

Pre-appointment questionnaire

What this form does

This questionnaire helps us prepare for your Will and/or Powers of Attorney appointment.

Completing this form ahead of time will give us a better understanding of your needs and will help your appointment to run smoothly.

Please complete it at least 7 days prior to your scheduled appointment.

If we don't receive it on time, we may need to reschedule your appointment.

How to use this form

To fill out and return this form before your appointment, you have a few options:

1. If you booked your appointment online, you should have received an email with a link to fill out the form online.
You can do this without printing anything.
2. If you booked your appointment over the phone, you can download the form from our website at statetrustees.com.au/forms.
Fill it out digitally and email it to willsadmin@statetrustees.com.au.
3. If you don't have internet access, you can fill out the form by hand and post to **Att: Wills Admin Support, GPO Box 1461, Melbourne, VIC, 3001**. If you have a smartphone, you can take pictures of each page and email them to willsadmin@statetrustees.com.au.

Select the document(s) you are having prepared

- ☐ Will ☐ Power of Attorney – financial ☐ Power of Attorney – personal
☐ Appointment of Medical Treatment Decision Maker

Section 1

Complete this section for any document preparation.

You (Client 1)

Personal details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Full name:

Previous / other names:

Residential address:

Date of birth: / / Occupation:

Email: Telephone:

Marital status

Please tick to indicate your marital status:

- ☐ Married ☐ De-facto / domestic partnership ☐ Separated ☐ Divorced
☐ Single ☐ Widowed ☐ Other

You (Client 1) continued

Relationship history	
Current partner: <input type="checkbox"/> Client 2	If not client 2, list name:
Name of previous spouse or partner (if applicable):	
Date & country of divorce:	
Has there been a financial settlement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	
Date & place of death (if applicable):	

Your spouse or partner (Client 2)

Personal details	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	
Full name:	
Previous / other names:	
Residential address:	
Date of birth: / /	Occupation:
Email:	Telephone:

Relationship history	
Current partner: <input type="checkbox"/> Client 1	If not client 1, list name:
Name of previous spouse or partner (if applicable):	
Date & country of divorce:	
Has there been a financial settlement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress	
Date & place of death (if applicable):	

Children

☐ N/A – Proceed to Section 2

Please enter details of your children, including step, adopted, foster and deceased.	
Name:	Date of birth: / /
Residential address:	
Relationship to Client 1:	
Relationship to Client 2:	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Children continued

Name:	Date of birth: / /
Residential address:	
Relationship to Client 1:	
Relationship to Client 2:	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Date of birth: / /
Residential address:	
Relationship to Client 1:	
Relationship to Client 2:	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Date of birth: / /
Residential address:	
Relationship to Client 1:	
Relationship to Client 2:	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Date of birth: / /
Residential address:	
Relationship to Client 1:	
Relationship to Client 2:	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Date of birth: / /
Residential address:	
Relationship to Client 1:	
Relationship to Client 2:	
Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Any relevant important information about your children? (e.g. do they have special needs? Are you estranged? Are there any family law concerns? Please include any relevant information).

Guardianship

Guardianship – refers to the legal responsibility of minor children. It is important to consider guardianship when preparing your Will to ensure appropriate arrangements are in place for the care of your children if something were to happen to you.

Please note: a guardianship clause in a Will expresses your personal wishes but is not legally binding.

☐ N/A – Proceed to Section 2

Do you wish to appoint a guardian or guardians for your child(ren) while they are minors?

☐ Yes ☐ No

What arrangement do you want to apply? Select options below.

☐ **Individual guardian(s)** – is the primary choice you've selected to care for your children if you're unable to.
List up to 2 names.

Name: _____ Date of birth: / /

Relationship: _____

Name: _____ Date of birth: / /

Relationship: _____

☐ **Substitute guardian(s)** – is a backup option in case the primary choice cannot fulfill the responsibility.
List up to 2 names.

Name: _____ Date of birth: / /

Relationship: _____

Name: _____ Date of birth: / /

Relationship: _____

OR

☐ **Joint guardian(s)** – two individuals share the legal responsibility for caring for and making decisions for a minor child. List 2 names.

Name: _____ Date of birth: / /

Relationship: _____

Name: _____ Date of birth: / /

Relationship: _____

☐ **Substitute guardian(s)** – is a backup option in case the primary choice cannot fulfill the responsibility.
List up to 2 names.

Name: _____ Date of birth: / /

Relationship: _____

Name: _____ Date of birth: / /

Relationship: _____

Section 2

Complete this section if you have an appointment to prepare your Power of Attorney.

For an **Enduring Power of Attorney**, you can appoint up to 4 attorneys.

Your attorneys can act jointly (together), severally (separately), jointly and severally (together and separately) or by majority. You can also appoint substitute attorneys under the same conditions.

