

# Estate Planning Workbook

Prepared for

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Adviser name

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Date

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**FINANCIAL**  
FOOTPRINT

# 1. General Details

Title		
First name		
Surname		
Date of birth		
Address		
	State	Postcode
Postal address		
	State	Postcode
Telephone work	Home	
Mobile	Fax	
Email address		
Spouse's name		
Children's name(s)	Date of birth	
Children's name(s)	Date of birth	
Children's name(s)	Date of birth	
Accountant		
Accountant phone	Accountant fax	
Solicitor		
Solicitor phone	Solicitor fax	

## 2. Wills

Do you have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) When was it last reviewed?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(b) Have there been any changes in family circumstances since?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	
<hr/> <hr/>	
(c) Where is your Will kept?	
(d) Who is the executor?	
(e) Does your Will consider CGT implications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Is your Will likely to be challenged after death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you think of anybody who might be in a position to claim a share of your Estate through Family Provisions Legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	
<hr/> <hr/>	
(a) Does your Will consider the needs of any financially dependent children in terms of:	
• Financial needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Guardianship concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Type	
(b) Where is the document kept?	
(c) Who have you appointed?	

## 3. Joint tenancy

Do you hold any assets as a joint tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Are you aware of the consequences upon your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Is this ownership structure still relevant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) What property do you hold as a joint tenant?	
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## 4. Superannuation

Have you nominated a beneficiary to your superannuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Type of nomination	<input type="checkbox"/> Discretionary <input type="checkbox"/> Binding
(b) Has the nomination been reviewed in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Details of nominated beneficiaries:	

Nominee	Relationship	% Allocation

Have you included distributions in your Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to provide a Lump Sum and/or Income Stream to your beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	

### 4A. Self Managed Superannuation

Do you have a Self Managed Superannuation Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Number of members?	
(b) Have trustee succession issues been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are you satisfied the Trust Deed is up-to-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) What trustee structure is used?	<input type="checkbox"/> Corporate <input type="checkbox"/> Individual

## 5. Trusts

Are you, or is any member of your family, a beneficiary under a Family or Discretionary Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
(a) Who is the beneficiary?	
(b) What control do you exercise over the Trust?	

## 6. Private companies

Do you have an interest in a private company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you confident ownership will pass where you want it to?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7. Capital Gains Tax

In the event of your death, do you know what exposure your estate has to CGT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	

## 8. Debts and financial obligations

Have you given any personal guarantees that could be of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all debts owed to you been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been married or in a de facto relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Have all property issues with your former partner been settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are you obliged to make any child or spouse maintenance payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you contemplating marriage/divorce?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 9. Bankruptcy threats

Do your existing ownership arrangements give you sufficient asset protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your estate plan (or that of your parents) support your asset protection strategies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your parents considered your asset protection needs when preparing their estate plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 10. Social security

What, if any, current social security benefits do you or your spouse receive or expect to receive?

Type of benefit	Amount

What benefits should your dependants receive after your death?

Type of benefit	Amount

# 11. Dependants

Who, if any, of your potential beneficiaries would you describe as:

(a) Spendthrift/gamblers/drug addicts

(b) Entrepreneurs

(c) Disabled/special needs

(d) Bankrupt or potentially bankrupt

(c) Other vulnerables

Does your estate plan take into account any special needs for these people?

Yes  No

# 12. Funding

Do you know how much you and your family would need if you:

(a) were to die today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
(b) suffered a long term disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
(c) were unable to work for a period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
(d) suffered a serious illness/injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Do you know where these funds will come from?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, please provide details:

Funding method	Amount

Are you a business owner?

Yes  No



## 14. Acknowledgment

The information provided in this Estate Planning Questionnaire is complete and accurate to the best of my/our knowledge.

Signature of Client 1

Date

Signature of Client 2

Date

**Contact Financial Footprint for further information on  
(08) 9322 7272 or visit [www.financialfootprint.com.au](http://www.financialfootprint.com.au)**

