

SEDSMAN LEGAL WILL INSTRUCTION SHEET

FULL NAME(S)	Mr/Mrs/Ms/Miss/Other.. <i>Full Given Name(s)</i> <i>Surname</i> <i>Preferred Name (if applicable)</i>	Mr/Mrs/Ms/Miss/Other. <i>Full Given Name(s)</i> <i>Surname</i> <i>Preferred Name (if applicable)</i>
RELATIONSHIP STATUS	Married Domestic partner	Separated Divorced Single
OCCUPATION(S) <i>(If retired, please specify and also give former occupation)</i> <i>(If retired, please specify and also give former occupation)</i>
DATE OF BIRTH	/ /	/ /
ADDRESSP\code:	
POSTAL ADDRESS (if different from above)P\code:	
CONTACT DETAILS	Mobile:..... Home: Email	Mobile: Home: Email
FULL NAME(S) OF ALL CHILDREN (state to which partner children belong)	1. Full Name: Address: Phone No:DOB: 2. Full Name: Address: Phone No:DOB: 3. Full Name: Address: Phone No:DOB: 4. Full Name: Address: Phone No: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.	
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.	
Do you have retail superannuation?	If so, please bring latest member balance statement to your appointment.	
Enduring Power of Attorney If you are appointing attorneys other than a child, please bring full names and addresses for each.		
Advance Care Directive If you are appointing substitute decision-makers (medical attorneys) other than a child, please bring full names, addresses, dates of birth and telephone contact numbers for each.		