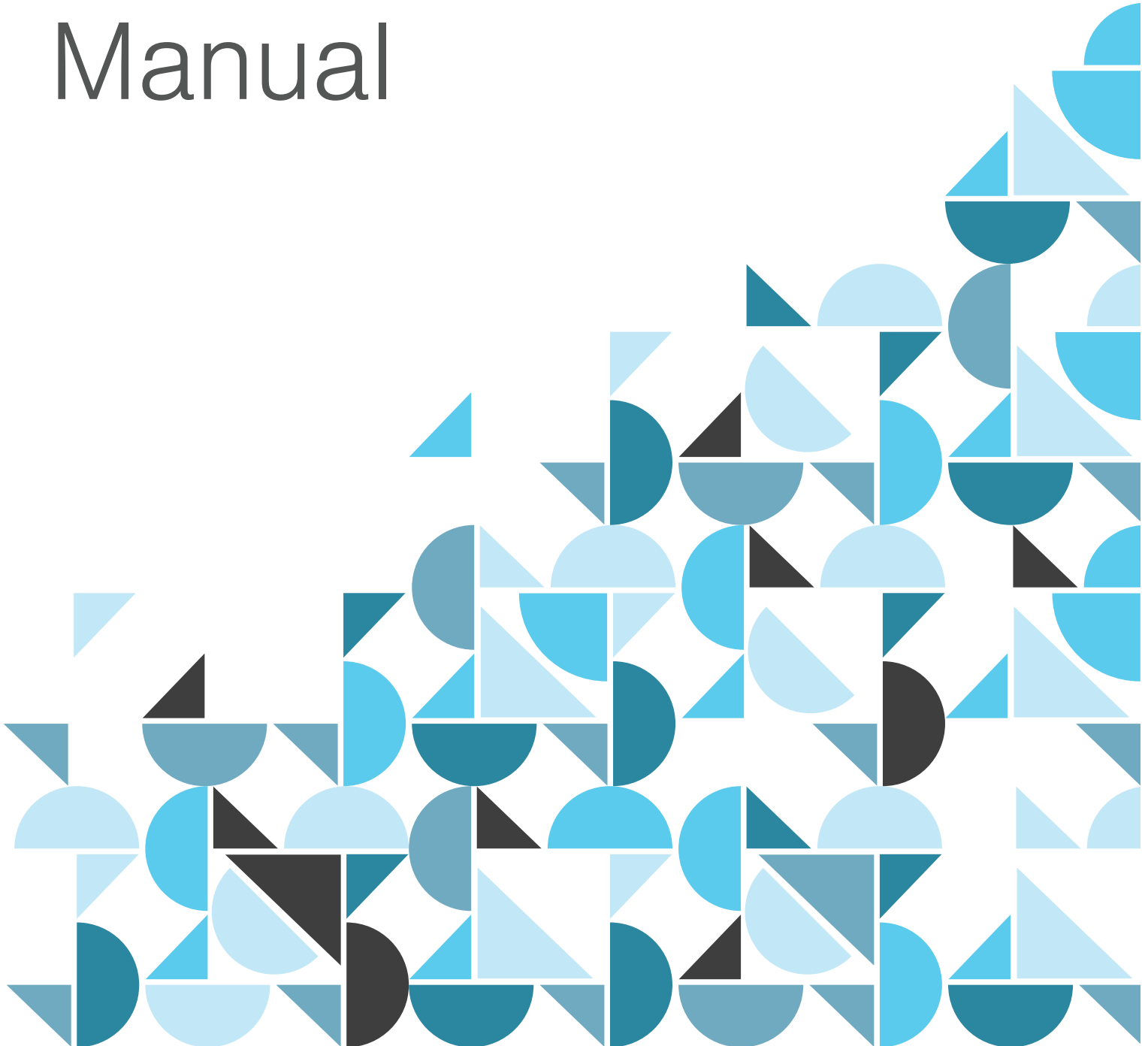




Estate Information Manual





Estate Information Manual

About this manual

This manual has been prepared to assist my Executor/s in carrying out my estate plan. This form is not a legal document nor is it to be interpreted as a substitute for, or binding appendage to, the instructions and wishes contained in my Will. The information contained herein is devised to inform my Executors of aspects that may assist in the administration and distribution of my Estate in accordance with my Will.

Signature required for processing

Signed	
Full name	
Date	



Personal details

Title		Surname	
Full given names		Date of birth	
Preferred name		Place of birth	
Other names in which assets are held			
Spouse/Partners name (if applicable)			
Children's name/s			
Next of kin's name and contact details			
Date of last Will executed (dd/mm/yyyy)			
Location of original			
Safe custody packet number			
Location of copies			
Codicils to Will			
Date of codicil (dd/mm/yyyy)			
Location			



Personal details continued

Solicitor's details

Title		Surname				
Given names				Preferred name		
Full address						
Unit no.		Street no.		Street name or PO box		
Suburb/Town/City				State		Postcode
Phone			Fax			Email

Executor's details

1	Title		Surname			
Given names						
Full address						
Unit no.		Street no.		Street name or PO box		
Suburb/Town/City				State		Postcode
Phone			Fax			Email