Attorneys must be 18 years of age and can't be insolvent under administration. You cannot appoint a care worker, health provider or accommodation provider.

Powers of Attorney can take effect immediately or when you cease to have decision making capacity.

You can appoint an attorney to act on your behalf in financial and/or personal matters.

Please note: State Trustees can act as financial attorney only. Everyone else can act in financial matters and/or personal matters.

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:
Role:	<input type="checkbox"/> Jointly <input type="checkbox"/> Severally <input type="checkbox"/> Jointly and Severally <input type="checkbox"/> Majority

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:
Role:	<input type="checkbox"/> Jointly <input type="checkbox"/> Severally <input type="checkbox"/> Jointly and Severally <input type="checkbox"/> Majority

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:
Role:	<input type="checkbox"/> Jointly <input type="checkbox"/> Severally <input type="checkbox"/> Jointly and Severally <input type="checkbox"/> Majority

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:
Role:	<input type="checkbox"/> Jointly <input type="checkbox"/> Severally <input type="checkbox"/> Jointly and Severally <input type="checkbox"/> Majority

Section 3

Complete this section if you have an appointment to prepare your Medical Treatment Decision Maker.

For the **Medical Treatment Decision Maker**, you can list up to 4 decision makers, but only one person acts at any one time (i.e. they cannot act jointly), and there are no substitutes. The decision maker is the first person listed who is reasonably available and willing to make the decision. The document only comes into effect when you can't make decisions yourself due to injury or illness.

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:

Personal details	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Full name:	
Residential address:	
Date of birth:	/ / Telephone:

Section 4

Complete this section if you have an appointment to prepare your **Will**.

Executors & Trustees

Your Executor has the responsibility of ensuring that the wishes outlined in your Will are followed and all your financial and legal affairs are finalised after you die.

During your appointment, we will explain the important role of Executor and discuss the pros and cons of each option below.

- ☐ I have a trusted family member or friend who has all the required skills and experience and is willing to take on the responsibility.
- ☐ I'm open to nominating a professional Trustee Company such as State Trustees.
- ☐ I'd like to discuss both options and make an informed decision during my Will appointment.

Assets

Please provide us with an overview of your assets below.

Real estate

If you own a property with someone else, the manner of holding could be registered as 'joint tenants' or 'tenants in common'. Please ensure you make enquiries about how the property is held.

Address of property	Ownership
	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Tenants in common
	<input type="checkbox"/> Joint proprietor <input type="checkbox"/> Other

Who owns the property?
<input type="checkbox"/> Mortgaged <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common

If this property is mortgaged, please provide details of bank or financial institution:

Address of property	Ownership
	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Tenants in common
	<input type="checkbox"/> Joint proprietor <input type="checkbox"/> Other

Who owns the property?
<input type="checkbox"/> Mortgaged <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common

If this property is mortgaged, please provide details of bank or financial institution:

Address of property	Ownership
	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Tenants in common
	<input type="checkbox"/> Joint proprietor <input type="checkbox"/> Other

Who owns the property?
<input type="checkbox"/> Mortgaged <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint tenants <input type="checkbox"/> Tenants in common

If this property is mortgaged, please provide details of bank or financial institution:

Bank accounts & term deposits

Bank or financial institutions	Ownership	Account type
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	

Investments including foreign assets: (e.g. managed funds, shares)

Bank or financial institutions	Ownership	Account type
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint	

Vehicles: (Including cars, boats, caravans, trailers, etc.)

Description of vehicle	Finance on vehicle	Owner
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

Other assets: (e.g. antiques, art work, precious jewellery, etc.)

Description of asset	Address of asset	Ownership
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint
		<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint

Superannuation

Name of company / fund	Owner
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

Nominated beneficiary

Liabilities and Debts: (includes personal loans, credit cards, etc.)

Description of liability / debt	Owner
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

Insurance: (including life, funeral, prepaid funeral plan etc.)

Name of company / fund	Owner	Nominated beneficiary
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	
	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2	

Would you like to include any of the following in your Will

<input type="checkbox"/> Specific Gifts of Property	<input type="checkbox"/> Wishes for Pet Care	<input type="checkbox"/> A Life Interest or Right to Reside	<input type="checkbox"/> A Trust
<input type="checkbox"/> Charitable Trusts	<input type="checkbox"/> Any other important wishes		

Additional information

Is there anything else you would like to inform us of before your appointment?

What to expect at your appointment?

The following will be discussed at your upcoming appointment:

- Executor(s) and trustee(s) of your estate
- Funeral wishes and direction
- Guardianship
- Pets' wishes
- Bequests and charitable giving
- Residuary estate
- Who can challenge a Will (Testator's Family Maintenance)
- Who to nominate as your Executor
- Who could challenge your Will