

Private & Confidential

Estate Planning Questionnaire

In order to properly advise you in relation to your estate planning affairs it is necessary for your legal advisers to consider all the information sought in this document.

Please complete this form as best you can prior to your initial meeting and bring it with you along with other relevant documents - see checklist.



Clarendene Pty Ltd
estate planning lawyers

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Estate Planning Adviser: _____

Your personal details	Client 1 (You)	Client 2 (Your Spouse/Partner)
Your title	Mr/Mrs/Ms/Miss/Dr	Mr/Mrs/Ms/Miss/Dr
Your full given name/s		
Your surname		
Have you ever been known by another name or use a name different to that on your birth certificate? ie maiden name etc .	<i>Please give details</i>	<i>Please give details</i>
Your preferred name		
Your date of birth		
Your occupation		
Your marital status	<i>married/de-facto/separated etc</i>	<i>married/de-facto/separated etc</i>
Your home address Street number and name Suburb State, Post Code	
Your contact details	Client 1 (You)	Client 2 (Your spouse/Partner)
Your work address Street number and name	
Your postal address	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Other (Please specify)	
Home Phone	()	()
Work Phone	()	()
Fax	()	()
Mobile		
Email		
What is the best way to contact you during business hours?	<i>Home Ph / Work Ph / Fax / Mobile / Email</i>	<i>Home Ph / Work Ph / Fax / Mobile / Email</i>
Do you have particular 'privacy' issues you want observed		
You were referred to us by?		

<p>prior relationships (if applicable)</p>	<p>Client 1 (You)</p>	<p>Client 2 (Your spouse/Partner)</p>
<p>Have you ever been in a prior married or de facto relationship?</p> <ul style="list-style-type: none"> • Full details including • Date of divorce • Date of property order • Full names and ages of children of prior relationships 	<p><i>please attach copies of relevant Family Court Orders</i></p>	<p><i>please attach copies of relevant Family Court Orders</i></p>
<p>Do you have any ongoing financial commitments from previous relationships ie child support</p>	<p><i>please provide all relevant details</i></p>	<p><i>please provide all relevant details</i></p>
<p align="center">CHILDREN OF YOUR RELATIONSHIP</p>		
<p><i>Please complete details</i></p> <p>Full name</p> <p>Date of Birth</p> <p>Financially Dependant? <input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>Occupation / School</p> <p>Number of children if any</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p> <hr/> <p>Full name</p> <p>Date of Birth</p> <p>Financially Dependant? <input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>Occupation / School</p> <p>Number of children if any</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p> <hr/> <p>Full name</p> <p>Date of Birth</p> <p>Financially Dependant? <input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>Occupation / School</p> <p>Number of children if any</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p>	<p>1</p> <p>.....</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>.....</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p> <hr/> <p>3</p> <p>.....</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>.....</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p> <hr/> <p>5</p> <p>.....</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>.....</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p>	<p>2</p> <p>.....</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>.....</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p> <hr/> <p>4</p> <p>.....</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>.....</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p> <hr/> <p>6</p> <p>.....</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Support to age</p> <p>.....</p> <p>Children: Yes / No Number:..... (Please List name & DOB on notes page)</p>
<p>Does any child have special needs because of a physical or intellectual handicap, drug, alcohol gambling addiction</p>	<p><i>Please provide full details</i></p>	

ASSETS	Details	Owner	Value
Personal Lifestyle Including home, car...etc.	\$ \$ \$ \$ \$
Investment Real Property	\$ \$ \$ \$
Bank Accounts Including debentures & Term Deposits	\$ \$ \$ \$
Insurance Policies that have a cash value Traditional Life (Non Super)	\$ \$ \$ \$
Insurance & Friendly Society Bonds	\$ \$ \$ \$
Master Fund Investments	\$ \$
Managed Funds	\$ \$
Shares	\$ \$
Superannuation	\$ \$ \$ \$
Other Assets	\$ \$ \$
Total			\$

LIABILITIES	Details	Debtor	Amount
Mortgages & Other Loans	\$
	\$
	\$
	\$
	\$
Credit Cards / Overdrafts	\$
	\$
	\$
	\$
	\$
Leases / Rental Agreement / Hire Purchase	\$
	\$
	\$
	\$
	\$
Personal Guarantees	\$
	\$
PAYG Tax	\$
	\$
Other Debts	\$
	\$
	\$
Total			\$

