

**WILL APPLICATION FORM – Couple – Mirror Wills**

Last Updated 20251021

This form is **not** intended to be a statement of what you may be considering for your Will. Those details will be discussed at the appointment. Incorrect or misleading information may cause extra expense and delay.

SECTION 1. Name

	Person 1	Person 2
Surname		
First & Middle names		

SECTION 2. Executor – Only spouse/partner and PTWA can be appointed

After you die, the executor you name under your Will is responsible for distributing your estate. For most clients, the Public Trustee of Western Australia (“PTWA”) only drafts Wills that either:

- nominate PTWA as your one and only executor; or
- nominate your spouse (or de facto partner) as your first executor and PTWA as your substitute executor.

Fees apply for PTWA to act as your executor. Please see “Deceased Estate Administration” leaflet for an indication of its fees, which will be deducted from your estate after you pass away.

	Person 1	Person 2
2. Which executor option are you thinking of having?	<input type="checkbox"/> Option 1 - I am thinking of having PTWA as one and only executor, or my spouse/de facto partner as my first executor and PTWA as my substitute executor. <input type="checkbox"/> Option 2 - I am thinking of having someone else as executor. Eg. a child, grandchild, sibling, parent, nephew, niece, uncle, aunt, cousin or friend.	<input type="checkbox"/> Option 1 - I am thinking of having PTWA as one and only executor, or my spouse/de facto partner as my first executor and PTWA as my substitute executor. <input type="checkbox"/> Option 2 - I am thinking of having someone else as executor. Eg. a child, grandchild, sibling, parent, nephew, niece, uncle, aunt, cousin or friend.

If either or both of you chose “Option 2”, then please stop filling out this form. Unfortunately PTWA is unable to help you with making a Will. Please contact a private lawyer to make a Will. You might want to try the Law Society of WA’s Find a Lawyer service.

SECTION 3. Mirror Wills: Do you qualify for a couple appointment?

This form is only for spouses/de facto partners wanting to make “Mirror Wills”. A Mirror Will is where both Wills contain gifts that are the same at all levels.

For example, A and B are married and their beneficiaries are C, D and E. A leaves everything to B and vice versa. If both A and B die, they want everything to go between C, D and E under both Wills. A’s and B’s Wills are mirrored.

Three examples of non-mirror Wills: 1) A wants to leave things to C, the rest to spouse B; 2) B wants to let A stay in the house but on A’s death B’s share passes to D and E; 3) A and B want to leave it all to each other but if both die then A wants it all to go to C and B wants it all to go to D and E.

	Person 1	Person 2
3. Are you thinking of having a Mirror Will?	<input type="checkbox"/> Yes, mirrored <input type="checkbox"/> Not mirrored	<input type="checkbox"/> Yes, mirrored <input type="checkbox"/> Not mirrored

If either or both of you chose “Not mirrored”, then please stop filling out this form. Each of you need to fill out “Will Application Form – Single Will” instead.

SECTION 4. Fees

PTWA charges fees to make a Will or Enduring Power of Attorney. Please see the leaflet entitled "Wills and Enduring Powers of Attorney" for an indication of how much it charges.

PTWA charges fees to administer an estate. Please see "Deceased Estate Administration" leaflet for an indication of its fees, which will be deducted from your estate after you pass away.

	Person 1	Person 2
4. Have you read the above leaflets and do you still want to proceed?	<input type="checkbox"/> Yes, I still want to proceed <input type="checkbox"/> No, I don't want to proceed	<input type="checkbox"/> Yes, I still want to proceed <input type="checkbox"/> No, I don't want to proceed

If either or both of you chose "No, I don't want to proceed", then please stop filling out this form. Please contact a private lawyer to make a Will. You might want to try the Law Society of WA's Find a Lawyer service.

SECTION 5. Your current situation / circumstances

PTWA will not write a Will if certain circumstances exist.

