

# WILL INSTRUCTIONS UFU Union Members



**STEP ONE:** Your Personal Information (please complete the following)

| SURNAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Given Names:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |  |
| Occupation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of Birth:                                                                                                                                                         |  |
| Address:<br>(include Suburb / State<br>/ Pcode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        |  |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mobile:                                                                                                                                                                |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                        |  |
| Name of Union:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | United Firefighters Union of Aust (UFU) Membership No:                                                                                                                 |  |
| Cost:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Because you are a financial member of your union, Hall Payne Lawyers will provide yourself and your spousal partner with a <i>Standard Will</i> <b>Free of Charge.</b> |  |
| STEP TWO: Appoint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ting your Executor(s) / Trustee(s)                                                                                                                                     |  |
| In the event of your death, your Executor(s) / Trustee(s) will pay your debts and ensure your Estate is handled in accordance with the your Will. An Executor / Trustee must be over 18 years of age. If necessary they are able to obtain specialist legal or financial advice to assist them with the administration of your Estate. The costs of this advice will be met from your Estate. You may appoint more than one person to this role. If you are appointing only one person, it is recommended that you also appoint an Alternative Executor / Trustee who will step in should your initial selection be unable or unwilling to act at the time of your death. We would normally recommend that you appoint your primary beneficiary to be the Executor / Trustee of your Estate unless you have specific reasons not to do so.  Please complete the following to indicate your choice of Executor(s) / Trustee(s): |                                                                                                                                                                        |  |
| EXECUTOR / TRUSTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        |  |
| (person / persons appointed to act initially)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        |  |
| Name and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.                                                                                                                                                                     |  |
| Name and Address:<br>(if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.                                                                                                                                                                     |  |
| (Act only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ALTERNATIVE EXECUTOR / TRUSTEE (if applicable) should your initial Executor(s) / Trustee(s) all be unable or unwilling to act)                                         |  |
| Name and Address:<br>(if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.                                                                                                                                                                     |  |
| Name and Address:<br>(if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.                                                                                                                                                                     |  |
| Funeral Instructions: It is usually better to tell your Executor/Trustee or family members about your funeral instructions as a funeral is often held before the reading of a Will. You can however put your instructions in your Will:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |  |
| Funeral instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I would like to be: Buried / Cremated / No specific instruction                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other specific instructions:                                                                                                                                           |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature:                                                                                                                                                             |  |

Date:

#### **STEP THREE:**

Our Standard Will Options

There are four (4) Standard Will Options for you to choose from in this Will Instructions document. If your Will is able to be produced using one of these four (4) Standard Will Options, your Will shall be Free of Charge.

Whilst many of our client's instructions do fall neatly into one of these four (4) options, we can of course draft any Will, no matter how complex.

#### **Please Note:**

Should you require a Will that extends past the scope of any of the four (4) Standard Will Options, you should complete the Will Option that best suits your needs and then use the page headed "STEP FOUR -Any Additional Instructions?" to provide us with your further instructions. If you provide us with additional instructions in this manner, you may be charged a fee for the production of your Will depending on the complexity of your instructions. We will contact you with an estimate if this is the case.

If, after considering the Standard Will Options on the following pages however, you determine that you require a much more complex Will, we would recommend you contact our office on (07) 3017 2400 so as to make a personal appointment with our Mr lan Kelly. Should a personal appointment be necessary, we will discuss the cost of your Will at this time.

When trying to determine whether one of our Standard Will Options is suitable for your needs, it is wise to consider the following. Please tick ✓ any of the items listed below that you feel might apply to your circumstances so that we too might take these into consideration and discuss with you further as necessary:

| E NOW | consider the four (4) Standard Will Options on the following pages After you have                                                                                                               |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |                                                                                                                                                                                                 |
|       | I have concerns about any matter on which I would like some specific information or advice.                                                                                                     |
|       | I am contemplating separation or divorce in the near future.                                                                                                                                    |
|       | I intend leaving my spouse, child or dependant a lesser interest or no interest in my estate than would be normal given their relationship to me. Eg leaving a child or spouse out of the Will. |
|       | I have a company or a family trust                                                                                                                                                              |
|       | I have complex financial arrangements or substantial assets.                                                                                                                                    |
|       | I own or have an interest in a business                                                                                                                                                         |
|       |                                                                                                                                                                                                 |

