Fact Finder



Estate Planning Fact Finder

Client name/s	(Full legal name is compulsory)
Appointment date	Appointment time
Date fact finder was completed	Lawyer

Please complete as much of the following information as possible prior to your appointment with Clear Law Pty Ltd.

Completing this fact finder

STEP 1: Ensure you take time to answer all questions as accurately and completely as possible. The information provided in this fact finder will assist us in providing estate planning advice. It may be used if you decide to proceed with the drafting of a Will.

STEP 2: When complete, please return via either:

Sydney	Canberra	Melbourne
Clear Law PO Box 29 Crows Nest NSW 1585	Clear Law GPO Box 1481 Canberra ACT 2601	Clear Law PO Box 140 Fitzroy BC VIC 3065

- Reception: 02 9432 3036
- Email: reception@clear.law

STEP 3: Collect all the documents you need for your appointment. If you already have the following, please forward them to us in advance of your appointment:

- Existing Will(s), Power of Attorney(s)
- Copies of all death benefit advisory and binding nominations and binding directions
- Life insurance policies
- Trust Deed for any family trust.



Client 1 (Full legal name is compulsory)

1	Title		Surname								
Full given names			Date of birth								
Preferred name											
<input checked="" type="checkbox"/>	Marital status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Defacto	<input type="checkbox"/>	Widow/Widower		
If you selected Defacto, do you have any intention to marry your Defacto partner?								<input type="checkbox"/>	N	<input type="checkbox"/>	Y
Occupation											
Spouse <small>(Full legal name is compulsory)</small>											
Spouse Date of Birth											

Residential and postal address details

Residential address

Unit no.	Street no.
Street name or PO box	
Suburb/Town/City	
State	Postcode

Postal address (if different from residential address)

Unit no.	Street no.
Street name or PO box	
Suburb/Town/City	
State	Postcode

Contact details (Please include country and area codes)

Work phone	Home phone
Mobile	Fax
Email ¹	

Note:

1 By providing us with your email address, you consent to us sending you information from Clear Law.

Please tick this box if you wish to have your Estate Planning Advice (letter of instruction) posted to you – otherwise a PDF version only will be emailed to your nominated email account above.

<input checked="" type="checkbox"/>	Please indicate your preferred method of contact								
<input type="checkbox"/>	Work phone	<input type="checkbox"/>	Home phone	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Email



Client 2 (Full legal name is compulsory)

1	Title	Surname
Full given names		Date of birth
Preferred name		
<input checked="" type="checkbox"/>	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
If you selected Defacto, do you have any intention to marry your Defacto partner?		<input type="checkbox"/> N <input type="checkbox"/> Y
Occupation		
Spouse <small>(Full legal name is compulsory)</small>		
Spouse Date of Birth		

Residential and postal address details

 Tick if same as client 1

Residential address

Postal address (if different from residential address)

Unit no.	Street no.
Street name or PO box	
Suburb/Town/City	
State	Postcode

Unit no.	Street no.
Street name or PO box	
Suburb/Town/City	
State	Postcode

Contact details (Please include country and area codes)

 Tick if same as client 1

Work phone	Home phone
Mobile	Fax
Email ¹	

Note

¹ By providing us with your email address, you consent to us sending you information from Clear Law.

<input checked="" type="checkbox"/>	Please indicate your preferred method of contact	<input type="checkbox"/>	Tick if same as client 1
<input type="checkbox"/>	Work phone	<input type="checkbox"/>	Home phone
<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Facsimile
<input type="checkbox"/>	Email		



Children

If you have children, please complete the following. In the 'Relationship' box, please note whether your child is biological, step or adopted. If you have more than six children, please affix a separate sheet to this fact finder with your additional children's details.

