



## New Will Information Form

Date \_\_\_\_\_

### Notes for consideration of your Will:

- The Family Protection Act states that you have a moral obligation to provide equally for your husband/wife/partner and children.
- If you do not wish to provide equally or want to omit anyone from your Will, you will need to discuss this with us, as there are implications that you need to be fully informed of.
- You may be required to provide a medical certificate from your doctoring confirming sound mental health. If so, this certificate will need to be provided to us before your Will can be executed.

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Please provide current photo ID such as Drivers Licence or Passport, with this completed form.

### 1. Your Personal Details

Full Name \_\_\_\_\_

Are you known by any other name? \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship status: Single  De-facto  Married  Separated

Name of Husband  Wife  Partner  \_\_\_\_\_

Have you had any relationship/s that lasted for 3 years or more? Y / N

*If yes, we will discuss this further with you.*

**2. Children.** Please provide the full names of all your children. If you need more space please use the last page.

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Are all children biological? Y / N

Do you have any adopted/whangai/feeding children? Y / N If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**3. Appointment of Guardian(s) (for any minor children)**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address & Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address & Occupation \_\_\_\_\_

**4. Appointment of Executor(s) & Trustee(s):**

Your Executor and Trustee is responsible for carrying out your wishes; they become your personal representative upon your death.

**In the first instance:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address & Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address & Occupation \_\_\_\_\_

**Alternative** (in case you first named executor(s) or trustee(s) die before you or are not capable of acting)

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address & Occupation \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address & Occupation \_\_\_\_\_

**5. Funeral Directions** – Do you wish to include any funeral directions in your Will? If so, please complete the details below.

Cremated

Buried

Do not include in Will

Specific funeral wishes \_\_\_\_\_

\_\_\_\_\_

## 6. Assets

Do you have: Kiwisaver

Life Insurance

Bank Accounts

List all other assets you own below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you own property with someone else is it owned: Jointly  As Tenants in Common

## 7. Financial Obligations and Debts (Mortgages, Credit Cards etc.)

\_\_\_\_\_

\_\_\_\_\_

## 8. Gifts and Bequests

Who gets all your personal chattels and effects (your physical possessions, including vehicles)?

\_\_\_\_\_

Do you want to make any specific gifts (money/chattels/personal effects) to anyone? :

\_\_\_\_\_

\_\_\_\_\_

## 9. Residuary Estate (balance of all your assets including any property, after payment of all debts)

Residuary estate to (e.g. wife/husband, children) \_\_\_\_\_

\_\_\_\_\_

If any beneficiary dies before you, what would you like to happen to his/her/their share? (e.g. grandchildren)

\_\_\_\_\_

**10. If you are omitting any of your family (i.e. children or spouse) from your Will, please indicate the reasons:**

Name(s): \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

**11. Do you have any online accounts you will want closed, eg. Facebook. If so, please provide the username and passwords. We will securely hold these details in our Deeds to be provided to someone designated by you to attend to closure of such accounts. This information will not be included in your Will.**

Notes or other information:

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\_\_\_\_\_

I would like my draft Will to be sent to: Postal Address       Email       I wish to collect

I confirm the information provided in this form is true and correct to the best of my knowledge and I give permission for Sutcliffe Matson Law to prepare a Will for me based on the information in this form.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_