**PLEAS** selected which option best describes your needs:

- 1. Tick ✓ your selected option in the top left hand corner of the page
- 2. Complete the information required for that option selection only

| Name: | Signature: |
|-------|------------|
|       | Date: / /  |

| OPTION ONE Complete the following table IF you wish to leave your Est | state to: |
|-----------------------------------------------------------------------|-----------|
|-----------------------------------------------------------------------|-----------|

- your spouse / life partner / de facto / other, (as initial beneficiary); then to
  your children; then to your children's children (optional); and then to
  another beneficiary/ies should none of the above survive you (optional)

|                                         | T                                                                                                                                                                                                                                                                                                                     |        |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Full Name of<br>Initial<br>Beneficiary: |                                                                                                                                                                                                                                                                                                                       |        |
| Relationship to you:                    | I refer to this person as my Husband / Wife / Partner / De facto / Other:                                                                                                                                                                                                                                             |        |
| Full Name(s) of your children:          | Should my Initial Beneficiary as listed above not survive me then my Estate wi to my child / children (if more than one in equal shares) whose full name(s) are as follows:  1                                                                                                                                        |        |
| Additional<br>Queries and               | Is there a possibility you may have further children in the future? Yes                                                                                                                                                                                                                                               | /No    |
| Information                             | Are any of your children minors (under the age of 18 years)? Yes                                                                                                                                                                                                                                                      | / No   |
| relating to your<br>children and        | If yes, do you wish to appoint a Guardian for any minor children? Yes                                                                                                                                                                                                                                                 | /No    |
| alternative                             | Full Name of Guardian:                                                                                                                                                                                                                                                                                                |        |
| beneficiaries:                          | Relationship to you (eg. sister / cousin):                                                                                                                                                                                                                                                                            |        |
|                                         | Do you wish your grandchildren to take their parents share of your Estate if their parent does not survive you?  Yes                                                                                                                                                                                                  | /No    |
|                                         | Do you wish to nominate an Alternative Beneficiary / Beneficiaries should none of your children or your grandchildren survive you? Yes                                                                                                                                                                                | / No   |
|                                         | If yes, please provide Full Name(s) of any Alternative Beneficiary(s) and t relationship to you who will inherit (if more than one in equal shares) und your Will in these circumstances:                                                                                                                             |        |
|                                         | 1. Full Name:                                                                                                                                                                                                                                                                                                         |        |
|                                         | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                                                            |        |
|                                         | 2. Full Name:                                                                                                                                                                                                                                                                                                         |        |
|                                         | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                                                            |        |
|                                         | 3. Full Name:                                                                                                                                                                                                                                                                                                         |        |
|                                         | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                                                            |        |
| Additional things to consider:          | Marriage after the date of making your Will results in that Will being revoked at new Will would need to be made. If you are currently not married but contemp marriage or if you are in a de facto relationship, your Will should contain a "contemplation of marriage clause" to avoid potential future invalidity. |        |
|                                         | Are you in a de facto relationship or contemplating marriage?  Yes                                                                                                                                                                                                                                                    | s / No |
|                                         |                                                                                                                                                                                                                                                                                                                       |        |

|       | Are you in a de facto relationship or contemplating marriage? | Yes / No |
|-------|---------------------------------------------------------------|----------|
| Name: | Signature:<br>Date: / /                                       |          |

| OPTION TWO Complete the following table IF you wish to leave your Estate to:                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>your children (as initial beneficiaries); and then to</li> <li>your children's children (optional); and then to</li> <li>another beneficiary/ies (optional) should none of the above survive you.</li> </ul> |

