



WCH FOUNDATION COMMUNITY WILLS DAY 2024 CLIENT INFORMATION FORM

Thank you for participating in the WCH Foundation Community Wills Day.

Please complete this form prior to the Wills Day and provide it to your solicitor at your appointment to help them prepare your Will. If you are unsure or have any questions your solicitor will be able to assist you during the appointment. These details are confidential and for your solicitor only - no part will be shared with the WCH Foundation.

Important Information

Your appointment is to prepare a Simple Will – this is usually appropriate for people who have standard assets and a simple family structure. At your appointment, your solicitor will advise if your circumstances require a more complex Will. You can also discuss any further needs such as an Advanced Care Directive or Enduring Powers of Attorney and the costs associated with this.

1. Your personal details

Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
First Name (in full)	<input type="text"/>											
Middle name/s	<input type="text"/>											
Surname	<input type="text"/>											
Date of birth	<input type="text"/>											
Occupation	<input type="text"/>											
Street Address	<input type="text"/>											
Suburb	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>			
Mailing Address	<input type="text"/>											
Suburb	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>			
Phone	<input type="text"/> (Home)				<input type="text"/> (Mobile)							
Email	<input type="text"/>											

2. Details of your current spouse/partner, if applicable

Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
First Name (in full)	<input type="text"/>											
Middle name/s	<input type="text"/>											
Surname	<input type="text"/>											
Phone	<input type="text"/> (Home)						<input type="text"/> (Mobile)					
Email	<input type="text"/>											

Name(s) and details of previous relationships/divorce

3. Details of your children, if applicable

Full Name	<input type="text"/>	Birthdate	<input type="text"/>
Full Name	<input type="text"/>	Birthdate	<input type="text"/>
Full Name	<input type="text"/>	Birthdate	<input type="text"/>
Full Name	<input type="text"/>	Birthdate	<input type="text"/>

4. Have you previously made a Will?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who prepared that Will and where is it currently held?	<input type="text"/>		
Street Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

5. Your Executor - the person or people who will administer your estate after death

First Name (in full)	<input type="text"/>				
Surname	<input type="text"/>				
Occupation	<input type="text"/>				
Street Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/> (Home)		<input type="text"/> (Mobile)		
Email	<input type="text"/>				

6. Alternate and/or additional Executor – you may choose more than one Executor to jointly settle your estate, or in case your first Executor is not able to do this.

First Name (in full)	<input type="text"/>				
Surname	<input type="text"/>				
Occupation	<input type="text"/>				
Street Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/> (Home)		<input type="text"/> (Mobile)		
Email	<input type="text"/>				

7. Guardian(s) for your children under 18 years of age

First Name (in full)					
Surname					
Occupation					
Street Address					
Suburb		State		Postcode	
Phone	(Home)		(Mobile)		
Email					

8. Your beneficiaries – you may add additional pages if required

First Name (in full)	Beneficiary 1:				
Surname					
Occupation					
Street Address					
Suburb		State		Postcode	
Phone	(Home)		(Mobile)		
Email					

First Name
(in full)

Beneficiary 2:

Surname

Occupation

Street Address

Suburb

State

Postcode

Phone

(Home)

(Mobile)

Email

First Name
(in full)

Beneficiary 3:

Surname

Occupation

Street Address

Suburb

State

Postcode

Phone

(Home)

(Mobile)

Email

First Name
(in full)

Beneficiary 4:

Surname

Occupation

Street Address

Suburb

State

Postcode

Phone

(Home)

(Mobile)

Email

9. Would you like to include a gift in your Will for the Women's & Children's Hospital Foundation, or any other charity or other organisation you care about?

Yes ☐ No ☐

Organisation/charity name?

I'd like to include a gift of: (e.g. residue of your estate, percentage, specific amount, conditional gift, or entire estate)

10. Please detail your assets and liabilities – for example, this can include property, bank and superannuation accounts as well as any loans or debts. Assets that are jointly owned may or may not form part of your estate, depending on the type of co-ownership.

Do you hold shares in a private company?

Yes ☐ No ☐

Do you have a family trust?

Yes ☐ No ☐

Do you own a business?

Yes ☐ No ☐

Do you have any overseas assets?

Yes ☐ No ☐

Do you have a self-managed superannuation fund?

Yes ☐ No ☐

If yes, please provide details here:

Do you have any other superannuation fund?

Yes ☐ No ☐

If yes, who is your superannuation fund held with?

Have you made a death benefit nomination for your superannuation?

Yes ☐ No ☐

If yes, please provide a copy showing the nominated beneficiary/ies.

Do you have Life Insurance?

If yes, please provide details here:

Yes ☐ No ☐

11. Your Funeral Wishes.

Would you like to record funeral details in your Will?

Yes ☐ No ☐

I would like a: ☐ Burial ☐ Cremation

Please indicate your preferences below:

I would like a: ☐ Religious Service ☐ Other

Please indicate your preferences below:

Do you have a prepaid/prearranged funeral:

Yes ☐ No ☐

If yes, please provide the name and contact of the organisation you have arranged this with:

Organisation Name

Phone number

12. Your questions. Please make a note of any additional questions or items you would like to discuss at your appointment.

Contact us

WCH Foundation Bequests Manager
08 8464 7900 | bequests@wchfoundation.org.au | wchfoundation.org.au/bequests