Title	Surname
Given names	
Occupation	
DOB	Relationship
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
Financially dependent	<input type="checkbox"/> Y <input type="checkbox"/> N
Does this child have children of their own?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, provide number of children and age range	

Title	Surname
Given names	
Occupation	
DOB	Relationship
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
Financially dependent	<input type="checkbox"/> Y <input type="checkbox"/> N
Does this child have children of their own?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, provide number of children and age range	

Title	Surname
Given names	
Occupation	
DOB	Relationship
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
Financially dependent	<input type="checkbox"/> Y <input type="checkbox"/> N
Does this child have children of their own?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, provide number of children and age range	

Title	Surname
Given names	
Occupation	
DOB	Relationship
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
Financially dependent	<input type="checkbox"/> Y <input type="checkbox"/> N
Does this child have children of their own?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, provide number of children and age range	

Title	Surname
Given names	
Occupation	
DOB	Relationship
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
Financially dependent	<input type="checkbox"/> Y <input type="checkbox"/> N
Does this child have children of their own?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, provide number of children and age range	

Title	Surname
Given names	
Occupation	
DOB	Relationship
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widow/Widower
Financially dependent	<input type="checkbox"/> Y <input type="checkbox"/> N
Does this child have children of their own?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, provide number of children and age range	



Client 1: former partner/spouse

<input type="checkbox"/>	n/a				
Title	<input type="text"/>	Surname	<input type="text"/>	No. of children from this relationship	<input type="text"/>
Given names	<input type="text"/>			Please specify which children	<input type="text"/>
Status	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="text"/>		
Date of separation/divorce	<input type="text"/>				
Is there a formal property settlement?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="text"/>		

Client 2: former partner/spouse

<input type="checkbox"/>	n/a				
Title	<input type="text"/>	Surname	<input type="text"/>	No. of children from this relationship	<input type="text"/>
Given names	<input type="text"/>			Please specify which children	<input type="text"/>
Status	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="text"/>		
Date of separation/divorce	<input type="text"/>				
Is there a formal property settlement?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="text"/>		

Risks

Please tick any of the following concerns you have regarding an intended beneficiary of your Estate. Please name the intended beneficiary to which the concern pertains.

Name of intended beneficiary		<input type="text"/>	
<input type="checkbox"/>	Family law concerns	<input type="checkbox"/>	Risk of bankruptcy
<input type="checkbox"/>	Spendthrift tendencies	<input type="checkbox"/>	Social security entitlements
<input type="checkbox"/>	Future risk of personal liability	<input type="checkbox"/>	Other (please detail)

Please tick any of the following vulnerabilities which an intended beneficiary suffers from. Please name the intended beneficiary who suffers the vulnerability.

<input type="checkbox"/>	Intellectual disability	<input type="checkbox"/>	Mental illness
<input type="checkbox"/>	Addiction/s	<input type="checkbox"/>	Other (please detail)



Family provision

Please tick any of the following concerns you have regarding an intended beneficiary of your Estate. Please name the intended beneficiary to which the concern pertains. N Y

Please specify who

Client 1

Client 2

Do you have a current spouse/defacto, children or same sex partner who will not benefit from the Will? N Y

Please specify who

Client 1

Client 2



Assets (Please attached extra sheets if necessary)

	Description (i.e. suburb, institution etc.)	Owner (self/jnt/tenants in common ¹)	Value	Purchase year and price
Principal Residence			\$	
Home contents			\$	
SMSF			\$	
Other super			\$	
Life insurance			\$	
Shares			\$	
Cash/savings			\$	
Motor vehicle(s)			\$	
Real property			\$	
Real property			\$	
Other			\$	
Other			\$	
TOTAL ASSETS			\$	

[CLICK HERE FOR MORE SPACE](#)

Note:

1 People who own an asset together do so as either tenants-in-common or jointly. If you are unsure how the asset is owned, please check the certificate of title/ownership.

Do you have assets held in a country other than Australia? N Y



Liabilities/loans

Do you have any outstanding loans and/or liabilities? If so, please provide details.

[CLICK HERE FOR MORE SPACE](#)

Are you owed any loans? If yes, please provide details.

[CLICK HERE FOR MORE SPACE](#)

Life Insurance and superannuation

If your life is insured, who owns the policy?