| Full Name(s) of your children: (initial beneficiaries)    | My Estate is to go to my child / children (if more than one, in equal shares) whose full name(s) are/is as follows:  1                                                                                                                                                   |      |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| Additional Queries and Information                        | Is there a possibility you may have further children in the future? Yes / I                                                                                                                                                                                              |      |  |
| relating to your                                          | Are any of your children minors (under the age of 18 years)? Yes / I                                                                                                                                                                                                     |      |  |
| children and alternative                                  | If yes, do you wish to appoint a Guardian for any minor children? Yes / I                                                                                                                                                                                                | _    |  |
| beneficiaries:                                            | Full Name of Guardian:                                                                                                                                                                                                                                                   |      |  |
|                                                           | Relationship to you (eg. sister / cousin):                                                                                                                                                                                                                               | —    |  |
|                                                           | Do you wish your grandchildren to take their parents share of your Estate if their parent does not survive you?  Yes / I                                                                                                                                                 | No   |  |
|                                                           | Do you wish to nominate an Alternative Beneficiary / Beneficiaries should none of your children or your grandchildren survive you?  Yes / I                                                                                                                              | No   |  |
|                                                           | If yes, please provide Full Name(s) of any Alternative Beneficiary(s) and their relationship to you who will inherit under your Will (if more than one in equal shares) in these circumstances:                                                                          |      |  |
| 1. Full Name:                                             |                                                                                                                                                                                                                                                                          |      |  |
|                                                           |                                                                                                                                                                                                                                                                          |      |  |
|                                                           | 2. Full Name:                                                                                                                                                                                                                                                            |      |  |
| Relationship to you (eg. friend / cousin):  3. Full Name: |                                                                                                                                                                                                                                                                          | _    |  |
|                                                           |                                                                                                                                                                                                                                                                          |      |  |
|                                                           | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                               | _    |  |
| Additional things to consider:                            | Marriage after the date of making your Will results in that Will being revoked a new Will would need to be made. If you are contemplating marriage or in a facto relationship your Will should contain a "contemplation of marriage claus to avoid potential invalidity. | a de |  |
|                                                           | Are you in a de facto relationship or contemplating marriage? Yes / No                                                                                                                                                                                                   | )    |  |

| Name: | Signature: Date: / / |
|-------|----------------------|

| Ш | OPTION THREE | Complete the following table I | 'F vou wish to leave vour Estate to: |
|---|--------------|--------------------------------|--------------------------------------|

- Two or more beneficiaries in either equal or different sized shares

| Full Name(s) of each of your                                          | My Estate is to go to the following person / people:  1. Full Name:                                                                                                                                                                                                                      |  |  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Beneficiaries                                                         | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                               |  |  |
|                                                                       | Share as a percentage%                                                                                                                                                                                                                                                                   |  |  |
|                                                                       | 2. Full Name:                                                                                                                                                                                                                                                                            |  |  |
|                                                                       | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                               |  |  |
|                                                                       | Share as a percentage%                                                                                                                                                                                                                                                                   |  |  |
|                                                                       | 3. Full Name:                                                                                                                                                                                                                                                                            |  |  |
|                                                                       | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                               |  |  |
|                                                                       | Share as a percentage%                                                                                                                                                                                                                                                                   |  |  |
|                                                                       | 4. Full Name:                                                                                                                                                                                                                                                                            |  |  |
|                                                                       | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                               |  |  |
|                                                                       | Share as a percentage%                                                                                                                                                                                                                                                                   |  |  |
|                                                                       | 5. Full Name:                                                                                                                                                                                                                                                                            |  |  |
|                                                                       | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                               |  |  |
|                                                                       | Share as a percentage%                                                                                                                                                                                                                                                                   |  |  |
|                                                                       | 6. Full Name:                                                                                                                                                                                                                                                                            |  |  |
|                                                                       | Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                               |  |  |
|                                                                       | Share as a percentage%                                                                                                                                                                                                                                                                   |  |  |
|                                                                       |                                                                                                                                                                                                                                                                                          |  |  |
|                                                                       | Please also answer the following question:                                                                                                                                                                                                                                               |  |  |
|                                                                       | Should one of the above beneficiaries not survive you, how would you like that person's share to be distributed ( <i>tick one only</i> )?                                                                                                                                                |  |  |
|                                                                       | to be divided in equal shares amongst that beneficiary's children (and if they have no children, only then to be divided equally amongst the remaining beneficiaries listed above);                                                                                                      |  |  |
| OR                                                                    |                                                                                                                                                                                                                                                                                          |  |  |
|                                                                       | to be divided in equal shares amongst the remaining beneficiaries as listed above.                                                                                                                                                                                                       |  |  |
| Additional things<br>to consider<br>regarding your<br>marital status: | Marriage after the date of making your Will results in that Will being revoked and a new Will would need to be made. If you are contemplating marriage or in a de facto relationship your Will should contain a "contemplation of marriage clause" to avoid potential future invalidity. |  |  |
|                                                                       | Are you in a de facto relationship or contemplating marriage? Yes / No                                                                                                                                                                                                                   |  |  |
|                                                                       |                                                                                                                                                                                                                                                                                          |  |  |

