

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:

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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 middle names): | | Known by any other name? | | | |
| | | | | | |
| Address: | | Phone: | | | |
| | | Date of Birth: | | | |
| | | Occupation: | | | |
| Name and details of Spouse/Partner (including address and 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 relationship where the division of relationship property remains outstanding/unresolved? | | | | | |
| Yes | No | | | | |
| Are you planning on getting married in the near future? | | | | | |
| | | | | | |

| 2. Executors – who would you like to administer and oversee the distribution of your estate? | | | |
|--|-----------------|-----------------------------|---------------------------|
| Name of your executor: | Address: | Relationship to you: | Solely or jointly? |
| | | | |
| | | | |

| 3. Substitute Executor(s) – back-up executor(s) if your above Executor(s) cannot act | | | |
|--|-----------------|-----------------------------|---------------------------|
| Name of your executor: | 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 applicable: | | Further details if applicable: | |
| Do you have a preferred location where you would like to be buried or ashes scattered? | | Any other instruction 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 out the following for each child. Use the further details form if required)

| Child's name: | Address: | Date of birth: | From current or previous relationship: |
|---------------|----------|----------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

7. Guardian (for children under 18 years of age) *A guardian will oversee the child's welfare and make key decisions about their upbringing, education, health, and where they live if both parents are unable to do so (it's not automatic that children must live with the guardian).*

| Guardian (full) name: | Address: | Relationship to you: |
|-----------------------|----------|----------------------|
| | | |

8. Substitute Guardian (if your first chosen guardian cannot act)

| Guardian (full) name: | Address: | Relationship to you: |
|-----------------------|----------|----------------------|
| | | |

9. Grandchildren (Please 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 person currently under 18 years of age? |
|-------------------------------------|----------------------|---|
| | | Yes No |

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

| Name of person to receive the legacy: | Description of legacy: | | Is this person currently under 18 years of age? | |
|---------------------------------------|------------------------|--|---|----|
| | | | Yes | No |

15. Digital assets

If you have any online accounts that you wish to be managed in the event of your death, please name the executor below.

| Name of executor: | Address: | Relationship to you: |
|-------------------|----------|----------------------|
| | | |

If you have any digital assets, such as cryptocurrency, that you wish to gift, please name the person who will receive this legacy below.

| Name of person to receive legacy: | Description of legacy: | Is this person currently under 18 years of age? | |
|-----------------------------------|------------------------|---|----|
| | | Yes | No |

16. Do you have a Trust?

| Do you have a Trust? | Are you the Settler of that Trust? | | Are you the Appointer of a Trust? | |
|----------------------|------------------------------------|----|-----------------------------------|----|
| Yes | Yes | No | Yes | No |

If yes, we will require a copy of the Trust Deed.

17. Family Protection Act

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