Executor's details

2	Title		Surname			
Given names						
Full address						
Unit no.		Street no.		Street name or PO box		
Suburb/Town/City				State		Postcode
Phone			Fax			Email



Personal details continued

Enduring power of attorney/s and enduring guardian/s details

1	Name		Phone	
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Full address

Unit no.		Street no.		Street name or PO box	
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Suburb/Town/City		State		Postcode	
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2	Name		Phone	
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Full address

Unit no.		Street no.		Street name or PO box	
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Suburb/Town/City		State		Postcode	
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3	Name		Phone	
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Full address

Unit no.		Street no.		Street name or PO box	
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Suburb/Town/City		State		Postcode	
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4	Name		Phone	
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Full address

Unit no.		Street no.		Street name or PO box	
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Suburb/Town/City		State		Postcode	
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Date of execution (dd/mm/yyyy)	
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Location of original	
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Location of copies	
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Superannuation details

I have executed a binding death nomination for my self managed superannuation fund.

Date of binding death benefit nomination (dd/mm/yyyy)	
Location of copies	

I have other superannuation death benefit nominations Yes No

Other super fund/s

Date/s of death benefit nomination

1. (dd/mm/yyyy)		2. (dd/mm/yyyy)	
Location of copies			



Assets

Bank account details

DO NOT USE YOUR CREDIT CARD NUMBERS

If you are unsure of your BSB number or account number, please check with your bank, building society or credit union.

1	Financial institution/Bank name	
Account name (as on your bank statement)		
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Financial institution/Bank name	
Account name (as on your bank statement)		
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Financial institution/Bank name	
Account name (as on your bank statement)		
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Term deposit details

1	Financial institution name	
Account name (as on your bank statement)		
Account number		
Date of maturity (dd/mm/yyyy)		
2	Financial institution name	
Account name (as on your bank statement)		
Account number		
Date of maturity (dd/mm/yyyy)		
3	Financial institution name	
Account name (as on your bank statement)		
Account number		
Date of maturity (dd/mm/yyyy)		



Assets continued

Life insurance

Name of provider	
Policy number	
Beneficiary	

Shares

Name of broker	
Contact details of broker	
Portfolio details	

Unit trusts

1 Certification number	
Investment details	
2 Certification number	
Investment details	

Bonds

1 Certification number	
Investment details	
2 Certification number	
Investment details	



Assets continued

Real estate

1	Type (residence/investment/holiday, etc.)	
Location		
Ownership details (sole/joint/common)		
Owner/s name/s		
2	Type (residence/investment/holiday, etc.)	
Location		
Ownership details (sole/joint/common)		
Owner/s name/s		

Motor vehicles, boats, caravans, trailers, etc.

1	Model		Registration		Expiry	
2	Model		Registration		Expiry	
3	Model		Registration		Expiry	
4	Model		Registration		Expiry	
5	Model		Registration		Expiry	

Superannuation

1	Fund name					
Administrator		Account number				
Location of documentation						
2	Fund name					
Administrator		Account number				
Location of documentation						
3	Fund name					
Administrator		Account number				
Location of documentation						



Assets continued

Other assets

Aside from general personal items (ie. jewellery, etc.), please list any asset of particular significance that has not already been listed. This may include interests in partnership, trust, stock, outstanding loans owed to you, etc.

Please provide details and location of any relevant documentation.



Insurance

Life insurance

Provider		Member number	
Location of documentation			

Health insurance

Provider		Member number	
Location of documentation			
Medicare number			

Motor vehicle insurance

Provider		Member number	
Location of documentation			

Home & contents insurance

Provider		Member number	
Location of documentation			

Other insurance

Please provide details.



Liabilities

Please include details of original debt, outstanding amount, to whom the debt is owed, relevant account numbers, security for the debt and location of documentation.

Mortgage

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Personal

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Credit card

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Overdrafts

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Taxation

TFN		Last tax return lodged (dd/mm/yyyy)	
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Any outstanding tax?

Yes

No

Other

Please provide details.

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Entitlements

Centrelink

Type		Customer reference	
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Compensation details

Reference number	
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Is your spouse or dependents eligible for/to receive any continuing benefits or lump sum following your death?

Yes

No

Annuities

Please provide details.

Other

Please provide details.



Please indicate your preference

Burial. Where?

Cremation. Where?

Church service. Preferred church?

Flowers or donations to:

Special service. By whom?

Do you have a pre-paid funeral plan? Yes No

If yes, please provide details.

Do you have a cemetery lot or niche for ashes? Yes No

If yes, please provide details.

Any other wishes/details regarding funeral (price, type, etc). Please provide details.



Professionals associated with my affairs

The following persons may be of particular assistance to my executor.

Financial advisor

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Accountant

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Solicitor

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Stock broker

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Insurance agent

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode



Professionals associated with my affairs continued

Doctor

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Other

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Other

Name		Phone	
Organisation			
Address			
Suburb/Town/City		State	Postcode

Location of the following documents

Birth certificate			
Marriage certificate			
Children's birth certificate's			
Divorce			
Passport			
Country of issue		Passport number	



Safe deposit box

Location

Key/Password/Combination location

Other person/s with access