

Standard Will Full Service Order Form

Please read the following important notes before ordering your Will

Scope of the Topdocs Legal Standard Will

The Topdocs Legal Standard Will is suitable for individuals that hold personal assets only. Should you require a more complex Will that incorporates provisions for Company, Trust and / or other assets as well as personal assets, please contact Topdocs Legal on 1300 659 242.

The Topdocs Legal Basic Will contains the following provisions:

- You appoint your surviving spouse or domestic partner to be your Legal Personal Representative (LPR) and sole beneficiary.
- If your spouse or domestic partner does not survive you, then you appoint your adult children or others (if your children are not adults) as your LPR.
- Your children are beneficiaries in equal shares.
- Your LPR has the power to advance income and/or capital funds to your children (if they are under age) for their education, maintenance and welfare, and can adjust non-estate assets (such as superannuation) in accordance with your wishes.
- If your children die before you, any grandchildren will then be entitled to the shares your children (their parents) would have received.
- You can direct whether you wish to be buried or cremated.
- You can decide if your LPRs are to be paid for performing their duties, and your LPRs are released from liability providing they have acted “honestly and reasonably”.
- You receive a Letter of advice in relation to your Will.

Standard Will Full Service Order Form

This Will is a Standard Will and allows for a limited range of beneficiaries and options. Should the options in this order form not meet your requirements, please contact Topdocs Legal to discuss your needs in further detail.

What you are required to do to order your Document:

1. Complete this order form.
2. Mail, fax or email this form to Topdocs Legal –
Address: Ground Floor, Suite 4 / 24 Albert Road South Melbourne Vic 3205; Fax: (03) 8256 0108; Email: orders@topdocs.com.au

SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

| | | | | | |
|----------------------------|--|------------|--|------------------|--|
| YOUR NAME | | | | Signature | |
| YOUR COMPANY NAME | | | | | |
| YOUR POSTAL ADDRESS | | | | | |
| DATE OF ORDER | | / / | | Your Ref. | |
| Phone | | Fax | | Email | |

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for an Standard Will for the sum of \$

- Direct Debit*
 Visa Card
 MasterCard
 Cheque

| | | | |
|---------------------------|-------|----------------------------------|--|
| Card Holder Name | | | |
| Credit Card Number | - - - | | |
| Expiry Date | / | Authorised Card Signature | |

*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.
If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42.

SECTION B: WILL MAKER DETAILS

| Will Maker Details | |
|--------------------|--|
| Name | |
| Address | |
| Occupation | |
| Gender | |

| Spouse / Partner Details (if applicable) | |
|--|--|
| Name | |
| Address | |
| Occupation | |
| Gender | |

SECTION C: EXECUTORS OF THE WILL

| | | |
|---|------------------------------|-----------------------------|
| Will your spouse be the sole executor of your Will? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If no, please nominate up to four Executor/s of your Will. You must nominate at least one Executor.

| Executor 1 | |
|--------------------------------|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Executor 2 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Executor 3 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Executor 4 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

SECTION D: SUBSTITUTE EXECUTORS

Should all of the Executors of your Will predecease you, please nominate up to four Substitute Executors. Note the Substitute Executors will only become the Executors of your Estate should all of your initial Executors predecease you and all of your Substitute Executors will act jointly should this occur.

| Substitute Executor 1 | |
|--------------------------------|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

| Substitute Executor 2 | |
|--------------------------------|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Substitute Executor 3 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Substitute Executor 4 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

SECTION E: RESIDUARY ESTATE

Your Residuary Estate is your Estate after expenses and Specific Bequests have been paid.

| Please nominate the persons or entities in the first instance that you wish to leave your Residuary Estate to: | |
|---|--|
| <input type="checkbox"/> | I wish to leave my Residuary Estate to my Spouse; or |
| <input type="checkbox"/> | I wish to leave my Residuary Estate to my children in equal shares; or |
| <input type="checkbox"/> | I wish to nominate the following person or persons to receive my Residuary Estate: |

| Person to Receive Residuary Estate 1 | |
|--|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Percentage of Residuary Estate this person is to receive | |
| Person to Receive Residuary Estate 2 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Percentage of Residuary Estate this person is to receive | |

| Person to Receive Residuary Estate 3 | |
|--|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Percentage of Residuary Estate this person is to receive | |

| Person to Receive Residuary Estate 4 | |
|--|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Percentage of Residuary Estate this person is to receive | |

SECTION F: GIFT OVER

Should the person or persons you nominate to receive your Residuary Estate predecease you, please nominate the person or persons you wish to take their place.

| Person to Receive Residuary Estate 1 | |
|---|--|
| Person listed as Initial Residuary Estate Beneficiary | |
| Person to receive the Gift over, should the above predecease the Member | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

| Person to Receive Residuary Estate 2 | |
|---|--|
| Person listed as Initial Residuary Estate Beneficiary | |
| Person to receive the Gift over, should the above predecease the Member | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

| Person to Receive Residuary Estate 3 | |
|---|--|
| Person listed as Initial Residuary Estate Beneficiary | |
| Person to receive the Gift over, should the above predecease the Member | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

| Person to Receive Residuary Estate 4 | |
|---|--|
| Person listed as Initial Residuary Estate Beneficiary | |
| Person to receive the Gift over, should the above predecease the Member | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

SECTION G: GUARDIANS

If you would like to nominate a Guardian or Guardians in relation to your children (if one or more are under 18 at the time of your death) please complete this section.

| Guardian 1 | |
|--------------------------------|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Guardian 2 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |

SECTION H: INSTRUCTIONS FOR BURIAL OR CREMATION / OR ORGAN DONATION

| I wish to be: | | |
|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | Buried | |
| Special Instructions: | | |
| <input type="checkbox"/> | Cremated | |
| Special Instructions: | | |
| I wish to be an organ donor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION I: SPECIFIC BEQUESTS

If you would like to bequest specific assets to particular people or entities, please record the details of your specific bequests in this section. Otherwise leave this section blank.

| Specific Bequest 1 | |
|--------------------------------|--|
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Specific Bequests | |
| | |
| Specific Bequest 2 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Specific Bequests | |
| | |
| Specific Bequest 3 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Specific Bequests | |
| | |
| Specific Bequest 4 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Specific Bequests | |
| | |
| Specific Bequest 5 | |
| Name | |
| Address | |
| Relationship to the Will Maker | |
| Occupation | |
| Specific Bequests | |
| | |