5. Please answer all the following questions/statements:	Person 1	Person 2
(A) I am in a current relationship AND we have prepared a binding financial / prenuptial agreement ("BFA") with a family lawyer that governs what happens to our assets should we separate. We call these "pre-separation BFAs".	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(B) I married overseas, I have an antenuptial or prenuptial agreement in that overseas country AND I have assets in that overseas country.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(C) My last Will was not made by PTWA AND I have in the past entered into a 'Mutual Will Agreement' with another person. A Mutual Will Agreement is a document separate from your Will under which you agree never to change your Will without the consent of that other person. A Mutual Will Agreement is more than just a Mirror Will (see section 3). PTWA does not make Mutual Will Agreements but can make Mirror Wills . If you don't have a Mutual Will Agreement but you have a Mirror Will , then tick "No".	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(D) I have overseas assets held in a Self Managed Superannuation Fund ("SMSF") , family/discretionary trust, unit trust or company.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(E) I have a SMSF .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(F) I have a business that will continue after my death.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(G) I have a partnership business with my spouse/partner <u>and</u> a written partnership agreement exists.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(H) I have a business with someone other than my spouse/partner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(I) I have a business operating through a unit trust, family/discretionary trust or a company.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(J) I have an ownership interest in an overseas business, either directly or indirectly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If either or both of you chose "Yes" to any one or more of the above questions then please stop filling out this form. Unfortunately PTWA is unable to help you with making a Will. Please contact a private lawyer to make a Will. You might want to try the Law Society of WA's Find a Lawyer service.

SECTION 6. Required Details

Some client's circumstances are simple, some have complicated circumstances. PTWA needs to know some of these details upfront. Please answer all the following questions/statements:

	Person 1	Person 2
6(1). I live permanently in WA right now.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6(2). I intend to continue living permanently in WA.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6(3). I don't intend to relocate overseas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
6(4). Do any of the following apply: (A) I am single and never been in a relationship; OR (B) I am in a relationship or have been in a relationship in the past but have never entered into a BFA nor an antenuptial or prenuptial agreement.	<input type="checkbox"/> Yes, (A) applies. <input type="checkbox"/> Yes, (B) applies. <input type="checkbox"/> No, I'm in a relationship and there is a BFA or a prenuptial agreement that was drawn up by family lawyers in Australia. <input type="checkbox"/> No, I married overseas and I have an antenuptial or prenuptial agreement in that overseas country.	<input type="checkbox"/> Yes, (A) applies. <input type="checkbox"/> Yes, (B) applies. <input type="checkbox"/> No, I'm in a relationship and there is a BFA or a prenuptial agreement that was drawn up by family lawyers in Australia. <input type="checkbox"/> No, I married overseas and I have an antenuptial or prenuptial agreement in that overseas country.
6(5). Which of the following apply: (A) I have never made a Will before. (B) My last Will was made with PTWA. (C) I have a Will either made privately or through a private lawyer. However I have never entered into a Mutual Will Agreement with another person, agreeing never to change the Will.	<input type="checkbox"/> Yes, (A) applies. <input type="checkbox"/> Yes, (B) applies. <input type="checkbox"/> Yes, (C) applies. <input type="checkbox"/> No, I have made a Mutual Will Agreement in the past.	<input type="checkbox"/> Yes, (A) applies. <input type="checkbox"/> Yes, (B) applies. <input type="checkbox"/> Yes, (C) applies. <input type="checkbox"/> No, I have made a Mutual Will Agreement in the past.
6(6). Do either of the following apply: (A) I don't have any superannuation (B) I have superannuation with a retail, industry or government fund. It's not a SMSF where I am trustee (or I have a company which is trustee, for which I am director).	<input type="checkbox"/> Yes, (A) applies. <input type="checkbox"/> Yes, (B) applies. <input type="checkbox"/> No, I have a SMSF .	<input type="checkbox"/> Yes, (A) applies. <input type="checkbox"/> Yes, (B) applies. <input type="checkbox"/> No, I have a SMSF .
6(7). I don't have any businesses.	<input type="checkbox"/> Yes, I don't have any businesses. <input type="checkbox"/> No, I have at least one business.	<input type="checkbox"/> Yes, I don't have any businesses. <input type="checkbox"/> No, I have at least one business.
6(8). I don't have any involvement in family/discretionary trusts, unit trusts or companies.	<input type="checkbox"/> Yes, I am not involved in any of those entities. <input type="checkbox"/> No, I am involved in at least one of these entities.	<input type="checkbox"/> Yes, I am not involved in any of those entities. <input type="checkbox"/> No, I am involved in at least one of these entities.
6(9). I don't have any overseas assets. An overseas pension is an overseas asset.	<input type="checkbox"/> Yes, I don't have any overseas assets. <input type="checkbox"/> No, I have overseas assets.	<input type="checkbox"/> Yes, I don't have any overseas assets. <input type="checkbox"/> No, I have overseas assets.

