T O P D O C S . C O M . A U

# TOPDOCS

**CLIENT FACT FIND**

|  |  |
| --- | --- |
| Date: | /    / |

**SECTION A: CLIENT PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  |  |  |
| Date of Birth: | **/    /** | | |
| Gender: | Male  Female | | |
| Occupation: |  | | |
| Current Marital Status: | Single  Married  Domestic Partner  Engaged | | |
| Any Previous Relationships? | No  Yes - If yes,  Separated  Divorced  Financial Settlement Completed:  No  Yes | | |
| If married, date of marriage or duration:    /    /      or | | | |
| If in a domestic relationship, how long has the relationship existed? | | | |

**SECTION B: PARTNER DETAILS**

|  |  |
| --- | --- |
| Name of Spouse / Partner: |  |
| Address: |  |
| Date of Birth: | /    / |
| Gender: | Male  Female |
| Occupation: |  |
| Any Previous Relationships? | No  Yes - If yes,  Separated  Divorced  Financial Settlement Completed:  No  Yes |

**SECTION C: CHILDREN**

|  |  |
| --- | --- |
| Do you have children? | No  Yes |
| How many: |  |
| Are they to share equally in the remainder of your estate (initially or in substitution): | No  Yes |

**Please provide children details over page and enclose additional sheets if further space is required**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** |
| **Name:** | |  |  |  |  |  |
| **Age or Date of Birth:** | |  |  |  |  |  |
| **Gender:** | Male |  |  |  |  |  |
| Female |  |  |  |  |  |
| **Type:** | child with current spouse |  |  |  |  |  |
| child with former spouse/partner |  |  |  |  |  |
| adopted |  |  |  |  |  |
| step |  |  |  |  |  |
| **Current Domestic Situation:** | Single |  |  |  |  |  |
| Domestic Partner |  |  |  |  |  |
| Engaged |  |  |  |  |  |
| Married |  |  |  |  |  |
| **Previous Relationships:** | Divorced |  |  |  |  |  |
| Separated |  |  |  |  |  |
| Financial Settlement Completed | No  Yes | No  Yes | No  Yes | No  Yes | No  Yes |
| **Special Circumstances:** | Financially dependant |  |  |  |  |  |
| Disability |  |  |  |  |  |
| Addiction |  |  |  |  |  |
| High risk profession / business |  |  |  |  |  |
| Risk of marital breakdown |  |  |  |  |  |
| Spendthrift |  |  |  |  |  |
| **Occupation (optional):** | |  |  |  |  |  |
| **Exclude from any distribution under the Will:** | |  |  |  |  |  |
| **Do they have children?** | | No  Yes | No  Yes | No  Yes | No  Yes | No  Yes |

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**SECTION D: ASSETS & LIABILITIES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ownership of Personal or Jointly held Assets** – enter the details of the Will Maker’s significant personally or jointly held assets. Do not include assets held in trusts or companies unless they are a share or unit or partnership interest | | | | | | | |
| **Description** | **Value**  *(Approx.)* | **Debt**  *(Approx.)* | **How is the asset held?** | | | | |
| Solely | Tenants in common | Joint tenants | Multiple properties held differently | Not Sure |
| Real Estate | $ | $ |  |  |  |  |  |
| Cash *(bank accounts, term deposits etc.)* | $ | $ |  | N/A |  | N/A |  |
| Shares/Units | $ | $ |  | N/A |  | N/A |  |
| Other assets | $ | $ |  | N/A |  | N/A |  |

**SECTION E: FAMILY TRUSTS, COMPANIES & BUSINESSES**

|  |  |  |
| --- | --- | --- |
| **Family Trusts** | Do you have a Family Trust? | No  Yes |
| Are you a trustee of the trust or a director of the trustee company? | No  Yes |
| Are you an appointor/guardian of the trust? | No  Yes  Not Sure |
| **Business** | Do you conduct any business? | No  Yes If yes  Sole trader  Via a company/trust |
| Do you conduct the business with any other persons? | No  Yes - If yes, via  company  trust  partnership |
| **Company** | Do you own shares in a private company? | No  Yes |
| Are you a director of a private company? | No  Yes |
| **Other Entities** | Do you own or have any interest in any other entity not listed above? | No  Yes |