LIFE INSURANCE

	Insurance 1	Insurance 2	Insurance 3	Insurance 4
Life Insured <small>(Client 1, Client 2)</small>				
Amount of Life Cover	\$	\$	\$	\$
Nominated Beneficiary				

Are you expecting an inheritance? Client 1 Yes No Client 2 Yes No

Wills that incorporate testamentary trusts can significantly benefit those who receive inheritances. The benefits of asset protection, taxation advantages through income splitting and the concessional tax treatment for minor beneficiaries means that as a beneficiary you can protect your inheritance from attack and potentially derive significant income tax concessions. These advantages only come though if the Will under which you inherit contains testamentary trust provisions. It may be in your significant financial interests to suggest this to those who may wish to leave you part of their estate.

BUSINESS & INVESTMENT STRUCTURES DETAILS		ASSETS HELD and VALUE
<p>Companies</p> <p>Company Name</p> <p>ABN</p> <p>Date of incorporation</p> <p>Trading Name</p> <p>Business Activities</p> <p>Directors</p> <p>Shareholders</p> <p>Business Value</p>		
<p>Family Trusts</p> <p>Name of Trust</p> <p>Trustee</p> <p>Beneficiaries</p> <p>Appointer</p> <p>Assets</p> <p>S.F.N.</p> <p><u>Note please bring a copy of the Trust Deed</u></p>		
<p>Partnerships</p> <p>Name</p> <p>Trading Name</p> <p>ABN</p> <p>Business Activities</p> <p>Partners Details (If companies details, as above)</p> <p>Your share in partnership</p> <p><u>Note please bring a copy of the Partnership Deed</u></p>		
<p>Self Managed Super Fund</p> <p>Name</p> <p>ABN</p> <p>Trustee(s)</p> <p>Members</p> <p>Death Benefit Nomination? Yes / No</p> <p><u>Note please bring a copy of the Super Trust Deed</u></p>		

YOUR SUPERANNUATION – Client 1

	Fund No 1	Fund No 2	Fund No 3	Fund No 4
Name of Fund				
Owner <small>(Client 1/ Client 2)</small>				
Super Type <small>(Self Managed / Personal / Employer / Rollover)</small>				
Current Value	\$	\$	\$	\$
Super start date				
Do you have a transitional RBL	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please give details			
Have you nominated a beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?

YOUR SUPERANNUATION – Client 2

	Fund No 1	Fund No 2	Fund No 3	Fund No 4
Name of Fund				
Owner <small>(Client 1/ Client 2)</small>				
Super Type <small>(Self Managed / Personal / Employer / Rollover)</small>				
Current Value	\$	\$	\$	\$
Super start date				
Do you have a transitional RBL	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please give details			
Have you nominated a beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who?

Current arrangements

Client 1

Client 2

Do you have a current Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
An Enduring Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid Funeral Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accountant Name and address Phone		
Financial Adviser Name and address Phone		

DOCUMENTS YOU WANT PREPARED

DOCUMENT	Client 1	Client 2
<p><u>WILL</u></p> <p><u>incorporating optional discretionary testamentary trusts.</u></p>	<p><input type="checkbox"/> Yes Please complete the WILL Instruction form which follows</p> <p><input type="checkbox"/> No not necessary</p>	<p><input type="checkbox"/> Yes Please complete the WILL Instruction form which follows</p> <p><input type="checkbox"/> No not necessary</p>
<p><u>ENDURING</u></p> <p><u>POWER OF ATTORNEY</u></p>	<p><input type="checkbox"/> Yes Please complete the POWER OF ATTORNEY Instruction form which follows</p> <p><input type="checkbox"/> No not necessary</p>	<p><input type="checkbox"/> Yes Please complete the POWER OF ATTORNEY Instruction form which follows</p> <p><input type="checkbox"/> No not necessary</p>
<p><u>ENDURING</u></p> <p><u>POWER OF GUARDIANSHIP</u></p>	<p><input type="checkbox"/> Yes Please complete the POWER OF GUARDIANSHIP Instruction form which follows</p> <p><input type="checkbox"/> No not necessary</p>	<p><input type="checkbox"/> Yes Please complete the POWER OF GUARDIANSHIP Instruction form which follows</p> <p><input type="checkbox"/> No not necessary</p>

Please list here any other requirements

- Preparation of a Comprehensive Estate Planning and Estate Administration Portfolio
- Preparation of binding nomination for Superannuation.
- Reviewing/altering/updating self-managed Superannuation Trust Deed
- Reviewing/altering/updating Family Trust Deed.
- Arranging extra insurance cover to enhance estate assets.
- Preparation of Business Succession Agreements
- Preparation of Family Loan Documents
- Severing Joint Tenancy
- Other.....