Have you have answered "Yes" to ALL of the above questions, if so then SKIP Sections 7 and 8.

SECTION 7. Details regarding Superannuation and Businesses

Some clients have an interest in superannuation and/or one or more businesses. PTWA may or may not be able to assist in preparing a Will, depending on how that superannuation or business is set up. Please answer all the following questions/statements.

Superannuation

	Person 1	Person 2
7(1). Do any of the following apply:	<i>Tick all that apply:</i>	<i>Tick all that apply:</i>
(A) I do not have any superannuation at all	<input type="checkbox"/> (A) applies.	<input type="checkbox"/> (A) applies.
(B) I have superannuation with a retail, industry or government fund.	<input type="checkbox"/> (B) applies.	<input type="checkbox"/> (B) applies.
(C) I have a SMSF. I, as an individual, am the trustee of the SMSF.	<input type="checkbox"/> (C) applies.	<input type="checkbox"/> (C) applies.
(D) I have a SMSF. The SMSF has a Pty Ltd company as trustee, and I am one of the directors of that company.	<input type="checkbox"/> (D) applies.	<input type="checkbox"/> (D) applies.

If either or both of you ticked “(C) applies” or “(D) applies”, then please stop filling out this form. Unfortunately PTWA is unable to help you with making a Will. Please contact a private lawyer to make a Will. You might want to try the Law Society of WA’s Find a Lawyer service.

Businesses

	Person 1	Person 2
7(2). Do any of the following apply:	<i>Tick all that apply:</i>	<i>Tick all that apply:</i>
(A) I do not have a business at all.	<input type="checkbox"/> (A) applies.	<input type="checkbox"/> (A) applies.
(B) I have a sole trader business that ceases on death.	<input type="checkbox"/> (B) applies.	<input type="checkbox"/> (B) applies.
(C) I have a sole trader business that will continue after my death.	<input type="checkbox"/> (C) applies.	<input type="checkbox"/> (C) applies.
(D) I have a partnership business with my spouse/partner. No written partnership agreement exists. The business ceases on the death of either or both of us.	<input type="checkbox"/> (D) applies.	<input type="checkbox"/> (D) applies.
(E) I have a partnership business with my spouse/partner. Either a written partnership agreement exists or the business will continue after death.	<input type="checkbox"/> (E) applies.	<input type="checkbox"/> (E) applies.
(F) I have a partnership business with someone other than my spouse/partner.	<input type="checkbox"/> (F) applies.	<input type="checkbox"/> (F) applies.
(G) I have a business operating through a unit trust, family/discretionary trust or a company.	<input type="checkbox"/> (G) applies.	<input type="checkbox"/> (G) applies.
(H) I have an ownership interest in an overseas business, either directly or indirectly.	<input type="checkbox"/> (H) applies.	<input type="checkbox"/> (H) applies.

If either or both of you ticked “(C) applies”, “(E) applies”, “(F) applies”, “(G) applies” or “(H) applies” then please stop filling out this form. Unfortunately PTWA is unable to help you with making a Will. Please contact a private lawyer to make a Will. You might want to try the Law Society of WA’s Find a Lawyer service.

SECTION 8. Details regarding Family/Discretionary Trusts, Unit Trusts and Companies

Some clients have an interest in family/discretionary trusts, unit trusts or companies. PTWA may need to know more about these before an appointment can be booked. Please answer all the following questions/statements.

