# INSTRUCTION SHEET FOR YOUR WILL



#### INSTRUCTION SHEET FOR YOUR WILL

Your details:	
Surname:	
First name(s):	
Alias or previous name (if applicable):	
Occupation:	 
Address:	 
Date of birth:	 
Any health concerns:	 
Are you currently? (please tick)	
Married	
Separated	
Living with another person	
Single	
Divorced	
Other — if so, please describe relationship status	
Your husband, wife or de facto partner's details:	
Surname:	
First name(s):	 
Occupation:	
Address:	
Date of birth:	
If married:	
Date of marriage:	
Existing matrimonial or relationship property agreement?	Yes

if in a de facto relationship:		
Date relationship began:		
Existing property sharing or relationship property agreement?		Yes
		No
Have you had any previous marriages or de facto relationsh	ips?	
Marriages:		
		Yes
		No
Name of former husband/wife:		
Occupation:		
Address:		
Date of Birth:		
Date of marriage:		
Date of separation/dissolution of marriage:		
Existing separation/matrimonial or relationship property agreen	nent?	
		Yes
		No
Ongoing obligations:		
Children:		
Former husband/wife:		
De facto relationships:		
		Yes
		No
Name of former de facto partner:		
Occupation:		
Address:		
Date of birth:		
Date relationship began:		

Date of relationship ended:		
Existing property sharing, relationship property or se	eparation agreement	t?
		Yes
		No
Ongoing obligations:		
Children:		
Former de facto partner:		
If you are single or in a de facto relationship, are married in the near future?	you intending to g	et
		Yes
		No
If yes, give date set for marriage:		
automatically revoked by your marriage unless it is e	entered into "in	***************************************
contemplation of marriage".		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
contemplation of marriage".  Your child/children of your husband/wife/de factor Full names and dates of birth of your children, and the husband/wife/de factor partner. For your children, pl	o partner ne children of your ease give the name	will is
automatically revoked by your marriage unless it is contemplation of marriage".  Your child/children of your husband/wife/de factor Full names and dates of birth of your children, and the husband/wife/de factor partner. For your children, plother parent if not your present husband/wife/de factor Child — surname:	o partner ne children of your ease give the name o partner.	
Your child/children of your husband/wife/de factor Full names and dates of birth of your children, and the husband/wife/de factor partner. For your children, plother parent if not your present husband/wife/de factor Child — surname:	o partner ne children of your ease give the name o partner.	of the
Your child/children of your husband/wife/de factor Full names and dates of birth of your children, and the husband/wife/de factor partner. For your children, plother parent if not your present husband/wife/de factor Child — surname:  First name(s):	o partner ne children of your ease give the name o partner.	of the
Child — surname:  First name(s):  Age:  Your child/children of your husband/wife/de facto  Full names and dates of birth of your children, and the husband/wife/de facto partner. For your children, plother parent if not your present husband/wife/de facto  Child — surname:  Age:	o partner ne children of your ease give the name o partner.	of the
Child — surname:  First name(s):  Parent(s):  Pour child/children of your husband/wife/de facto  Full names and dates of birth of your children, and the husband/wife/de facto partner. For your children, plother parent if not your present husband/wife/de facto  Child — surname:  Parent(s):	o partner ne children of your ease give the name o partner.	of the
Child — surname:	o partner ne children of your ease give the name o partner.	of the
Child — surname:  Parent(s):  Child — surname:  Pirst name(s):  Child — surname:  First name(s):  Child — surname:  First name(s):	p partner ne children of your ease give the name o partner.	of the
Child — surname:  Parent(s):  Child — surname:  Parent(s):  Child — surname:  Age:  Age:  Age:  Age:  Age:  Age:	p partner ne children of your ease give the name o partner.	of the
Child — surname:  Parent(s):  Child — surname:  Parent(s):  Parent(s):  Parent(s):  Parent(s):  Parent(s):	p partner ne children of your ease give the name o partner.	of the
contemplation of marriage".  Your child/children of your husband/wife/de factor Full names and dates of birth of your children, and the husband/wife/de factor partner. For your children, plother parent if not your present husband/wife/de factor Child — surname:  First name(s):  Age:  Parent(s):  Child — surname:  First name(s):  Age:  Parent(s):  Child — surname:	p partner ne children of your ease give the name o partner.	of the
Child — surname:  Parent(s):  Parent(s):  Parent(s):  Parent(s):  Parent(s):  Parent(s):  Parent(s):  Parent(s):  Parent(s):	p partner ne children of your ease give the name o partner.	of the

#### Guardians Do you wish to appoint guardians under your will for your infant children? If so, please state their full name, occupation and address. First name(s): Occupation: Address: **Note:** A guardian is a person appointed to oversee the general welfare, maintenance and education of your children. The person you appoint to be your testamentary guardian, however, does not necessarily have custody of your children. Do you have specific instructions for your guardians relating to: Education: Religion: Making payment to guardian: (for additions to home, larger motor vehicle, etc) Use of your home: \_\_\_\_\_ If you require any further information on guardianship issues, or have any questions or ideas, please make a note to discuss this with us. **Executors** Full name, address and occupation of person or persons you wish to name as executor(s) (ie, the person(s) who would administer and distribute your estate when you die). This can be a person you wish to benefit under your will, or some other independent person such as your solicitor, or a combination of these. Occupation: Occupation: **Alternative:** If one or both of the persons named above cannot or will not act as an executor or dies before you:

Occupation:

Address:

5.

