



Estate Planning Information Booklet

This document is to be completed for the purpose of enabling lawyers (Provider) to provide advice and assistance in preparing a Will, Powers of Attorney and other estate planning documents that reflect your wishes and circumstances.

It is important for you to provide all relevant information about yourself, your family and your assets, so that the Provider has the details necessary to identify relevant issues and to prepare your estate planning documents. Taking the time to read and complete this document is likely to result in reducing the time and cost of fees associated with any legal advice and/or documenting your estate plan that you may be charged by your Provider.

Copies of the following documents are required for your first meeting with the Provider.

Please check off the documents that you can provide:

- Current Wills (including any foreign Wills)
- Current Powers of Attorney/ Enduring Guardian/ Medical Attorney
- Life insurance policy schedule
- Family Trust deed and any variations
- Superannuation Fund deed and any variations
- Superannuation Death Benefit Nominations
- Business Succession agreements (e.g. Shareholders Buy/Sell Agreement)

This document is divided into the following sections:

1. Your Details
2. Your Family
3. Your Assets
4. Your Related Companies and Trusts
5. Your Wishes – Legal Representatives
6. Your Wishes – Distribution
7. Acknowledgement and Signature

Disclaimer

This information booklet, the information captured by it and contained in it (together, this Information Booklet) is for discussion and/or information purposes only and represents a summary of information which your Provider has requested is captured in connection with the estate planning advice and other services they may provide to you. This booklet gathers preliminary information and does not of itself constitute instructions. This Information Booklet is for the benefit of your Provider and is solely prepared to assist your Provider with the estate planning advice or any other services they might provide to you. It is your Provider's responsibility to obtain such additional information, and verify any information in this Information Booklet they may choose to use, as your Provider considers necessary. Your Provider is solely and wholly responsible for any estate planning advice and/or other services they may provide to you. Westpac Banking Corporation (Westpac) provides no warranty or representation as to the accuracy or completeness of the Information Booklet (including as noted above, the information contained in it) or its fitness for any purpose, and Westpac Banking Corporation is in no way responsible for the Information Booklet or the estate planning advice or other services you might receive from your Provider. Nothing in this Information Booklet constitutes legal, tax or financial advice.

1 Your Details

1.1 Customer 1

Surname.....			
Given names (include middle name).....			
Other names known by			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation
Date of birth	/ /	Place of birth	
Address	Street Address		
	Suburb/City	State	Postcode
Country of residence	Citizenship		
Marital Status.....	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> De-Facto
Date of marriage			Date of relationship
Telephone.....	Home		Work
Email.....	Home		Work
Do you have children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any of them under 18?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been divorced or ended a de facto relationship.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the division of property been settled with a Court Order			<input type="checkbox"/> Yes <input type="checkbox"/> No

1.2 Customer 2

Surname.....			
Given names (include middle name)			
Other names known by			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation
Date of birth	/ /	Place of birth	
Address	Street Address		
	Suburb/City	State	Postcode
Country of residence	Citizenship		
Marital Status.....	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> De-Facto
Date of marriage			Date of relationship
Telephone.....	Home		Work
Email.....	Home		Work
Do you have children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any of them under 18?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been divorced or ended a de facto relationship.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the division of property been settled with a Court Order			<input type="checkbox"/> Yes <input type="checkbox"/> No

2 Your Family

2.1 Children of Customer 1

Child 1 Surname			
Given names			
Address	Street Address		
	Suburb/City	State	Postcode
Child of	<input type="checkbox"/> Current relationship <input type="checkbox"/> Previous relationship		
Country of residence	<input type="checkbox"/> Aust <input type="checkbox"/> Other	If other, specify	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/> De-Facto
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of children	
Names and ages of their children			

Child 2 Surname			
Given names			
Address	Street Address		
	Suburb/City	State	Postcode
Child of	<input type="checkbox"/> Current relationship <input type="checkbox"/> Previous relationship		
Country of residence	<input type="checkbox"/> Aust <input type="checkbox"/> Other	If other, specify	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/> De-Facto
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of children	
Names and ages of their children			