YOUR WILL INSTRUCTIONS	Client 1 (You)	Client 2 (Your spouse/Partner)
<p>The role of EXECUTOR</p>	<p><i>Your executor is responsible for carrying out your wishes when you die. A beneficiary can be the Executor. You can have more than one but it is not a good idea to have too many. You should appoint someone you trust and who is familiar with your affairs. In most cases people appoint their spouse first and then their children as back-up Executors. It is a good idea to nominate a second choice for Executor in case your first choice dies before you or cannot act because of incapacity. If you are in any doubt about your choice of Executor then this is a matter which can be discussed at our meeting.</i></p>	
<p>YOUR EXECUTOR</p> <p><u>First Choice</u></p> <p>Do wish to appoint your spouse as EXECUTOR of your WILL?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I appoint my spouse as my Executor</p> <p><input type="checkbox"/> No I wish to appoint the person named below</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I appoint my spouse as my Executor</p> <p><input type="checkbox"/> No I wish to appoint the person named below</p>
<p>If you <u>do not wish to</u> appoint your spouse then please write in the space provided the FULL name and address of your nominated Executor</p>	<p>I appoint.....</p> <p>.....of.....</p> <p>.....</p> <p>to act as my Executor.</p>	<p>I appoint.....</p> <p>.....of.....</p> <p>.....</p> <p>to act as my Executor.</p>
<p>YOUR EXECUTOR</p> <p><u>Second Choice</u></p> <p><i>If you do not wish to appoint 2 substitute Executors amend this paragraph as necessary</i></p>	<p>If the person I nominated as first Executor is not available to act then I appoint.....</p> <p>.....</p> <p>of.....</p> <p>.....</p> <p>AND</p> <p>.....</p> <p>of</p> <p>.....</p> <p>To act as my substitute Executors.</p>	<p>If the person I nominated as first Executor is not available to act then I appoint.....</p> <p>.....</p> <p>of.....</p> <p>.....</p> <p>AND.....</p> <p>.....</p> <p>of</p> <p>.....</p> <p>to act as my substitute Executors.</p>

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YOUR BENEFICIARIES	Client 1	Client 2
<p>In the first instance do you want to leave all your assets to your spouse?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I want to leave everything to my spouse via an optional discretionary testamentary trust.</p> <p><input type="checkbox"/> No I want to leave all my assets as set out later in these in instructions.</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I want to leave everything to my spouse via an optional discretionary testamentary trust.</p> <p><input type="checkbox"/> No I want to leave all my assets as set out later in these in instructions.</p>
<p><u>In the situation where your spouse dies before you and you have children who are living then do you want to leave everything to your children equally?</u></p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes if my spouse dies before me then I want to leave my entire estate to my children equally via separate optional discretionary testamentary trusts.</p> <p><input type="checkbox"/> No I want to leave all my assets as set out later in these in instructions.</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes if my spouse dies before me then I want to leave my entire estate to my children equally via separate optional discretionary testamentary trusts.</p> <p><input type="checkbox"/> No I want to leave all my assets as set out later in these in instructions.</p>
<p><u>In the situation where both your spouse and one or more of your children dies before you then do you want the share that would have gone to a deceased child to go instead to his or her children equally?</u></p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes in this case I want the share of a deceased child to go to his or her children equally.</p> <p><input type="checkbox"/> No in this case I want the share of a deceased child to go to my other living children equally.</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes in this case I want the share of a deceased child to go to his or her children equally.</p> <p><input type="checkbox"/> No in this case I want the share of a deceased child to go to my other living children equally.</p>
<p><u>In the situation where all the members of your immediate family die before you ie your spouse, children and grandchildren what do want to happen to your estate?</u></p>	<p><i>In this situation many couples decide to leave one-half of their estate to their own family (parents brothers and sisters) and the other half to their spouse's family.</i></p> <p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes in this case I want my estate to be divided into halves and one half goes to my parents and siblings and the other half to my spouse's parents and siblings.</p> <p><input type="checkbox"/> No in this case I want to leave all my assets as set out later in these in instructions.</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes in this case I want my estate to be divided into halves and one half goes to my parents and siblings and the other half to my spouse's parents and siblings.</p> <p><input type="checkbox"/> No in this case I want to leave all my assets as set out later in these in instructions.</p>

