

Congrats on taking the next step towards creating your Will!

Here's what to do next:

- 1. Fill out our Will information questionnaire on the following pages as best you can
- 2. Book a meeting with our friendly team and send through your completed questionnaire
- 3. Let our experts draft your personalised Will
- 4. Review and sign your Will once you're completely satisfied
- 5. Store your Will securely with us

Based on your location, please contact one of the five partners below when you are ready to book a meeting and send your questionnaire:

AUCKLAND



Lisa Small Partner

M +64 27 206 1709 **Email me**

WELLINGTON



David Briscoe Partner

M +64 21 905 540 **Email me**

NELSON



Dene Gavin Partner

M +64 27 706 4662 Email me

CHRISTCHURCH



Emma Tomblin Partner

M +64 27 836 4176 **Email me**

QUEENSTOWN



Louise McNaughton Partner

M +64 21 568 933 Email me



Name of your executor:

Getting started – Will information questionnaire

Please complete this form with as much detail as possible to help ensure the efficient preparation of your Will. If you require additional space for any of your responses, please use the 'Further Details' page provided at the end of this form.

1. Your Personal Details				
Full legal name (include all midd	lle names):	Known by any other	name?	
Address:		Phone:		
		Date of Birth:		
		Occupation:		
Name and details of Spouse/Pa	artner (including address and o	occupation):		
Current Marital status (choose	one):			
Single De Facto	Married/ Civil Union	Separated	Divorced	Widow/Widower
Further details if applicable (e.g.	date of separation):			
Have you been in a previous re	lationship where the division	of relationship prope	rty remains outstan	ding/unresolved?
Yes	No			
Are you planning on getting ma	arried in the near future?			
2. Executors – who would	you like to administer and	d oversee the distri	bution of your es	tate?
Name of your executor:	Address:	Re	lationship to you:	Solely or jointly?
3. Substitute Executor(s)	- back-up executor(s) if ye	our above Executo	r(s) cannot act	

Address:

Relationship to you:

Solely or jointly?



4. Funeral wishes (non binding)			
Donate organs		How would you like to be laid to rest?		
Yes	No	Buried	Cremated	
Further details if applical	ble:	Further details if applicab	le:	
-	ferred location where you would uried or ashes scattered?	Any other instr	ruction for funeral service?	

5. Do you have in place (or have you ever had in place)	
A previous Will (if so, do you have a copy and where is it held?)	Contracting Out Agreement
Any other agreement which would impact how assets are owned or shared?	A Property Sharing Agreement
If yes, please attach any relevant documents.	

If you have children, please can you fill out the details below. If you don't have children, please progress to question 10.

6. Children (Please fill ou	ıt the following for each child. Use the fu	rther details form if rec	quired)
Child's name:	Address:	Date of birth:	From current or previous relationship:

· · · · · · · · · · · · · · · · · · ·	n under 18 years of age) A guardian will over ion, health, and where they live if both parents are	
Guardian (full) name:	Address:	Relationship to you:

8. Substitute Guardians	(if your first chosen guardian(s) cannot a	act)
Guardian (full) name:	Address:	Relationship to you:



9. Grandchildren (Please	e fill out the following for each child)		
Grandchild's name:	Address:	Date of birth:	Which child of yours is their parent?

10. Your Assets			
Assets Type:	Description:	Estimated Value:	How is this owned? (i.e. solely, jointly with someone else or in a Trust?)
Cash			
Bank (Term) Deposits			
Life Insurance			
Kiwi Saver / Superannuation			
Shares/Share Portfolio			
Sole Trader, Company, Business (and advise if GST registered)			
Home			
Rental property			
Vehicle(s)			
Chattels (of Value)			
Any interest in Whenua/Māori land			
Loan agreements (where third parties owe funds to you)			
Other notable assets/ Taonga			
Any assets not located within NZ			



11. Liabilities			
Liability type:	Description (e.g. company/bank):	Value (est):	How do you own this? (I.e. solely, jointly or in a Trust?)
Mortgage 1			
Mortgage 2			
PPSR (registered security)			
Loans owed by you to anyone else?			
Any other debts? Hire Purchase Etc.			
Any other security which may affect the assets in your instructions			

12. Beneficiaries (those who will receive the residue of your estate)		
Who would you like to receive your assets in the first instance?	Are they over	the age of 18?
	Yes	No
If that person or persons has died before you, who would you like to receive your residue instead?	Are they over	the age of 18?
	Yes	No
Are there any charities you would like to recognise in your will?	·	

13. Physical gifts (This should be	a few specific items/assets which you wish to gift)		
Name of person to receive the gift:	Description of gift:	Is this po currently u years of	nder 18
		Yes	No



Name of person to receive the legacy	Description of legacy:		Is this p currently years o	under 18
			Yes	No
If you have any online accounts that y below.	ou wish to be managed in the event of your	death, please		
If you have any online accounts that y below. Name of executor:	Address:	·	Relationship	to you:
If you have any online accounts that y below. Name of executor: If you have any digital assets, such as		·	Relationship erson who will re	to you:
If you have any online accounts that y below. Name of executor: If you have any digital assets, such as	Address:	·	Relationship	to you:
If you have any online accounts that y below. Name of executor: If you have any digital assets, such as this legacy below.	Address: cryptocurrency, that you wish to gift, pleas	·	Relationship erson who will re	to you:
If you have any online accounts that y below. Name of executor: If you have any digital assets, such as this legacy below. Name of person to receive legacy:	Address: cryptocurrency, that you wish to gift, pleas	·	Relationship erson who will re Is this person under 18 years	to you: eceive currentl s of age?
Name of executor: If you have any digital assets, such as this legacy below.	Address: cryptocurrency, that you wish to gift, pleas	se name the po	Relationship erson who will re Is this person under 18 years	to you: eceive currently of age?
If you have any online accounts that y below. Name of executor: If you have any digital assets, such as this legacy below. Name of person to receive legacy:	Address: cryptocurrency, that you wish to gift, pleas Description of legacy:	se name the po	Relationship erson who will re Is this person under 18 years Yes	to you: eceive currentl s of age?

14. Legacies (A legacy is a specific amount of money to be given to a particular person or entity)

Please include details of any other individuals (not already provided for in your will instructions) who you support financially (e.g. parents or stepchildren)

18. Testamentary promises		
Have you made anyone a promise to leave them something under your will?	Yes	No
If yes, please detail:		



19. Further details
Is there anything else that could affect the terms of your will?
20. Do you have
Enduring power of attorney documents for property and personal care and welfare in place?
Advance directive/living will
SIGNED:
DATE:
Any further details