

Client 1	Client 2
Full Name: _____ _____	Full Name: _____ _____
Street address: _____ _____	Street address: – Same as client 1 <input type="checkbox"/>
Postal address: _____ _____	Postal address – Same as client 1 <input type="checkbox"/>
Email address: _____	Email address: _____
Preferred method of correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Postal address <input type="checkbox"/> Street address	Preferred method of correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Postal address <input type="checkbox"/> Street address
Contact: _____	Contact: – Same as client 1 <input type="checkbox"/>
Home: _____	Home: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____
Fax: _____	Fax: _____
Occupation: _____	Occupation: _____
Date of birth: _____	Date of birth: _____

FAMILY Who is on your family and/or who might think they are entitled to share in your estate?

Full names

Client 1	Client 2
Children (include age) _____ _____	Children: Same as client 1 <input type="checkbox"/>
Parents: _____ _____	Parents: _____ _____
Siblings: _____ _____	Siblings: _____ _____
Other: _____ _____ _____	Other: _____ _____ _____

EXECUTOR/TRUSTEES – Full names, addresses & relationship to you

Client 1	Client 2
1.1 Each other: <input type="checkbox"/> Yes <input type="checkbox"/> No	1.1 Each other: <input type="checkbox"/> Yes <input type="checkbox"/> No

1.2 Other:

1.2. Other:

2 Alternate executor:

2 Alternate executor:

3 Further alternate executor:

3 Further alternate executor:

POWER OF ATTORNEY - ATTORNEY/S – Full names and addresses

Client 1

Client 2

Attorney each other: Yes No

 Other: _____

Attorney each other: Yes No

 Other: _____

Alternate attorney/s
 Same as will

 Other: _____

Alternate attorney/s
 Same as will

 Other: _____

Further alternate attorney/s
 Same as will

 Other: _____

Further alternate attorney/s
 Same as will

 Other: _____

Will the attorneys be acting:
 Jointly Severally Jointly & severally
If acting jointly, death of one attorney terminates power.

Will the attorneys be acting:
 Jointly Severally Jointly & severally

MEDICAL TREATMENT DECISION MAKER – Full names and addresses

Client 1

Client 2

Decision maker each other: Yes No

 Other: _____

Decision maker each other: Yes No

 Other: _____

Decision maker 2
 Same as will

 Other: _____

Decision maker 2
 Same as will

 Other: _____

Decision maker 3
 Same as will

 Other: _____

Decision maker 3
 Same as will

 Other: _____
