



WILL APPLICATION FORM

(Appointment for couples planning to make Mirror Wills)

Public Trustee

Tips for completing this form:

- This form is only suitable if both you and your spouse/de facto partner intend to make Wills with gift provisions that are the same or similar at all levels of your Wills. (we call these “Mirror Wills”)
If this does not describe your situation, please contact us to clarify your needs.
- *The details you provide here are essential to minimizing your time and expense at your appointment. They help us to assess how we can best help you and prepare before the appointment.*
- Please ensure you carefully read the other attached documents before completing this form.
- Please provide **only** the requested documents and details with the form.
- **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.**
- **Please call our Client Service Centre on 1300 746 116 if you need help to complete this form.**

1. Your Personal Details

Person 1

Person 2

Title (e.g. Mr, Mrs, Ms ...)		
Surname		
First & Middle names		
Any other name/s you are known by		
Occupation		
Residential Address		
Postal Address (if different to Residential Address above)		
Telephone Contacts (Best two for each person – Home, Work or Mobile)		
Email Address		
Date of Birth		
Relationship Status (Choose <u>all</u> applicable)	<input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Names and details of <u>all</u> previous Spouses/Partners	Indicate whether separated, divorced or predeceased, <u>and on what date/s.</u>	
Do you have a Binding Financial Agreement (eg. Pre-nuptial Agreement) with a Spouse/Partner?	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes * <u>See Important Note below</u> If Yes, who with? :	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes * <u>See Important Note below</u> If Yes, who with? :

* **IMPORTANT NOTE: If you ticked an asterisked item, you may require professional legal and taxation advice that is beyond the scope of our Will preparation service. We will either contact you to clarify this before the appointment or discuss it with you at the appointment.**



2. **Executors under your Will:**

The Public Trustee drafts Wills that either nominate the Public Trustee as your one and only Executor, or nominate your spouse (or de facto partner) as your first executor and the Public Trustee as your substitute executor. In some exceptional cases, the Public Trustee may draft other Wills.

3. **Your Family Details:**

Details of **ALL** children **and** grandchildren must be provided here, even if you do not wish to include them in your Will or they are deceased, as some or all may be eligible to bring a claim against your estate.

Do you have children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if 'No', go direct to Section 4 on the next page.)
------------------------------	------------------------------	---------------------------------------------------------------------------------

All Children from your Current relationship

Provide these details for each Child: <ul style="list-style-type: none"> • Full Name • Gender • Date of Birth • Address (If more space is required, please email additional details)	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

All your Other Children

Person 1

Person 2

Provide these details for each Other Child: <ul style="list-style-type: none"> • Full Name • Gender • Date of Birth • Address (If more space is required, please email additional details)		
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

All your Grandchildren

<ul style="list-style-type: none"> • Full Name • Gender • Date of Birth • Address • Name of the parent who is your child (If more space is required, please email additional details)		
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Tip: **If you have children under 18 ...** Consider who you might appoint as Guardian/s for children under 18 if the other parent dies before you. Once you have the agreement of your proposed Guardian/s, please bring their full details (e.g. full name, address, contact details) to your appointment.

4. Other Details:

All Other Potential Beneficiaries (other than Spouse/Partner, Children or Grandchildren already mentioned above)

	Person 1	Person 2
<p>Full Name, Address, Age and Relationship to you (eg. Friend)</p> <p>(If more space is required, please email additional details)</p>		

Charities/Organisations you may wish to include in your Will:

Charity's Full Name		
---------------------	--	--

Existing Wills

Do you have a current Will?	<input type="checkbox"/> No <input type="checkbox"/> Yes, prepared by Public Trustee <input type="checkbox"/> Yes, other Will - please attach photocopy	<input type="checkbox"/> No <input type="checkbox"/> Yes, prepared by Public Trustee <input type="checkbox"/> Yes, other Will - please attach photocopy
Do you have a Mutual Will? (ie. An agreement binding you not to change your Will except by mutual agreement with another person)	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes * See Important Note below	<input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Yes * See Important Note below