What is the value of the policy? \$

<input checked="" type="checkbox"/>	Who is the nominated beneficiary of the life insurance policy?	
<input type="checkbox"/>	My estate	
<input type="checkbox"/>	My spouse/dependants (please detail)	<input type="text"/>
<input type="checkbox"/>	Other (please detail)	<input type="text"/>
<input checked="" type="checkbox"/>	Who is the nominated beneficiary of your superannuation?	
<input type="checkbox"/>	My estate	
<input type="checkbox"/>	My spouse/dependants (please detail)	<input type="text"/>
<input type="checkbox"/>	Other (please detail)	<input type="text"/>



Trustees/executors/appointers

✓ Is Client 1 a trustee under a trust in their personal name? N Y

If yes, give details

✓ Is Client 1 a director of a trustee company? N Y

If yes, give details

✓ Is Client 1 the holder of a power to appoint a trustee or other officer in a trust? N Y

If yes, give details

✓ Is Client 2 a trustee under a trust in their personal name? N Y

If yes, give details

✓ Is Client 2 a director of a trustee company? N Y

If yes, give details

✓ Is Client 2 the holder of a power to appoint a trustee or other officer in a trust? N Y

If yes, give details



Family trust

Trust name	
------------	--

Trustees	
----------	--

Beneficiaries – name

--

Who has the power of appointment?	
-----------------------------------	--

What is the value of the trust? \$	
------------------------------------	--

Does the trust have any beneficiary loan accounts? If so, please provide details.

--

[CLICK HERE FOR MORE SPACE](#)

If the trustee of the trust is a company, who is/are the director(s) and shareholders?

--



Testamentary wishes

List any specific bequests you wish to make.

[CLICK HERE FOR MORE SPACE](#)

If you have a partner/spouse, do you intend on giving your entire estate to them?

N Y, but if my partner fails to survive me, then:

I would like to give my estate equally to my child/ren. If a child of mine has predeceased me leaving their own child/ren (my grandchild/ren), I would like such grandchild/ren to take the share that my child otherwise would have received.

I would like to give my estate equally to my child/ren

Other (please detail)



Power of attorney

✓ **Have you granted anyone your enduring power of attorney?** N Y

If no, please give the name(s) and address(es) of the person(s) you would like to appoint as your attorney.

If yes, please give the name of the person(s) you have appointed as your attorney.

✓ **Have you granted anyone your enduring guardianship? (NSW & VIC clients only)** N Y

If no, please give the name(s) and address(es) of the person(s) you would like to appoint as your attorney.

If yes, please give the name of the person(s) you have appointed as your attorney.

✓ **Have you granted anyone a medical enduring power of attorney? (VIC clients only)** N Y

If no, please give the name(s) and address(es) of the person(s) you would like to appoint as your attorney.

If yes, please give the name of the person(s) you have appointed as your attorney.



Other information

Is there any other information that may be relevant to your estate plan?

Estate planning financial goals and objectives

What are your main reasons for seeking advice today?

Generally, what would you like to achieve?



Additional information

Assets (Page 7) comments cont...

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Liabilities/loans (Page 8) comments cont...

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Family trust (Page 10) comments cont...

[RETURN TO PAGE 10](#)

Testamentary wishes (Page 11) comments cont...

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Client declaration

I/we confirm that the limited details provided to Clear Law Pty Ltd ('Clear Law') for the objective that has been stated are correct and current at this time. I/we do not require Clear Law to make any investigation or recommendation in relation to any other affairs and I/we understand that any strategy or recommendation made by Clear Law will be based on the limited details provided to them.

I/we confirm that I/we am/are seeking only limited advice. I/we confirm that this fact finder is a source of information for the assistance of my estate planner and my executors. I/we do not require Clear Law to make any investigation or recommendation in relation to any other of my/our affairs and I/we understand that any strategy or recommendation in relation to any other of my/our affairs will be based on the details I/we have provided. I/we confirm that before I/we proceed with the implementation of any strategy or recommendation I/we will carefully assess the appropriateness of the recommendation in light of my/our individual objectives and particular needs.

Before completing/sending this form, please ensure you have arranged an appointment with Clear Law.

Please forward completed forms to PO Box 29, Crows Nest NSW 1585 or by email to reception@clear.law

If there is any inconsistency between the contents of this fact finder and my later testamentary documents, those testamentary documents take precedence to the exclusion of the same or similar issues in this document.

Signature required for processing

Please tick this box if the information you provided in the fact finder is correct.

Signed		Signed	
Client 1 name		Client 2 name	
Date		Date	