Family/discretionary trusts, unit trusts and companies

	Person 1	Person 2
8. Do any of the following apply: (A) My last Will was made with PTWA. (B) I do not have any involvement in a family/discretionary trust, unit trust or company. (C) I am involved in a family/discretionary trust but I am just a mere beneficiary and I only get distributions if the trustee decides. Neither of us hold any of the following roles: trustee; director of the corporate trustee; appointor; or guardian. (D) I am involved in a listed public company "Ltd" company, but only as a minority shareholding via the Australian Stock Exchange (ASX). I am not a director. (E) Any of the following: a) I am involved in a private unit trust as a unitholder (directly or indirectly); b) I am involved in a private "Pty Ltd" company, either as shareholder (directly or indirectly), director or both; c) I am involved in an unlisted public "Ltd" company, either as shareholder (directly or indirectly), director or both; d) I am involved in a listed public company "Ltd" company, more than just holding a minority shareholding via the ASX; or e) I am involved in a family/discretionary trust for which I hold one or more of the following roles: trustee; director of a corporate trustee; appointor; or guardian.	<i>Tick all that apply:</i> <input type="checkbox"/> (A) applies <input type="checkbox"/> (B) applies <input type="checkbox"/> (C) applies <input type="checkbox"/> (D) applies <input type="checkbox"/> (E) applies	<i>Tick all that apply:</i> <input type="checkbox"/> (A) applies <input type="checkbox"/> (B) applies <input type="checkbox"/> (C) applies <input type="checkbox"/> (D) applies <input type="checkbox"/> (E) applies

If either or both of you ticked "(E) applies" but you did not tick "(A) applies" then please stop filling out this form. PTWA is unable to help you with making a Will. Please contact a private lawyer to make a Will. You might want to try the Law Society of WA's Find a Lawyer service.

If you both of you ticked "(A) applies" AND "(E) applies"

If your last Will was made with PTWA, you may be eligible for a Will even though "(E) applies" though an assessment of your circumstances will still apply before PTWA decides whether it can assist you.

A limited review of documentation of the relevant entities listed in (E) above will be required and further charges will apply in addition to the Will preparation fees. The limited review will need to be conducted before an appointment can be booked. Some clients have very complicated arrangements and if this applies to you, then PTWA may be unable to assist you in making a Will.

Please write in the box below the names of each of your trusts, companies and partnerships. If any of them operate a business, please include the name of business, who is the owner and whether it will continue to operate after death. A Legal Officer will contact you for more information.

SECTION 9. Personal details

	Person 1	Person 2
Title (e.g. Mr, Mrs, Ms ...)		
Surname		
First & Middle names		
Any other name/s you are known by (ie. alias names)		
Date of birth		
Occupation		
Residential address		
Postal address (if different to residential address above)		
Telephone contact (best two for each person – home, work or mobile)		
Email address		
Currently single?	<input type="checkbox"/> Yes, I am not in a current relationship	<input type="checkbox"/> Yes, I am not in a current relationship
Currently in a relationship? If so, please list name of current spouse/partner.	Name: Date & place: <input type="checkbox"/> Married. <input type="checkbox"/> De facto partner <input type="checkbox"/> Other	Name: Date & place: <input type="checkbox"/> Married. <input type="checkbox"/> De facto partner <input type="checkbox"/> Other
Any prior relationships? Tick all that apply and provide details of all prior relationships. <i>(please include name/s and dates)</i> <i>(if you require more space, please add an additional sheet listing these details)</i>	Name: Date & place: <input type="checkbox"/> Widowed on <input type="checkbox"/> Divorced on <input type="checkbox"/> Married but separated from <input type="checkbox"/> De facto but separated from	Name: Date & place: <input type="checkbox"/> Widowed on <input type="checkbox"/> Divorced on <input type="checkbox"/> Married but separated from <input type="checkbox"/> De facto but separated from
	Name: Date & place: <input type="checkbox"/> Widowed on <input type="checkbox"/> Divorced on <input type="checkbox"/> Married but separated from <input type="checkbox"/> De facto but separated from	Name: Date & place: <input type="checkbox"/> Widowed on <input type="checkbox"/> Divorced on <input type="checkbox"/> Married but separated from <input type="checkbox"/> De facto but separated from
	Name: Date & place: <input type="checkbox"/> Widowed on <input type="checkbox"/> Divorced on <input type="checkbox"/> Married but separated from <input type="checkbox"/> De facto but separated from	Name: Date & place: <input type="checkbox"/> Widowed on <input type="checkbox"/> Divorced on <input type="checkbox"/> Married but separated from <input type="checkbox"/> De facto but separated from

SECTION 10. Your Assets and Liabilities

It is essential that you provide us the details requested below. Doing so now helps minimize the amount of time and expense at your appointment as we will need these details to complete a Will.

Please provide only the requested documents and details.

DO NOT write down who is to get what under your Will. Doing so risks an informal Will which may apply if you die before signing a formal Will. This may add considerable cost and delay when administering your estate.