<b>Description of trust:</b>	
Name:	
Date created:	
Assets	Value
2.4.20	<u> </u>
(eg, house(s))	
(eg, investments)	<u> </u>
,	\$
(eg, life policies)	φ
	\$
Do you, or your husband/wife/de facto painheritances (eg, receiving any gifts unde relatives)?	r the wills of your parents or ot
If so, please describe those inheritances, inc	luding their value (if known).
Assets	Value
	\$\$
(eg, house(s))	
( :	\$\$
(eg, investments)	¢
(eg, life policies)	\$\$
	\$
Please list your present assets and liabilit each	
This will help us determine whether any oth previously raised.	ner advice is required on issues no
	Value
Assets	\$
	\$\$
	\$\$
(eg, house(s))	
Assets (eg, house(s)) (eg, investments)	
(eg, house(s))	\$\$
(eg, house(s)) (eg, investments)	<u> </u>

Liabilities	Value
	\$
(e.g., mortgage(s))	
(a a managaral la an(a))	<u> </u>
(e.g., personal loan(s))	•
	\$
(c.g., over an aprila))	¢
(e.g., hire purchase(s))	\$
	\$
	\$
Do you own, or have any beneficial int	
The Te Ture Whenua Maori Act 1993 ca	an restrict how you deal with that land.
Please give as much detail as possible abinterest in it (if applicable).	pout the land and the nature of your
Maori land	
Detailed description	
Nature of interest	
Detailed description	
Do you wish to make any specific gifts	of money or personal items?
This can include collections, jewellery a the full names, addresses, relationship to the recipients, and details of what you w also be a charitable organisation.	you or occupations and dates of birth o
(eg, vehicle, ornaments)	

9.

10.

Iten	em To	Whom
Daga	sovintion	rname:
Desc	Fire	st name(s):
	Re	lationship/occupation:
	Da	te of birth:
	Do you wish to give to some person the during his/her lifetime only?	ne use of your estate or part of it
	person dies. If this applies, give the ful	who will receive those assets when that l name, address, occupation and date of parts of your estate that are to be left on
	Surname:	
	First name(s):	
	Relationship to you:	
	Date of birth:	
	Asset (eg, home, batch):	
	Asset to be left to whom (eg, children) and/or entered into a de facto relationsh	after the life tenant has died, or remarried ip?
11.	Who is to receive the bulk of your est paid and provision made for any life	ate after the debts and gifts have been interest?
	Names, addresses, relationship to you (beneficiary/beneficiaries and their dates	** /
	Surname: (or full name, if charity or other organisation)	
	First name(s):	
	Relationship/occupation:  (eg, wife/husband/de facto partner/children/bro	
	Date of birth:	
	Address:	

### If a beneficiary dies before you, what would you like to happen to his/her share in the will?

You may simply wish for that beneficiary's share to pass into the rest of your estate, to be received by the people recorded in the previous paragraph. However, if you want that beneficiary's share to pass to someone else, please list here the names, addresses, occupations, dates of birth and relationship with substitute beneficiary/beneficiaries required.

For example, if children die before you, gift to grandchildren?		
		Yes
		No
If someone without children dies, gift over to other recipients?		
Surname (or full name, if charity or other organisation:		
First name(s):		
Relationship/occupation:		
Date of birth:		
Address:		
Do any of the following circumstances apply:		
You are leaving any of your family out of your will:		
		Yes
		No
You are leaving your children (or any of them) unequal shares in	n your as	sets:
		Yes
		No
You are leaving your husband, wife or de facto partner less than a 50% property which the two of you own together, or which was acquired for benefit of you both:		
		Yes
		No
If yes, please indicate which and give details of:		

• the family member(s) affected; and

12.

• your reasons for doing so, as family left out or dealt with inadequately may be entitled to bring a claim before the court seeking a larger share.

be exercised under	any under any trust, es your will?		es of a trus ocument w	
				Y
				N
appoint trustees, bei	trust, date of trust deed eficiaries or directors.	·	-	er to
Name of trust:				
Date of trust deed:				
Nature of power(s):				
As an alternative to	exercising this power un to whom you wish the po	der your will, yo	ou may wisl	
As an alternative to specify in your will give the details of the	exercising this power un to whom you wish the po	der your will, you wer to be trans	ou may wish ferred. If so	you
As an alternative to specify in your will give the details of the	exercising this power un to whom you wish the poat person:	der your will, you wer to be trans	ou may wish ferred. If so	you

## Do you wish to donate your body or any part of it for medical research, organ transplant, or otherwise for the benefit of medical science?

If so, you may wish to include this in your will. It is advisable to record this on your driver's licence at the same time. If you wish to donate your body to medical science, you should inform the particular institution (for example, the anatomy department of a particular university's medical school) in advance. In some cases those schools will only accept bodies from persons who have made prior arrangements with that institution for the donation of their body.

паve y	ou promised to leave anyone any of your property by will?
	circumstances, those promises can be enforced against your esnot fulfil them.
	give full names, occupations or relationship to you, and dates of to whom you have made a promise.
Surnan	e:
First na	me(s):
Relatio	nship/occupation:
Date of	birth:
Which	assets (description):
Do you	have an earlier will?
If so, it replace	is a good idea to let the holder of your earlier will know that it d.
Other	ssues (use this space for anything else you would like to rais
	o discuss/questions to ask at meeting:

<u> </u>	 	<u> </u>	<u> </u>
·			
	 ·		
-			