



SOMERVILLE LAUNDRY LOMAX SOLICITORS

More experience better outcomes

WILLS, POWERS OF ATTORNEY &
APPOINTMENT OF GUARDIAN
INFORMATION SHEET

INFORMATION ABOUT YOU

Full Name: (First, Middle & Last Names)	
DOB:	
Address: Email Address: Phone Number:	
Do you have a Will? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, would you like us to obtain the original and retain it in safe custody? If so, please sign/complete the attached authority
Do you have a Power Of Attorney? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, refer to the above about obtaining the original If you do not have one, please fill out the relevant section in this document
Have you appointed a Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, refer to the above about obtaining the original If no, and you would like to create one, please fill out the relevant section in this document
Are you in a Super Fund? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, please supply name of fund: Have you nominated a beneficiary?
Do you have a Life Insurance Policy that is current? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, with whom is it held: Have you nominated a beneficiary?

BENEFICIARIES

Please note that if you intend to leave the whole of your estate to your children that they must be over 18 years of age

Who would be the beneficiary (ies) of your estate & list relevant gift:			
Beneficiary 1	Eg: Full Name, Contact Details & Relationship to you	Gift:	Eg: Whole, Part of your Estate or a Specific Gift
Beneficiary 2			
Beneficiary 3			
Beneficiary 4			

- Who would be the guardian of your minor children (bearing in mind that care, custody and control can be separate to the financial responsibility)?

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- Who would be the executor of your will (i.e. responsibility arising from the administration of your estate)

Name:
Relationship to you:
Contact number:

- Do you wish to nominate an alternative executor if the first pre-deceases you? (If yes, please provide the person's name, relationship to you, and contact number)

Name:
Relationship to you:
Contact number:

- Please list any specific gifts or directions (eg. about burial) or any wishes you would like included in your will?

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- Have you been married before? (If yes, please provide details)

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- Are any of your beneficiaries bankrupt? (If yes, please provide details)

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- Do you have any children you are not giving anything to? (If yes, please provide details)

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APPOINTING A POWER OF ATTORNEY

If you would like to appoint a Power of Attorney, please provide details of the person/s you would like to appoint as your Power of Attorney:

Name:	Name:
Address:	Address:
.....
Contact details:.....	Contact details:.....
.....

Would you like to appoint an alternative Power of Attorney to act if your Power of Attorney is for any reason 'unwilling or unable' to act for you?

If yes, please provide details of the person/s you would like to appoint as your alternative Power of Attorney:

Name:	Name:
Address:	Address:
.....
Contact details:.....	Contact details:.....
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Appointing a Power of Attorney continued.....

How would you like your Attorney/s to act (if more than 1):

- Jointly (your attorneys must all act together); or**
- Jointly and Severally (your attorneys may act individually or can act together with the other attorneys if they choose).**

Would you like to give your Attorney/s any additional power to:

- Give reasonable gifts under the Power of Attorney**
- Confer benefits on the Attorney/s to meet his/her reasonable living expenses under the Power of Attorney**
- Confer benefits on someone else under the Power of Attorney**

Would you like to place any conditions or limitations on your Attorney/s?

- Yes**
- No**

If yes, please provide details:

When should your Power of Attorney commence?

- Once the Attorney accepts his/her appointment**
- Once a medical practitioner considers that you are unable to manage your affairs?**
- Once your Attorney considers that you require assistance to manage your affairs?**
- In other circumstances (please provide details):**

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APPOINTING AN ENDURING GUARDIAN

If you would like to appoint an Enduring Guardian, please provide details of the person/s you would like to appoint:

Name:	Name:
Address:	Address:
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Contact details:.....	Contact details:.....
.....

Would you like to appoint an alternative Enduring Guardian to act if your Guardian is for any reason 'unwilling or unable' to act for you?

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If yes, please provide details of the person/s you would like to appoint as your alternative Enduring Guardian:

Name:	Name:
Address:	Address:
.....
Contact details:.....	Contact details:.....
.....

Which powers would you like to give to your Enduring Guardian?

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AUTHORITY

TO:

RE: Release of Documents

You are hereby authorised and directed to forward any Will, Power of Attorney, Form of Appointment of Guardianship, Certificate of Title, current file and any other related documents held by you on my behalf in safe custody to Somerville Laundry Lomax, Solicitors, PO Box 26, LISMORE NSW 2480 or as they shall direct.

SIGNED:.....

FULL NAME:.....

DATED:.....