*** IMPORTANT NOTE: If you ticked an asterisked item, you may require professional legal and taxation advice that is beyond the scope of our Will preparation service. We will either contact you to clarify this before the appointment or discuss it with you at the appointment.**

**5. Your Assets and Liabilities:**

	Details of each Item		Approximate Value
Assets in joint names e.g. House address/es, all bank account/s, car/s, caravan/s, boat/s etc, total value of other investments/share portfolio - that you own jointly with another			
Liabilities in more than one name e.g. Mortgage/s or credit cards and which bank/s			
	Person 1	Person 2	
Assets in sole name e.g. See above examples of assets			
Liabilities in sole name e.g. Mortgage/s or credit card/s and which bank/s			
Do you have Superannuation?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Fund:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Fund:	
	Attach copy of latest Statement for each person (eg. showing death benefit nomination/s)		
Do either of you have a “SMSF”? (ie. Self-Managed Superannuation Fund)	<input type="checkbox"/> No <input type="checkbox"/> Yes * - See Important Note Below If Yes, is the trustee a company? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach copy of latest Member Statement(s)		
Are either of you involved in a Family Trust or Discretionary Trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes* - See Important Note Below If Yes, is the trustee a company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are either of you involved in a partnership, private company or other business?	<input type="checkbox"/> No <input type="checkbox"/> Yes* - See Important Note Below If Yes, then complete the following: - do you have a business? <input type="checkbox"/> Yes <input type="checkbox"/> No - what is the structure? <input type="checkbox"/> Sole trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust - is the business to continue trading after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do either of you have overseas assets? (You must include details of all overseas assets in the Joint and Sole Assets table above, stating the country where they are located.)	<input type="checkbox"/> No <input type="checkbox"/> Yes* - See Important Note Below If yes, depending on your circumstances, any Will prepared by the Public Trustee may need to be restricted to Australian assets.		
Do you live permanently in WA and intend to continue doing so?	<input type="checkbox"/> Yes <input type="checkbox"/> No * - See Important Note Below	<input type="checkbox"/> Yes <input type="checkbox"/> No * - See Important Note Below	

* **IMPORTANT NOTE:** If you ticked an asterisked item, you may require professional legal and taxation advice that is beyond the scope of our Will preparation service. We will either contact you to clarify this before the appointment or discuss it with you at the appointment.



7. Further Information

Do either of you have a hearing or speech impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do either of you have difficulty understanding new ideas or words when using the English language? <input type="checkbox"/> No <input type="checkbox"/> Yes (If necessary and possible, we will provide a professional, independent interpreter free of charge. We cannot use a friend or relative.)	
Do any beneficiaries have a disability or special needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Details:
Do either of you have: <ul style="list-style-type: none"> any disorder of mind; or any medical condition that may affect your memory or making your Will? (These details are very important to help us assess how best to meet your particular needs.)	<input type="checkbox"/> No <input type="checkbox"/> Not sure – Who, and details: <input type="checkbox"/> Yes – Who, and details:
Person 1 Person 2	
Did another person help you complete your part of this form? (eg. Friend, Child, Accountant) (We will normally only see you alone, and if you are making a Mirror Wills then with your spouse/partner only. We will normally not allow others into the appointment.)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide name and relationship to you:
	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide name and relationship to you:

Your Declaration

- 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 completing this form free of any influence or pressure from our spouse or other person.**
- We appreciate our appointment may need to be rescheduled and we may need to be interviewed separately if the Public Trustee considers that our needs require this.**
- We understand that this form provides background information only. It is *not* intended to be our Wills.

Signature – Person 1 : _____ Date: _____

Signature – Person 2 : _____ Date: _____

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

*** IMPORTANT NOTE: If you ticked an asterisked item, you may require professional legal and taxation advice that is beyond the scope of our Will preparation service. We will either contact you to clarify this before the appointment or discuss it with you at the appointment.**