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| Estate Planning - Document Fact Finder |

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| This document fact finder (for use by Moores clients and their advisors) is designed to help ensure that as much as possible of the necessary background information to review needs, provide instructions and prepare estate planning documentation can be ascertained at the initial estate planning meeting. | | | | | | | |
| Please complete if a particular person at Moores needs to receive this document fact finder (*otherwise leave blank*) | | | | | | **Attention**: | |
| PERSONAL DETAILS | **Surname(s)** |  | | |  | |
| **Given Names** |  | | |  | |
| **Residential Address** |  | | | | |
| **Postal Address** *(if different)* |  | | | | |
| **Contact Nos** | (Business) | | | (Home) | |
|  | (Fax) | | | (Mobile) | |
| **Email address** |  | | | | |
| Documents to be sent to | | As above Advisor (see below) Other (please advise) | | | |
| **Referring advisor** (if not set out above) | | |  | | |

# Personal Circumstances

Status of domestic relationship 🞏 Married 🞏 Partnered 🞏 Marriage Contemplated 🞏 Single

🞏 Widowed 🞏 Separated 🞏 Separation contemplated 🞏 Divorced 🞏 Divorce contemplated

Name of spouse or partner (*if estate planning is being done separately*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# Names, Ages & Addresses of Children/Intended Beneficiaries

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| Possibility of children/more children Control age\_\_\_\_\_\_ years (for younger beneficiaries) | |

Details of stepchildren (*if any*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of any other financial dependants (*if any*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Ownership of Investment Assets

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Significant “Non-Super” Assets** eg family home, shares portfolio, business | | | | **Owner**, eg joint, family trust | | | **Estimated Value** | **Associated Debt** | | **Pre/Post 1985 (CGT)** | |
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| Name(s) of Superannuation Fund(s) If an SMSF, show all member balances | | | Member | | Membership Phase, ie benefit (pension) or investment (growth) | | | | | | Current Balance |
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| **Life Insurance** | | **Type of cover**, eg | | | | **Nominated Beneficiary** | | | **Level of** | | |
| **Insured** | **Insurance Co** | death, TPD, trauma | | | | eg super fund, self owned | | | **Cover** | | |
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# Ownership of Business Assets

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| **Business** | **Owner**, eg trustee of family trust | **Estimated Value** | **Associated Debt** | **Pre/Post CGT** |
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**Copies of documents and information to be brought to meetingif possible**

Deeds for any self managed super fund or family trust



Constitutions for any trustee companies



Superannuation member statements, any pension documents and any superannuation death benefit nominations



Most recent financial statements for trusts and companies



Life and other insurance policy statements



Existing Will(s), power(s) of attorney and any relationship agreements



Shareholder/other and intra business agreement

