

WILLS INSTRUCTIONS

Please complete this form as much as possible and bring it to your initial meeting with us. We can incorporate testamentary trusts, specific gifts and other special provisions in your Will if you wish and this will be discussed after we have received these initial instructions.

SECTION A: WILL-MAKER

I authorise DBA to communicate with and copy documents to my adviser or _____.

FULL NAME _____ Age _____

Maiden name or other names you are known by _____

Home address _____

Postal address _____

Phone _____ Fax _____ Email _____

Occupation _____

SECTION B: EXECUTORS

Executors are the people who administer your estate upon your death. You can nominate a maximum of four executors. Note: 'substitute' executors act only if the first executor cannot act due to death, incapacity or refuses to act.

E1	Full name: _____	
Occupation: _____		Age: _____
Address: _____		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
E2	Full name: _____ <i>Substitute?</i> <input type="checkbox"/>	
Occupation: _____		Age: _____
Address: _____		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
E3	Full name: _____ <i>Substitute?</i> <input type="checkbox"/>	
Occupation: _____		Age: _____
Address: _____		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
E4	Full name: _____ <i>Substitute?</i> <input type="checkbox"/>	
Occupation: _____		Age: _____
Address: _____		Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>

SECTION C: BENEFICIARIES

Your estate will be distributed to the primary beneficiary named in Level 1. If that beneficiary predeceases you, your estate will be distributed to those beneficiaries in Level 2. It is common to name your spouse as the primary beneficiary under Level 1 and your children as beneficiaries under Level 2. If your spouse predeceases you, your children will take in equal shares as tenants-in-common, unless specified otherwise.

Level 1:

PB	Full name: _____ (or tick if E1 <input type="checkbox"/>)
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____

Level 2: these beneficiaries will take in the event that the primary beneficiary named in Level 1 does not survive you.

B2	Full name: _____ (or tick if E2 <input type="checkbox"/>)
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____

B3	Full name: _____ (or tick if E3 <input type="checkbox"/>)
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____

B4	Full name: _____ (or tick if E4 <input type="checkbox"/>)
Address: _____	Spouse? <input type="checkbox"/> Child? <input type="checkbox"/> Friend? <input type="checkbox"/>
	Occupation: _____

SECTION D: POWERS OF ATTORNEY

<p>MEDICAL: a medical Power of Attorney requires one agent and one alternate agent.</p> <p>Agent (choose one): E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 <input type="checkbox"/> other <input type="checkbox"/> (supply details in section E)</p> <p>Alternate agent (choose one): E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 <input type="checkbox"/> other <input type="checkbox"/> (supply details in section E)</p>
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<p>FINANCIAL:</p> <p>Primary attorney(s):</p> <p>I nominate the following as my attorney(s):</p> <p>E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 <input type="checkbox"/> other <input type="checkbox"/> (supply details in section E)</p> <p>Note that multiple attorneys will be joint and several, unless instructed otherwise.</p> <p>Alternative attorney(s): are optional and you can nominate one alternative attorney for each primary attorney. If you wish to nominate alternative attorney(s), please include their details in section E.</p>
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