

Full Names	Mr/Mrs/Ms/Miss/Other Full Given Name(s) Surname Preferred name (if applicable)	Mr/Mrs/Ms/Miss/Other Full Given Name(s) Surname Preferred name (if applicable)
Relationship Status	<input type="checkbox"/> Married <input type="checkbox"/> De Facto Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Married <input type="checkbox"/> De Facto Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower
Date of Birth	_____/_____/_____	_____/_____/_____
Occupation
Contact Details	Home: Mobile: Work: Email:	Home: Mobile: Work: Email:.....
Address– residential PO Box if not the same
Full Name(s) of All children	1. Full name: Address: DOB: 2. Full name: Address: DOB: 3. Full name: Address: DOB: 4. Full name: Address: DOB:	1. Full name: Address: DOB: 2. Full name: Address: DOB: 3. Full name: Address: DOB: 4. Full name: Address: DOB:

Do you have a Family Trust?	If yes, please bring Trust Deed with you to your appointment or ask your accountant to email it to us before your appointment	If yes, please bring Trust Deed with you to your appointment or ask your accountant to email it to us before your appointment
Do you have a self-managed Superannuation Fund?	If yes, please bring Trust Deed with you to your appointment or ask your accountant to email it to us before your appointment	If yes, please bring Trust Deed with you to your appointment or ask your accountant to email it to us before your appointment
Do you have retail superannuation?	If so, please bring latest member balance statement to your appointment	If so, please bring latest member balance statement to your appointment
Wishes on disposal of body	<input type="checkbox"/> Cremation <input type="checkbox"/> Buried <input type="checkbox"/> No direction Who is to arrange:	<input type="checkbox"/> Cremation <input type="checkbox"/> Buried <input type="checkbox"/> No direction Who is to arrange:
Do you wish to donate your organs and/or your body be used for medical/therapeutic purposes?	<input type="checkbox"/> Donate organs <input type="checkbox"/> Body be available for medical/therapeutic purposes	<input type="checkbox"/> Donate organs <input type="checkbox"/> Body be available for medical/therapeutic purposes

Enduring Power of Attorney

If you are appointing attorneys other than a child, please bring full names and addresses for each

Enduring Power of Guardianship

If you are appointing substitute decision maker (care, medical and accommodation) other than a child, please bring full names, addresses, dates of birth, and phone contact numbers for each