Assets in joint names <i>e.g. House address/es, all bank account/s, car/s, caravans, boats, etc, other investments/share portfolio/cryptocurrency – that you own jointly with another</i> <i>Please include values</i> <i>If assets are located overseas, please indicate which country and approximate value in AUD</i>	
Liabilities in joint names <i>e.g. mortgage/s, personal loans, credit card/s</i> <i>Please include values</i>	

Assets in Person 1's name <i>e.g. see above</i> <i>Please include values</i> <i>If assets are located overseas, please indicate which country and approximate value in AUD</i>	
Liabilities in Person 1's name <i>e.g. see above</i> <i>Please include values</i>	

Assets in Person 2's name <i>e.g. see above</i> <i>Please include values</i> <i>If assets are located overseas, please indicate which country and approximate value in AUD</i>	
Liabilities in Person 2's name <i>e.g. see above</i> <i>Please include values</i>	

SECTION 11. Your Family Details

It is essential that you provide us the details requested below. These details are necessary to complete your Wills. Without this information we cannot proceed with making your Wills.

Please provide only the requested documents and details.

DO NOT write down who is to get what under your Will. Doing so risks an informal Will which may apply if you die before signing a formal Will. This may add considerable cost and delay when administering your estate.

<p>All children and grandchildren from relationship between Person 1 and Person 2</p> <p>Provide these details for each person:</p> <ul style="list-style-type: none"> • First names • SURNAME • Gender • Date of Birth • Address • If grandchild – name of parent who is your child 	<p><u>Example:</u> 1. John Arthur CITIZEN. M. 1/1/1950. 123 Hay Street Perth. Fred Arthur CITIZEN. M. 2/2/1980. Address same as John. Parent – John. Michael John CITIZEN. M. 2/2/1980. Address same as John. Parent – John. 2. Mary Winifred CITIZEN. F. 2/2/1952. 456 Hay Street Perth. No children.</p> <p>from Person 1 and Person 2:</p>
<p>All children and grandchildren from Person 1:</p> <p>Provide these details for each person:</p> <ul style="list-style-type: none"> • First names • SURNAME • Gender • Date of Birth • Address • If grandchild – name of parent who is your child 	<p>from Person 1:</p>
<p>All children and grandchildren from Person 2:</p> <p>Provide these details for each person:</p> <ul style="list-style-type: none"> • First names • SURNAME • Gender • Date of Birth • Address • If grandchild – name of parent who is your child 	<p>from Person 2:</p>

If you have children under 18, please consider who you might want to appoint as guardian/s of your children. You can name substitute guardians if the first named guardian is unwilling or unable to act. Please discuss this with your proposed guardian/s before making an appointment. At the appointment, we will need the full name, address and contact details of the proposed guardian/s.

Please provide only the requested documents and details.

[illegible]

Additional charges may apply and your Will might not be completed at your first appointment if you name any of the following: overseas charity; or an Australian charity that is not registered with ASIC, the ACNC or listed in legislation.

SECTION 14. Enduring Powers of Attorney (EPA)

It is important to understand an EPA is a separate document from your Will:

- **Will** – operates after your death to distribute your assets. You appoint an executor to administer the estate after your death.
- **EPA** – operates while you are alive to manage your financial affairs when you have lost capacity. You appoint a donee to administer your financial affairs while you are alive.

Please note:

- (1) PTWA only prepares the following EPAs:
 - a. EPA appointing your spouse / de facto partner, with no substitute donees; or
 - b. EPA appointing PTWA as sole donee effective immediately;
- (2) PTWA only prepares these EPAs during a Wills appointment;
- (3) PTWA does not prepare Enduring Powers of Guardianship nor Advance Health Directives.