Child 3 Surname			
Given names			
Address	Street Address		
	Suburb/City	State	Postcode
Child of	<input type="checkbox"/> Current relationship <input type="checkbox"/> Previous relationship		
Country of residence	<input type="checkbox"/> Aust <input type="checkbox"/> Other	If other, specify	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Engaged	<input type="checkbox"/> Married	<input type="checkbox"/> De-Facto
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of children	
Names and ages of their children			

➤➤ Repeat this page for any additional children of Customer 1

2.2 Children of Customer 2 – Previous Relationships

Child 1 Surname			
Given names.....			
Address	Street Address		
	Suburb/City	State	Postcode
Country of residence	<input type="checkbox"/> Aust <input type="checkbox"/> Other	If other, specify	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
Marital Status.....	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> De-Facto		
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of children	
Names and ages of their children			

Child 2 Surname			
Given names.....			
Address	Street Address		
	Suburb/City	State	Postcode
Country of residence	<input type="checkbox"/> Aust <input type="checkbox"/> Other	If other, specify	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
Marital Status.....	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> De-Facto		
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of children	
Names and ages of their children			

Child 3 Surname			
Given names.....			
Address	Street Address		
	Suburb/City	State	Postcode
Country of residence	<input type="checkbox"/> Aust <input type="checkbox"/> Other	If other, specify	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
Marital Status.....	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> De-Facto		
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of children	
Names and ages of their children			

➤➤Repeat this page for any additional children of Customer 2

Parents and Siblings

2.3 Customer 1 – Parents and Siblings

Father's Surname		Age
Given names.....		

Mother's Surname			Age
Given names.....			
Are you to likely to inherit from your parents or others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size of possible inheritance	<input type="checkbox"/> <\$500K <input type="checkbox"/> >\$500K

Siblings Surname	1.	2.	3.
Given Names.....			
Marital Status.....	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of children.....			

2.4 Customer 2 – Parents and Siblings

Father's Surname		Age
Given names.....		

Mother's Surname			Age
Given names.....			
Are you to likely to inherit from your parents or others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Size of possible inheritance	<input type="checkbox"/> <\$500K <input type="checkbox"/> >\$500K

Siblings Surname	1.	2.	3.
Given Names.....			
Marital Status.....	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Divorced
Do they have children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of children.....			

➤➤Repeat this page for any additional siblings of Customers 1 and 2

2.5 Other Financial Dependants and Interdependants

Is anyone else financially dependent on you	Customer 1 ➤ <input type="checkbox"/> Yes <input type="checkbox"/> No	Customer 2 ➤ <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an interdependency relationship with anyone?	Customer 1 ➤ <input type="checkbox"/> Yes <input type="checkbox"/> No	Customer 2 ➤ <input type="checkbox"/> Yes <input type="checkbox"/> No

3 Your Assets

3.1 Personal Assets

	Owner	Estimated Value	Loan or liability
Home Contents			
Jewellery.....			
Art and antiques.....			
Motor vehicles/ boats/ caravans etc.....			
Bank Accounts.....			
Publicly Listed Shares.....			
Private Company Shares.....			
Managed Funds			
Share in Partnership.....			
Overseas Assets			
Interest in deceased estates.....			
Other Assets.....			

3.2 Real Estate – personally owned

Main Residence			
Address			
Registered Owner(s)			
Co-Ownership	<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common – your share	%
Estimated Value.....	\$	Mortgage <input type="checkbox"/> Yes \$	<input type="checkbox"/> No

Other Real Estate			
Address			
Registered Owner(s)			
Co-Ownership	<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common – your share	%
Estimated Value.....	\$	Mortgage <input type="checkbox"/> Yes \$	<input type="checkbox"/> No

Address			
Registered Owner(s)			
Co-Ownership	<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common – your share	%
Estimated Value.....	\$	Mortgage <input type="checkbox"/> Yes \$	<input type="checkbox"/> No