Guardian of Infant Children

<p>In the event that both you and your spouse die while you have infant children under your care do you wish to appoint one or more persons to be guardian of those infant children.</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes we wish to appoint (insert full name and address of person(s) you wish to nominate)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>guardian(s) of our infant children</p> <p><input type="checkbox"/> No not necessary</p>
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OTHER ISSUES	Client 1	Client 2
<p>Do you want to specify an age that a beneficiary must reach before they can take their inheritance?</p>	<p>For a beneficiary to receive their inheritance I specify that they must be</p> <p>Please tick appropriate box</p> <p><input type="checkbox"/> 18 years of age</p> <p><input type="checkbox"/> 21 years of age</p> <p><input type="checkbox"/> 25 years of age</p> <p><input type="checkbox"/> age.....(please insert desired age)</p>	<p>For a beneficiary to receive their inheritance I specify that they must be</p> <p>Please tick appropriate box</p> <p><input type="checkbox"/> 18 years of age</p> <p><input type="checkbox"/> 21 years of age</p> <p><input type="checkbox"/> 25 years of age</p> <p><input type="checkbox"/> age.....(please insert desired age)</p>
<p>Do you want to specify in your Will that you are to be buried or cremated?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> I want to be buried</p> <p><input type="checkbox"/> I want to be cremated</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> I want to be buried</p> <p><input type="checkbox"/> I want to be cremated</p>
<p>After your death do you wish to allow your body to be available for organ donation?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes organ donation is OK</p> <p><input type="checkbox"/> No</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes organ donation is OK</p> <p><input type="checkbox"/> No</p>
<p>Do you wish to be able to leave personal items ie jewellery in accordance with a list you may change from time to time without having to update your Will?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes this would be convenient</p> <p><input type="checkbox"/> No</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes this would be convenient</p> <p><input type="checkbox"/> No</p>

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IMPORTANT DECLARATION – Client 1

In the event that you die before you execute your new Will which is to be drawn up in accordance with your instructions above

Do you declare

1. that any former Will is hereby revoked?

and

2. that the instructions you have given above are to have effect as your WILL

Please tick appropriate box

Yes I revoke all former Wills and declare that my instructions above shall take effect as my Will if I die before signing my formal Will.

No I do not want these instructions to be treated as my Will as I may change or alter them prior to signing a new Will.

Dated...../...../200

Signature of Client 1.....

Witness to Client 1’s signature.....

Name of Witness.....

IMPORTANT DECLARATION – Client 2

In the event that you die before you execute your new Will which is to be drawn up in accordance with your instructions above

Do you declare

1. that any former Will is hereby revoked?

and

2. that the instructions you have given above are to have effect as your WILL

Please tick appropriate box

Yes I revoke all former Wills and declare that my instructions above shall take effect as my Will if I die before signing my formal Will.

No I do not want these instructions to be treated as my Will as I may change or alter them prior to signing a new Will.

Dated...../...../200

Signature of Client 2.....

Witness to Client 2’s signature.....

Name of Witness.....

Checklist

Documents and information to bring for the initial meeting.

- Copy of any financial and estate plan prepared by your advisor
- Copy of the title deeds to your properties
- Any existing Wills and Powers of Attorney
- Copy your most recent superannuation statements
- Any Family Trust Deed and Self Managed Superannuation Trust Deeds
- Copies or details of any life insurance policies.