**SECTION F: DEATH BENEFITS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPERANNUATION** | **Type** | **Other Members**  *(if SMSF only)* | **Membership Phase** | **Current Balance**  *(Approx.)* | **Current BDBN in place** |
| **Name(s) of Fund(s)** |
|  | Industry / Retail  SMSF |  | pension  accumulation | $ | No  Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LIFE INSURANCE** | **Type of cover**  *e.g. death, TPD, trauma* | **Level of Cover** | **Owner of policy**  *e.g. super fund, self owned* | **Beneficiary** |
| **Insurance Co** |
|  |  | $ |  |  |

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**SECTION G: SPECIFIC REQUIREMENTS OR WISHES**

|  |  |  |
| --- | --- | --- |
| You may identify here any specific requirements you wish us to consider in regard to administration of your estate and distribution of your assets. | | |
| **Executors of your Will** | Do you wish to appoint any independent person(s) to act as executor/trustee of your estate (whether on their own or as a co-executor/trustee with any of your family members? | No  Yes  Not Sure |
| **Life Interest** | Do you wish to provide a life interest (or a temporary right of residence) to any person in any of your property upon your death? | No  Yes  Not Sure |
| **Testamentary Trusts** | Do you wish to leave assets on a separate testamentary trust for your beneficiaries? | No  Yes  Not Sure |
| If yes, do you wish to leave assets on **one** testamentary trust for all your beneficiaries or **separate** testamentary trusts for each beneficiary? | One Trust  Separate Trusts  Not Sure |
| Do you wish to appoint any independent person(s) to act as trustee/appointor (i.e. controller) of the testamentary trust (whether on their own or as a co-trustee/appointor with any of your family members? | No  Yes  Not Sure |
| **Gifts** | Do you wish to leave a gift of specific real estate or motor vehicle to a beneficiary under your Will? | No  Yes  Not Sure |
| Do you wish to include any specific conditions (other than the age of the beneficiary) in relation to any gift left under your Will to a beneficiary? | No  Yes  Not Sure |
| **Forgiveness of loans/debt** | Do you wish to forgive any loan/debt owed to you by anyone upon your death? | No  Yes  Not Sure |
| If yes, do you wish to adjust any distribution made to that individual under your Will accordingly? | No  Yes  Not Sure |
| **Pets** | Do you wish to make provisions for any pets under your Will? | No  Yes  Not Sure |
| **OTHER:**  Insert any other specific requirements or wishesthat you may have in relation to how the assets are to be held and distributed to the beneficiaries or applied for the benefit of the beneficiaries, and any other matters you wish to bring to our attention. | | |

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**SECTION H: DOCUMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you currently have any of the following in place?** | **Yes** | **No** | **Need to update** |
| Will |  |  |  |
| Enduring power of attorney (financial decisions) |  |  |  |
| Appointment of enduring guardian (personal, lifestyle and health) |  |  |  |
| Enduring power of attorney (medical treatment) (applicable to Victoria only) |  |  |  |
| Advanced Care/Health Directive (future health care and/or end of life treatment decisions) |  |  |  |

**SECTION I: OTHER SERVICES (as part of an Estate Plan)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you require any of the following additional services?** | **Yes** | **No** | **Maybe** |
| Parent to child loan agreement |  |  |  |
| Division 7A agreement |  |  |  |
| Insurance funded buy-sell agreement |  |  |  |
| Shareholders’/Unitholders’/Partnership agreements |  |  |  |
| Company Constitution update |  |  |  |
| Mortgage documents |  |  |  |
| Asset protection advice |  |  |  |
| Small business CGT advice |  |  |  |
| Other: |  |  |  |