

# Your Will

## Instruction Sheet

Fax to 9633 3379 Attention: \_\_\_\_\_



### 1. Executors

Please provide the details of your Executor(s):

	Name	Address
Executor (1) (Usually your partner)		
Executor (2)		
Back Up Executor (1)		
Back Up Executor (2)		
Children's Guardian/s		

\*\* Note: If you have more than 2 Executors or Back Up Executors, please attach their details on a separate page.

### 2. Are any of your nominated Executors to be entitled to charge your estate for their services?

Yes       No

### 3. Do you want to specify that Robert Wehbe & Partners acts for your Executors?

Yes       No

### 4. Would you like us to write to the people that you have appointed to act as your Executors to notify them of that fact?

Yes       No

If No, we recommend that you notify them in writing immediately.

### 5. Your Beneficiaries

Who do you want to leave your estate to?

My partner if he/she survives me. If he/she doesn't survive me then to my children equally.

Other – please provide the details:

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6. Do you want a clause which provides that if any of your children die before you leaving children themselves, then those children shall take equally the share of your estate that your child would have taken if he/she had not died before you?

Yes       No

7. If none of the beneficiaries referred to above are alive, please set out below the full names of the people that you would like to leave your estate to (eg, brothers/sisters or nieces/nephews). (We shall assume that they are to inherit equally unless you indicate otherwise.)

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\*\* If there is insufficient space on this sheet, please forward details on a separate page.

8. How old do your beneficiaries have to be before they receive their inheritance?

\_\_\_\_\_ years of age

\*\*Notes: Your beneficiaries will be able to receive their inheritance once they turn 18 years unless your specific wishes are stated.

Your executor may at his/her discretion make funds available before this age.

9. Any other instructions:

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\*\* If there is insufficient space on this sheet, please forward details on a separate page.

10. **Preparing your documents**

The answers in this Instruction Sheet apply:

- for me alone; or
- for my partner and I

\*\*Note: Unless you tell us otherwise, we shall assume that your Will and your partner's Will are to be "mirror images" of each other. If different, please provide a separate Instruction Sheet for your partner.

**It is advisable that you now provide instruction for a Power of Attorney and the appointment of your Enduring Guardian - please continue below.**

# Power of Attorney

## Instruction Sheet



Fax to 9633 3379 Attention: \_\_\_\_\_

We strongly recommend that you appoint at least one person to make financial decisions for you. It is critical that you only appoint a person or people who you trust to act in accordance with your wishes.

1. If you have previously executed a Power of Attorney, do you wish to change or revoke the arrangements previously made by you?

Yes. Please provide us with a copy of the document and complete the details below.

No

2. **'Primary' Attorney(s)**

Please provide the details of those you wish to appoint as your Attorney(s):

Name and occupation

Address

Relationship to you

Name and occupation

Address

Relationship to you

3. **'Back Up' Attorney(s)**

If the people referred to above are unable to act as your Attorneys, do you want to appoint one or more people to be your "Back Up" Attorneys? If so, please provide the details of those you wish to appoint as your attorney(s):

Name and occupation

Address

Relationship to you

Name and occupation

Address

Relationship to you

4. If you nominated 2 or more people to be your Attorneys, we shall assume that only one (1) of them is required to sign any documents for you unless you tell us otherwise.

\_\_\_\_\_  
\_\_\_\_\_

5. When would you like your Attorneys to be able to make decisions for you? (we shall assume that this applies to all of your Attorneys unless you tell us otherwise)

- At any time from now on – even if I am able to make the decision myself.
- Only once I have lost mental capacity (as determined by my then treating doctor and an independent doctor).
- Other – please specify the details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The law provides that your Attorney(s) are not authorized to **spend your money** on anyone else unless you specifically authorise them to do so.

Do you wish to give your Attorney(s) permission to give gifts (for example Christmas presents, birthday presents) on your behalf, from your assets to your friends and family members as you currently do now?

- Yes       No

7. Do you wish to give your Attorney(s) permission to pay for the living and/or medical expenses from your assets?

- Yes       No

8. Do you wish to give your Attorney(s) permission to pay for the living and/or medical expenses of other people from your assets?

- Yes       No

If Yes, please provide us with the full names and addresses of these people

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We shall assume (unless you notify us to the contrary) that you do not want to give any directions to your Attorney(s) in relation to the way that they are to exercise the powers granted to them by you and that you do not want to impose any restrictions or limitations on your Attorney(s) in addition to those imposed by the law.

9. **Preparing your documents**

The answers in this Instruction Sheet apply:

- for me alone; or
- for my partner and I

**\*\*Note:** Unless you tell us otherwise, we shall assume that your Power of Attorney and your partner's Power of Attorney are to be "mirror images" of each other. If different, please provide a separate Instruction Sheet for your partner.

# Enduring Guardianship

## Instruction Sheet

Fax to 9633 3379 Attention: \_\_\_\_\_



**You can appoint someone else to make 'guardianship' decisions for you** if you lose the capacity to do this for yourself.

'Guardianship' decisions include deciding where you live, deciding what services you receive and giving consent to medical and dental services you receive.

If you would like the certainty of knowing who will make "guardianship" decisions for you after you become incapacitated and unable to make these decisions yourself, it is necessary for you to appoint those people to be your Enduring Guardian(s) by signing a separate document.

1. Do you wish to specifically appoint one or more people to make "guardianship" decisions for you if you become incapacitated?

Yes       No

If Yes, we shall assume (unless you notify us to the contrary) that the person or people that you have indicated to be your Attorneys are also to be your Enduring Guardians.

If No, please provide details being different from your Attorneys;

Name and occupation

Address

Relationship to you

Name and occupation

Address

Relationship to you

We shall also assume that the same "rules and restrictions" set out by you on the Power of Attorney Instruction Sheet, are to apply to the exercise of their enduring guardianship powers (as far as is relevant).

2. Do you want to change or revoke an Enduring Guardianship document previously signed by you?

Yes. Please provide us with a copy of the document.

No

3. **Preparing your documents**

The answers in this Instruction Sheet apply:

for me alone; or

for my partner and I

**\*\*Note:** Unless you tell us otherwise, we shall assume that your Enduring Guardian and your partner's Enduring Guardian are to be "mirror images" of each other. If different, please provide a separate Instruction Sheet for your partner.