

Pre-Will Appointment Information Form

Please complete in full and return to us as soon as possible and no less than two business days before your appointment.

NOTE: The boxes may be completed by double clicking and following the prompts

1 Your details	
Full Legal Name	
Other name in which you hold assets, if any e.g. maiden name	
Street Address	
Postal address (if different to above)	
Telephone:	
Home	
Work	
Mobile	
Email:	
Home	
Work	
Date of Birth	

<p>Full name of spouse/partner, if any</p>	
<p>Full name and age of all your children (if any)</p>	
<p>Full name of any stepchildren/ partner's children (if any)</p>	
<p>Potential Estate</p> <p>List your assets and note if an asset is held with someone else</p>	
<p>List your liabilities</p>	

<p>Full names of Executors</p> <p>Who do you want to look after your estate when you pass away?</p>	
<p>If they cannot act, who would you want to act in their stead?</p>	
<p>How do you wish your estate to be distributed in the first instance?</p>	

If any of those beneficiaries do not survive you how would you like your estate distributed?	
Any other matters you would like addressed?	

You confirm that by completing this document it is not intended to be an informal will. You understand that until you duly sign your actual will that your wishes for distribution of your estate may not be enforceable.

Please return this fully completed form as soon as possible.