YOUR Power of Attorney INSTRUCTIONS	Client 1 (You)	Client 2 (Your spouse/Partner)
<p>The role of ATTORNEY</p>	<p><i>Your Attorney is the person you nominate to conduct your business and financial affairs on your behalf. Your Attorney's powers can be unlimited or restricted depending on your requirements. An unrestricted form would mean that your Attorney could do anything that you yourself could lawfully do. You should only appoint someone you trust.</i></p> <p><i>A Power of Attorney can be revoked at any time and ceases to be valid on your death.</i></p> <p><i>An "Enduring Power of Attorney" is one which specifically provides that it will continue to be effective even if the giver becomes incapacitated.</i></p> <p><i>Giving a Power of Attorney is done by most people as a precautionary matter so that their affairs can be conducted by someone sensitive to their needs if they become incapacitated and are unable to attend to their own affairs. Most people tend to appoint their spouse as first choice then one or more of their children as back-up Attorneys. Care should be taken not to allow one child unrestricted powers.</i></p> <p><i>It is a good idea to appoint second choice Attorneys in case your first choice dies or becomes incapacitated.</i></p> <p><i>If you are in any doubt about your choice of Attorney then this is a matter which can be discussed at our meeting.</i></p>	
<p>YOUR ATTORNEY</p> <p><u>First Choice</u></p> <p>Do wish to appoint your spouse as ATTORNEY under an Enduring Power of Attorney?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I appoint my spouse as my Attorney</p> <p><input type="checkbox"/> No I wish to appoint the person named below</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I appoint my spouse as my Attorney</p> <p><input type="checkbox"/> No I wish to appoint the person named below</p>
<p>If you <u>do not wish</u> to appoint your spouse then please write in the space provided the FULL name and address of your nominated Attorney.</p>	<p>I appoint.....</p> <p>.....of.....</p> <p>.....</p> <p>to act as my Attorney.</p>	<p>I appoint.....</p> <p>.....of.....</p> <p>.....</p> <p>to act as my Attorney.</p>
<p>YOUR ATTORNEY</p> <p><u>Second Choice</u></p> <p><i>If you do not wish to appoint 2 substitute Attorneys amend this paragraph as necessary</i></p>	<p>If the person I nominated as first Attorney is not available to act then I appoint.....</p> <p>.....</p> <p>of.....</p> <p>.....</p> <p>AND</p> <p>.....</p> <p>of</p> <p>.....</p> <p>To act as my substitute Attorneys</p>	<p>If the person I nominated as first Attorney is not available to act then I appoint.....</p> <p>.....</p> <p>of.....</p> <p>.....</p> <p>AND.....</p> <p>.....</p> <p>of</p> <p>.....</p> <p>to act as my substitute Attorneys.</p>

YOUR Guardianship INSTRUCTIONS	Client 1 (You)	Client 2 (Your spouse/Partner)
<p>The role of ENDURING GUARDIAN</p>	<p><i>Your Guardian is the person you nominate to make lifestyle, medical and dental decisions for you if you become unable through incapacity to make those decisions for yourself. You should only appoint someone you trust and who is sensitive to your wishes. Your Guardian has no power to deal with your assets.</i></p> <p><i>A Power of Guardianship can be revoked at any time.</i></p> <p><i>An "Enduring Power of Guardianship" only comes into effect upon your loss of capacity and will continue to be effective during the period of your incapacitation.</i></p> <p><i>Appointing a Guardian is done as a precautionary matter so that if you are unable to make decisions concerning where you live and what medical and dental treatment you will receive then your Guardian will make these decisions on your behalf. Most people tend to appoint their spouse as first choice then one or more of their children as back-up Guardians.</i></p> <p><i>Your Guardian must act within your specified guidelines. It is a good idea to appoint second choice Guardians in case your first choice dies or becomes incapacitated.</i></p> <p><i>If you are in any doubt about your choice of Guardian then this is a matter which can be discussed at our meeting.</i></p>	
<p>YOUR GUARDIAN</p> <p><u>First Choice</u></p> <p>Do wish to appoint your spouse as GUARDIAN under an Enduring Power of Guardianship?</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I appoint my spouse as my Guardian</p> <p><input type="checkbox"/> No I wish to appoint the person named below</p>	<p>Please tick appropriate box</p> <p><input type="checkbox"/> Yes I appoint my spouse as my Guardian</p> <p><input type="checkbox"/> No I wish to appoint the person named below</p>
<p>If you <u>do not wish to</u> appoint your spouse then please write in the space provided the FULL name and address of your nominated Guardian.</p>	<p>I appoint.....</p> <p>.....of.....</p> <p>.....</p> <p>to act as my Guardian.</p>	<p>I appoint.....</p> <p>.....of.....</p> <p>.....</p> <p>to act as my Guardian.</p>
<p>YOUR GUARDIAN</p> <p><u>Second Choice</u></p> <p><i>If you do not wish to appoint 2 substitute Guardians amend this paragraph as necessary</i></p>	<p>If the person I nominated as first Guardian is not available to act then I appoint.....</p> <p>.....</p> <p>of.....</p> <p>.....</p> <p>AND</p> <p>.....</p> <p>of</p> <p>.....</p> <p>To act as my substitute Guardians</p>	<p>If the person I nominated as first Guardian is not available to act then I appoint.....</p> <p>.....</p> <p>of.....</p> <p>.....</p> <p>AND.....</p> <p>.....</p> <p>of</p> <p>.....</p> <p>to act as my substitute Guardians.</p>