14(1). Do you already have an EPA?	<input type="checkbox"/> No <input type="checkbox"/> Yes, prepared by PTWA <input type="checkbox"/> Yes, other EPA	<input type="checkbox"/> No <input type="checkbox"/> Yes, prepared by PTWA <input type="checkbox"/> Yes, other EPA
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14(2). Do either or both of you wish to make an EPA appointing your spouse/partner?
<input type="checkbox"/> No <input type="checkbox"/> Yes and I have read the attached brochure on EPAs

14(3). Do either or both of you wish to make an immediate EPA appointing PTWA as the donee to administer your affairs whilst you are alive? Annual fees will apply for each person, effective immediately.
<input type="checkbox"/> No. <u>If you ticked NO, then IGNORE the rest of this section. Please go to Section 15.</u>
<input type="checkbox"/> Yes. <u>If you ticked YES, then please provide the following details:</u>

	Person 1	Person 2
If you ticked YES , are either of you currently involved in any legal disputes?	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes, please provide details.	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes, please provide details.
If you ticked YES , how much income do each of you get per year before tax (including all sources. Eg. Wages, superannuation pensions, Centrelink pensions, etc):		

SECTION 15. Your health and your English fluency

We need certain information about your health and your ability to communicate. This information assists us in determining how best to conduct an appointment and whether we need to book an interpreter.

	Person 1	Person 2
<p>Do either of you have issues with any of the following? If so, tick all that apply and please describe the issue.</p>	<input type="checkbox"/> Eyesight (other than glasses): <input type="checkbox"/> Hearing: <input type="checkbox"/> Speech: <input type="checkbox"/> Writing: <input type="checkbox"/> Mobility: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> ACROD pass <input type="checkbox"/> Taxi subsidy <input type="checkbox"/> Family/friends/carers drive me <input type="checkbox"/> Unable to leave the house <input type="checkbox"/> No issues with any of the above	<input type="checkbox"/> Eyesight (other than glasses): <input type="checkbox"/> Hearing: <input type="checkbox"/> Speech: <input type="checkbox"/> Writing: <input type="checkbox"/> Mobility: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> ACROD pass <input type="checkbox"/> Taxi subsidy <input type="checkbox"/> Family/friends/carers drive me <input type="checkbox"/> Unable to leave the house <input type="checkbox"/> No issues with any of the above
<p>What is the level of your English fluency for conversations and reading legal documents?</p> <p>If you are unable to converse, read and understand English legal documents without assistance, please write down all languages and dialects that you can converse fluently in.</p> <p><i>If necessary and possible, we will provide a professional independent interpreter free of charge. We cannot use your spouse/partner, friends or relatives.</i></p>	<p>English:</p> <input type="checkbox"/> I can converse, read and understand legal documents in English without assistance <input type="checkbox"/> Conversational fluency only. I can speak English but I am not fluent in reading or understanding legal documents in English. <input type="checkbox"/> Not fluent speaking or reading English. <p>Other languages:</p> <input type="checkbox"/> Preferred language, for which I have conversational fluency (please include dialect): <input type="checkbox"/> Other languages for which I have conversational fluency (please include dialect):	<p>English:</p> <input type="checkbox"/> I can converse, read and understand legal documents in English without assistance <input type="checkbox"/> Conversational fluency only. I can speak English but I am not fluent in reading or understanding legal documents in English. <input type="checkbox"/> Not fluent speaking or reading English. <p>Other languages:</p> <input type="checkbox"/> Preferred language, for which I have conversational fluency (please include dialect): <input type="checkbox"/> Other languages for which I have conversational fluency (please include dialect):

SECTION 16. Medical conditions relevant to the making of a Will

When instructions are taken for a Will, PTWA needs to assess your testamentary capacity. The existence of certain health conditions may result in the Court calling into question your testamentary capacity, since those conditions may appear on your death certificate. We need to know about these conditions in advance of your appointment, so we can determine how best to conduct your appointment. If either of you have such a condition, PTWA will likely require that you each be seen separately. Please continue to fill out this form.

