



# SPROAL & ASSOCIATES

Property Lawyers

## REQUEST FORM – MAKE A WILL

Please **complete** and **return** this form to Sproal & Associates by email, fax or post.  
Email to [wills@sproalassociates.com.au](mailto:wills@sproalassociates.com.au), fax to 03 6331 5888 or post to PO Box 1024, Launceston 7250.

**Full name:**

**Title:** Mr / Mrs / Ms / Miss other:

**Date of Birth:**

**Occupation:**

I am an Australian Citizen -  or

I am a New Zealand citizen who is the holder of a special category visa within the meaning of the Migration Act 1958 -  or

I hold a permanent visa within the meaning of the Migration Act 1958 -   
Nationality and visa number:

If **none** of the above, please describe your status:

**Home** phone:

**Mobile** phone:

**Email** address:

**Postal** address:

**Residential** address (if different to above):

**Please advise whether you require the following:**

**Power of Attorney** Yes -  No -

**Appointment of Enduring Guardian** Yes -  No -

I request that Sproal & Associates prepare a Will on my behalf. I confirm that the information provided herein is accurate, correct and complete.

Signature \_\_\_\_\_

Date : \_\_\_\_\_

## PROOF OF IDENTITY

You must provide us with a document from each of the four categories (four documents in total). A single document cannot be used for more than one category.

Preferred documents are shown below. For more information on acceptable documents, please contact us direct.

**Certified copies of original documents are required for proof of identity purposes** (for persons who can certify copies, please see below).

### Category 1 (provide one document)

- Passport (current)
- Birth certificate issued by Registry of Births Deaths & Marriages
- Citizenship Certificate

### Category 2 (provide one document)

- Australian Drivers Licence (current)
- Passport (current)
- Firearms Licence (current)
- Tasmanian Government Personal Information Card

### Category 3 (provide one document)

- Medicare Card
- Motor Vehicle Registration
- Centrelink or Department of Veterans Affairs Card
- Debit/credit card, including a Bank/Credit Union or Building Society

### Category 4 (provide one document)

- Utility documents of residential address (e.g. bills for electricity, gas, telephone, water etc)
- Insurance Policy with current residential address
- Statement of account, including a Bank/Credit Union or Building Society

**NOTE:** Evidence of a change of name is required if the name on any of the documents presented is different to your current name (e.g. marriage certificate, change of name certificate or deed poll)

### What is a 'certified copy'?

A true copy of an original document that has been sighted by an acceptable person\* and noted as follows: 'I certify that I have sighted the original document and this is a true copy of it'. This certification must have the certifier's Name, Title, Registration number (where applicable) and be signed and dated.

### Who can certify my documents?

Examples of an acceptable person include a legal practitioner, justice of the peace (JP), commissioner for declarations, magistrate, notary public, police officer, dentist, pharmacist, certified practising accountant, member of parliament, medical practitioner, lending officer and public servants (with five years' service).

## PREPARING FOR YOUR WILL APPOINTMENT

Please have the following details ready for your appointment.

	Your Notes
<p>The full names, addresses and occupations of those persons you wish to appoint as Executors and Trustees of your estate as well as their relationship to you. This is the person or persons who you choose to administer your estate on your death and to carry out your wishes as expressed in your Will. Your Executors may also be beneficiaries in your Will.</p>	
<p>Details of family members including the full names and ages of your children.</p>	
<p>Details of any specific legacies or bequests to particular beneficiaries including charities.</p>	
<p>Details of your assets and liabilities and the name or names or entity in which those assets or liabilities are held.</p>	
<p>Directions as to who is to receive the remainder of your estate and if more than one person, in what shares. Directions as to who is to receive the remainder of your estate if any of the persons nominated by you die before you.</p>	

<p>Who is to receive a particular legacy or bequest of part of your estate if the person nominated by you dies before you.</p>	
<p>If you leave assets to children, at what age are they to receive those assets.</p>	
<p>Directions as to powers which may be exercised by your Executors and Trustees in administering your estate.</p>	
<p>Directions as to your funeral service and disposal of bodily remains (i.e. cremation or burial).</p>	
<p>Directions as to whether you wish to leave your organs or other body parts for the purpose of medical or transplantation or research.</p>	
<p>Whether you wish to make provision for the remuneration of your trustees in consideration for them administering your estate.</p>	