

# Pre-appointment questionnaire

## What this form does

This questionnaire helps us prepare for your will, and or, powers of attorney appointment. Please complete it at least 7 days before your scheduled appointment. By filling out this form ahead of time, we can better understand your needs and make sure your appointment goes smoothly. If we don't receive it on time, we may need to reschedule your meeting.

## 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](http://statetrustees.com.au/forms). Fill it out digitally and email it to [willsadmin@statetrustees.com.au](mailto:willsadmin@statetrustees.com.au).
3. If you don't have internet access, you can fill out the form by hand. Mail it to the Wills Administration Team at 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](mailto:willsadmin@statetrustees.com.au).

## Section 1

### You (Client 1)

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:

Marital status	
Please tick to indicate your marital status:	
<input type="checkbox"/> Married	<input type="checkbox"/> De-facto / domestic partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed <input type="checkbox"/> Other (please state below)

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 property 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 property settlement:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
Date & place of death (if applicable):	

## Children

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

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

## Children continued

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	

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 having special needs, if they are estranged or there are family law concerns)

## Guardianship

**Guardianship** - refers to the legal responsibility for caring for minor children; it should be considered when preparing a will to ensure appropriate arrangements for the care of your children if something were to happen to you.

N/A - Proceed to Section 2

Do you wish to appoint a guardian or guardians for your child(ren) while they are minors?
<input type="checkbox"/> Yes <input type="checkbox"/> No

What arrangement do you want to apply? Select options below.	
<input type="checkbox"/> <b>Individual guardian(s)</b> - 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:	

## Guardianship continued

**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 will only.

### Assets

Assets are valuable possessions owned by people, companies, or entities. They can include physical items like land and money, as well as less concrete items like stocks, bonds and intellectual property.

#### Real estate

Address of property	Ownership
	<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 <input type="checkbox"/> Other

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

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Address of property	Ownership
	<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 <input type="checkbox"/> Other

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

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Address of property	Ownership
	<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 <input type="checkbox"/> Other

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

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If you own a property with someone else, it could be held as joint tenants or tenants in common. Please bring a copy of the property titles with you to your will appointment.

#### 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	

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