Address			
Registered Owner(s)			
Co-Ownership	<input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common – your share	%
Estimated Value.....	\$	Mortgage <input type="checkbox"/> Yes \$	<input type="checkbox"/> No

3.3 Superannuation

Fund Name and Trustee	Member (Customer 1/2)	Value of Member's Benefit	Nominated Beneficiary	Binding Yes/No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

3.4 Life Insurance

Life Insurance Company	Policy Owner* (incl. Superannuation Fund)	Sum Insured	Beneficiary (if any)*

*for example, Customer 1; Customer 2; Customer 1 + 2

4 Related Companies and Trusts

4.1 Private Companies

Company Name	Directors	Shareholders	Activity/Business

4.2 Trusts

Trust Name	Trustee	Appointor and Guardian (if any)	Activity/Business

Are there loans owing **to** you by any of the above Companies/Trusts?..... Yes No

Are there loans owing **by** you to any of the above Companies/Trusts?..... Yes No

5 Your Wishes – Legal Representatives

5.1 Power of Attorney

A Power of Attorney appoints a person as your attorney to deal with your legal and financial matters while you are alive. Your choice of attorney should be someone that you trust, who will be able to deal with your legal and financial affairs on your behalf. A Fact Sheet has been prepared with some further information. **You should discuss the appointment of your attorney with your Provider.**

Who do you propose to appoint as your Attorney?	
Surname.....	
Given names.....	
Occupation.....	
Address	Street Address
	Suburb/City State Postcode

Do you propose to appoint more than one Attorney? Details of the second Attorney	
Surname.....	
Given names.....	
Occupation.....	
Address	Street Address
	Suburb/City State Postcode
Are the Attorneys to act.....	<input type="checkbox"/> Jointly <input type="checkbox"/> Jointly and Severally

Do you propose to appoint a replacement Attorney? Details of the replacement Attorney	
Surname.....	
Given names.....	
Occupation.....	
Address	Street Address
	Suburb/City State Postcode

OR

I am uncertain about who to appoint as my Attorney and would like to obtain legal advice on this issue

■ 5.2 Enduring Guardian/ Medical Power of Attorney

The States of Australia confer differing powers to appoint a person to make personal, lifestyle and sometimes medical treatment decisions which may need to be made if you lose the mental capacity to decide yourself. A Fact Sheet has been prepared with further information. **You should discuss the appointment of your enduring guardian/ medical power of attorney with your Provider.**

Who do you propose to appoint as your Enduring Guardian/Medical Attorney?			
Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode

Do you propose to appoint a replacement Guardian/Attorney? Details of the replacement Guardian(s)/Attorney(s)			
Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode

OR

- I am uncertain about who to appoint as my Enduring Guardian/Medical Attorney and would like to obtain legal advice on this issue

■ 5.3 Executors

The role of the executor is to administer the estate of a person on their death. A Fact Sheet has been prepared with further information. **You should discuss the appointment of your executors with your Provider.**

Who do you propose to appoint as your Executor?			
Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode

Do you propose to appoint more than one Executor? Details of the second Executor			
Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode

Do you propose to appoint a replacement Executor? Details of the replacement Executor(s)

Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode
Replacement for	<input type="checkbox"/> Either of the above Executors OR <input type="checkbox"/> Specific Executor NAME		

Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode
Replacement for	<input type="checkbox"/> Either of the above Executors OR <input type="checkbox"/> Specific Executor NAME		

OR

I am uncertain about who to appoint as my Executor and would like to obtain legal advice on this issue

5.4 Guardian of your Children

The appointment of the Guardian of your children is important as he/she will be responsible for the care of your minor children if you pass away while the children are under the age of 18 years. The Guardian is often not the Executor - there is a Fact Sheet with further information. **You should discuss the appointment of any guardian of your children with your Provider.**

Who do you propose to appoint as Guardian of your children?

Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode

Do you propose to appoint a replacement Guardian(s)? Details of the replacement Guardian(s)

Surname.....			
Given names.....			
Occupation.....			
Address	Street Address		
	Suburb/City	State	Postcode

OR

I am uncertain about who to appoint as my children's Guardian and would like to obtain legal advice on this issue

6 Your Wishes – Distribution

6.1 Specific Gifts

If you propose to make specific gifts of money, real estate, jewellery or other special items, please provide a full description of the proposed gift, the recipient and their relationship to you. This information is preliminary only and is subject to discussion with your Provider.

Specific Gifts of Money			
Full Name of Recipient	Address	Amount	Relationship to You

Specific Gifts of Personal Assets			
Full Name of Recipient	Address	Items	Relationship to You

Specific Gifts of Real Estate			
Full Name of Recipient	Address	Property Address and Title Details	Relationship to You

If there is a mortgage over the property, is the recipient to take the property:	<input type="checkbox"/> Free of the mortgage	<input type="checkbox"/> Subject to the mortgage
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6.2 Residue of Your Estate

Do you propose the balance of your estate to pass to:.....	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Children
	<input type="checkbox"/> Spouse/Partner and Children	<input type="checkbox"/> Spouse/Partner then Children
Do you propose your Spouse/Partner to have access to all assets and capital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you propose your Spouse/Partner to have a life interest in any assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On your Spouse/Partner's death, will your estate pass equally to your children?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of your children die, will their children (if any) take their share?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
At what age will your children be entitled to their share of your estate?.....	years	
Are you interested in including testamentary trusts for your Spouse/Partner and children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Refer to the relevant Fact Sheet for more information

The above information is preliminary only and is subject to discussion with your Provider.

OR

I am uncertain about how to distribute the residue of my estate and would like to obtain legal advice on this issue

7 Acknowledgement and Signature

By signing this Information Booklet, I/We acknowledge and declare that:

- The information contained in this Information Booklet is true and correct.
- This Information Booklet provides preliminary information that is intended for the Provider to consider and discuss with me/us before taking my/our instructions. It is not intended as and does not constitute my Will, or an alteration, revocation or revival of my Will (or any part of my Will), or any other testamentary instrument or disposition.
- I/We authorise you to provide to the Provider any information about me/us that you hold. This information may be used by the Provider to give advice or generally as part of their engagement. Westpac and its related bodies corporate are not responsible for nor are they liable for any loss which may arise if any of the information in this Information Booklet is untrue or incorrect.
- Westpac and its related bodies corporate are not responsible for the estate planning advice and other services provided to me/us by my/our Provider.

Dated the

day of

201

X

.....
Signature of Customer 1

X

.....
Signature of Customer 2

Disclaimer

The information Westpac collects from you during the fact finding process (including on this Information Booklet) will be collated and used to provide you with information regarding other products and services, including estate planning services. This information will be disclosed to the Provider and other members of the Westpac Group including companies in the BT Financial Group. If you do not provide your information to us, we may not be able to do business with you or provide relevant information to the Provider. You can access the personal information we have collected, if we have retained it, by contacting your Westpac Financial Planner. Westpac is required or authorised to collect personal information from you by certain laws. Westpac may also use your information to comply with legislation or regulatory requirements in any jurisdiction or disclose it as required or authorised by law in accordance with our privacy policy. We may also disclose your information to an entity located outside Australia. Details of the countries where the overseas recipients are likely to be located are in our privacy policy. You must also inform any other individuals such as dependants, spouse and partners that you have provided information about them and make them aware of the information provided in our privacy policy. You can view our privacy policy at westpac.com.au or by contacting your Westpac Financial Planner. Our privacy policy covers how you can access personal information held about you, or ask for it to be corrected, how you may make a privacy related complaint and how we deal with the complaint, and how we collect, hold, use and disclose your information in more detail. We will update our privacy policy from time to time.

Westpac Financial Planners are representatives of Westpac Banking Corporation ABN 33 007 457 141 AFSL and Australian credit licence 233714.

Financial Planner Details

Name of referring Financial Planner	
Bank/ Bank segment	
Address	
Contact phone no	
Email address	