

Instruction Sheet for a Will (With a Provision for Partner)

Fax Back to: **02 9899 4943**

Please write clearly as Tangible Assets Pty Ltd cannot be held responsible for illegible forms.
By submitting this form to Tangible Assets Pty Ltd, we agree to pay for the services rendered.

Date of Order: _____
Main Contact:
Main Contact Surname: _____
Main Contact Given Names: _____
Main Contact Address: Street: _____
Main Contact Address: Suburb: _____
State: _____ Postcode: _____
Tel(H): _____ Mobile: _____
Main Contact Email: _____

If you and your Partner wish to create Wills where all the provisions within this Will Instruction Sheet apply to both Wills, check here: (If any details are different use separate order forms)

Special Instructions:

Payment by Credit Card

Credit Card Number: _____
Name on Credit Card: _____
Credit Card Expiry Date: _____ Month: _____ Year: _____ CVV Number _____
(CVV is located on the back of the card in the signature strip, following the full card number)

Payment Amount: _____ Signed _____

Note All Credit Card Payment are made via Stratapay Pty Ltd

(We accept all major credit cards other than American Express and Diners Club)

Person Making the Will - Details

Person Making the Will Surname: _____
Person Making the Will's Given Names _____
Person Making the Will's Occupation _____
Person Making the Will's Address: Street: _____
Person Making the Will's Address: Suburb: _____
State: _____ Postcode: _____

Partner's Details

Partner's Surname: _____
Partner's Given Names: _____
Partner's Occupation: _____
Partner's Address: Street: _____
Partner's Address: Suburb: _____
State: _____ Postcode: _____

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Executor Details

Executor 1 Surname: _____
Executor 1 Given Names: _____
Executor 1 Address: Street: _____
Executor 1 Address: Suburb: _____
State: _____ Postcode: _____

Executor 2 Surname: _____
Executor 2 Given Names: _____
Executor 2 Address: Street: _____
Executor 2 Address: Suburb: _____
State: _____ Postcode: _____

All Children

Child 1 Surname: _____
Child 1 Given Names: _____
Child 1 Age: _____
Child 1 Address: Street: _____
Child 1 Address: Suburb: _____
State: _____ Postcode: _____

Child 2 Surname: _____
Child 2 Given Names: _____
Child 2 Age: _____
Child 2 Address: Street: _____
Child 2 Address: Suburb: _____
State: _____ Postcode: _____

Child 3 Surname: _____
Child 3 Given Names: _____
Child 3 Age: _____
Child 3 Address: Street: _____
Child 3 Address: Suburb: _____
State: _____ Postcode: _____

Child 4 Surname: _____
Child 4 Given Names: _____
Child 4 Age: _____
Child 4 Address: Street: _____
Child 4 Address: Suburb: _____
State: _____ Postcode: _____

Guardian of any Infant Children

Guardian Surname: _____
Guardian Given Names: _____
Guardian Address: Street: _____
Guardian Address: Suburb: _____
State: _____ Postcode: _____

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General Questions

Are you presently married?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, are you in a de-facto relationship with your partner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your partner survives you, then is he/she to be the Executor and receive all of your estate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your partner does not survive you, do you wish to leave your estate to your children named above in equal shares, so long as they reach a certain age?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What qualifying age do you require:				
Do you wish to provide for any children that you may have?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If any of your children die before you, leaving children of their own, do you wish your estate to go to their children in equal shares (your grandchildren)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do any of your children or grandchildren have a disability or circumstances requiring special consideration?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, what?				
Are you a Director or Shareholder in any Private Company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Trustee/Beneficiary/Guardian/Appointor of any Trust?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Partner or Owner of any Business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been divorced?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If your Partner dies before you, and If you die, leaving no children or grandchildren, then to whom do you wish to leave your estate?

Surname:	
Given Names:	
Relationship (if one exists):	
% of Estate:	_____ %
Surname:	
Given Names:	
Relationship (if one exists):	
% of Estate:	_____ %
Surname:	
Given Names:	
Relationship (if one exists):	
% of Estate:	_____ %
Surname:	
Given Names:	
Relationship (if one exists):	
% of Estate:	_____ %
Surname:	
Given Names:	
Relationship (if one exists):	
% of Estate:	_____ %

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If you wish to make any specific gifts in your will, please advise:

Beneficiary 1:

Beneficiary 1 Surname: _____

Beneficiary 1 Given Names: _____

Beneficiary 1 Address: Street: _____

Beneficiary 1 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____

Beneficiary 2:

Beneficiary 2 Surname: _____

Beneficiary 2 Given Names: _____

Beneficiary 2 Address: Street: _____

Beneficiary 2 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____

Beneficiary 3:

Beneficiary 3 Surname: _____

Beneficiary 3 Given Names: _____

Beneficiary 3 Address: Street: _____

Beneficiary 3 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____

Beneficiary 4:

Beneficiary 4 Surname: _____

Beneficiary 4 Given Names: _____

Beneficiary 4 Address: Street: _____

Beneficiary 4 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____

Beneficiary 5:

Beneficiary 5 Surname: _____

Beneficiary 5 Given Names: _____

Beneficiary 5 Address: Street: _____

Beneficiary 5 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____

Beneficiary 6:

Beneficiary 6 Surname: _____

Beneficiary 6 Given Names: _____

Beneficiary 6 Address: Street: _____

Beneficiary 6 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____

Beneficiary 7:

Beneficiary 7 Surname: _____

Beneficiary 7 Given Names: _____

Beneficiary 7 Address: Street: _____

Beneficiary 7 Address: Suburb: _____

State: _____ Postcode: _____

Detail of Gift: _____