Do you have or suspect that you have any of the following conditions relating to memory?	<input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Memory loss <input type="checkbox"/> None of the above	<input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Memory loss <input type="checkbox"/> None of the above
Have you been diagnosed with any of the following conditions, or suspect that you could be diagnosed with any of the following conditions?	<input type="checkbox"/> Acquired brain injury (eg. accident) <input type="checkbox"/> Brain cancer <input type="checkbox"/> Epilepsy <input type="checkbox"/> Motor Neuron Disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Stroke, minor or major, even if it occurred in the past <input type="checkbox"/> None of the above	<input type="checkbox"/> Acquired brain injury (eg. accident) <input type="checkbox"/> Brain cancer <input type="checkbox"/> Epilepsy <input type="checkbox"/> Motor Neuron Disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Stroke, minor or major, even if it occurred in the past <input type="checkbox"/> None of the above
Have you ever had any of the following conditions (even if they occurred in the past)?	<input type="checkbox"/> Anxiety <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> Delusions <input type="checkbox"/> Depression <input type="checkbox"/> Hallucinations <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Paranoia <input type="checkbox"/> Psychosis <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Schizoaffective Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> None of the above	<input type="checkbox"/> Anxiety <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> Delusions <input type="checkbox"/> Depression <input type="checkbox"/> Hallucinations <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Paranoia <input type="checkbox"/> Psychosis <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) <input type="checkbox"/> Schizoaffective Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> None of the above
Do you have or suspect you have any other condition concerning your brain function, memory or mental health?	<input type="checkbox"/> No <input type="checkbox"/> Yes, details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, details:
Have you ever seen a psychiatrist, geriatrician, memory specialist, neurologist or psychologist (even if you are not doing so currently)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, currently. <input type="checkbox"/> Yes but only in the past. Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes, currently. <input type="checkbox"/> Yes but only in the past. Name:
Is there an administration order or guardianship order over your affairs from the State Administrative Tribunal of any state or territory?	<input type="checkbox"/> No <input type="checkbox"/> Yes, currently. <input type="checkbox"/> Yes but only in the past. Details:	<input type="checkbox"/> No <input type="checkbox"/> Yes, currently. <input type="checkbox"/> Yes but only in the past. Details:

SECTION 17. Documents to submit together with this Will Application Form

	Person 1	Person 2
<p>Please submit the following documents with your Will Application Form (no originals):</p> <p>Please provide <u>only</u> the requested documents and details.</p> <p>DO NOT write down who is to get what under your Will. Doing so risks an informal Will which may apply if you die before signing a formal Will. This may add considerable cost and delay when administering your estate.</p>	<input type="checkbox"/> Your last Will (if any) <input type="checkbox"/> Your EPA (if any) <input type="checkbox"/> If you have superannuation: <input type="checkbox"/> your last available member statement for each of your super funds <input type="checkbox"/> details of any binding or non-binding death benefit nomination <input type="checkbox"/> details of life insurance taken out through superannuation <input type="checkbox"/> Life insurance taken outside of superannuation, including any beneficiary nomination <input type="checkbox"/> Copies of pre-paid funerals or funeral insurance	<input type="checkbox"/> Your last Will (if any) <input type="checkbox"/> Your EPA (if any) <input type="checkbox"/> If you have superannuation: <input type="checkbox"/> your last available member statement for each of your super funds <input type="checkbox"/> details of any binding or non-binding death benefit nomination <input type="checkbox"/> details of life insurance taken out through superannuation <input type="checkbox"/> Life insurance taken outside of superannuation, including any beneficiary nomination <input type="checkbox"/> Copies of pre-paid funerals or funeral insurance

SECTION 18. Who filled in this form?

Tick all that apply	<input type="checkbox"/> I filled out this form. <input type="checkbox"/> I filled out this form on behalf of Person 2.	<input type="checkbox"/> I filled out this form. <input type="checkbox"/> I filled out this form on behalf of Person 1.
	<input type="checkbox"/> Name and relationship of any other person/s who helped me: Are you a paid carer /support worker for Person 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Name and relationship of any other person/s who helped me: Are you a paid carer/support worker for Person 2? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 19. Declaration

<p>Your Declaration</p> <ul style="list-style-type: none"> The information provided in this form is true and correct to the best of our knowledge. We intend to make Mirror Wills (as explained at the top of this form). We are signing this form free of any influence or pressure from our spouse or other person. We understand that on the day of our appointment a Wills Officer may determine that we need to be interviewed separately and if so, this may result in one or both of our appointments being rescheduled to another day. We understand that this form provides necessary background information only. These are not our instructions for a Will as I understand PTWA will only take instructions at an appointment. We understand that PTWA has to comply with laws regarding the retention of documents. PTWA cannot at our request delete this application nor any other information we submit from PTWA's records once it has been submitted. <p>Signature – Person 1 : _____ Date: _____</p> <p>Signature – Person 2 : _____ Date: _____</p>
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When you have completed this form, please email it together with any attachments to PTOWillsAppointments@justice.wa.gov.au

Alternatively you may post the form together with any attachments to
Public Trustee - Wills Appointments, GPO Box M946 Perth WA 6843