| Name: | Signature: |
|-------|------------|
|       | Date: / /  |

| OPTION FOUR Complete the following table IF you wish to leave your Estate to:  - an initial beneficiary; then to |                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| - one or more alternative beneficiaries should this initial person not survive you                               |                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| Full Name of Initial Beneficiary:                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| Relationship to you:                                                                                             | (Eg. "my cousin", "my friend", "my husband", "my niece" )                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |
| Full Name(s) of alternative beneficiary/ies:                                                                     | Should my Initial Beneficiary as listed above not survive me then my Estate will go to the following (if more than one in equal shares):  1. Full Name:  Relationship to you (eg. friend / cousin):                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                                                                                  | 2. Full Name:  Relationship to you (eg. friend / cousin):  3. Full Name:  Relationship to you (eg. friend / cousin):                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| Additional things to consider:                                                                                   | Marriage after the date of making your Will results in that Will being revoked and a new Will would need to be made. If you are currently not married but contemplating marriage or if you are in a de facto relationship, your Will should contain a "contemplation of marriage clause" to avoid potential future invalidity.  Are you in a de facto relationship or contemplating marriage?  Yes / No |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
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|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |

Signature: \_\_\_\_\_\_/ /

Name:

#### **STEP FOUR:**

Any Additional Instructions?

If on completing one of the Standard Will Options in Step Three, you determine that you have additional instructions for your Will, you should make note of them below.

Please remember however that should your Will extend past the scope of any of the four (4) Standard Will Options, and you provide us with additional instructions below, you may be charged a fee for the production of your Will depending on the complexity of your instructions. We will contact you with an estimate if this is the case however, should you have any queries in this regard, please contact our office on 07 3017 2400.

| Please note the following additional instructions for my Will: |            |   |  |  |  |  |  |
|----------------------------------------------------------------|------------|---|--|--|--|--|--|
|                                                                |            |   |  |  |  |  |  |
|                                                                |            |   |  |  |  |  |  |
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|                                                                |            |   |  |  |  |  |  |
|                                                                |            |   |  |  |  |  |  |
| Name:                                                          | Signature: | : |  |  |  |  |  |

#### **STEP FIVE:**

For your signature....

#### NOTE: THIS DOCUMENT IS NOT A WILL. YOUR WILL IS PREPARED FROM INFORMATION INCLUDED IN THIS DOCUMENT

#### **IMPORTANT NOTICE**

- A. In our Standard Will drafting process, Hall Payne Lawyers collects information required to prepare Wills. Please understand that you are not receiving legal advice about your Will if you have asked us to draft one of the Standard Will Options.
- B. Your Standard Will will be prepared from the instruction you have provided herewith and we do not confirm or question what you have indicated you want in your Will. For this reason you are responsible for the information provided within these instructions and should ensure it is complete and accurate.
- C. This Standard Will drafting process is designed for those whose personal and financial situations fit within the confines of one of the Standard Will options outlined in this form. If your circumstances do not fit within the confines of one of our Standard Will Options, you should obtain advice from our Solicitors to ensure that you and your loved ones are appropriately protected by a Will drafted for your personal circumstances.
- D. If you have any questions or are at all uncertain regarding the type of Will you need, you must raise these matters with us to ensure that the resultant Will produced will be in your best interests. If you would prefer to see a Solicitor personally, please contact us so that arrangements can be made for a personal or phone appointment. This will incur a fee.

## **ACKNOWLEDGEMENT** [your full name] \_\_\_\_\_, confirm that: 1. I acknowlege that I have read and understood items A to D of the IMPORTANT NOTICE outlined above. 2. I give this information to prepare my Will with full legal capacity to do so. I confirm that I do not have, nor have had or experienced, any medical illness or ailment (physical or mental) that has resulted in me not having legal capacity to give instructions for my Will. 3. I confirm my instructions to Hall Payne Lawyers are limited to the preparation of a Will in accordance with the information given in this data collection. The scope of my instructions does not allow for a complete review of my personal, business and / or financial circumstances. 4. I instruct Hall Payne Lawyers to draft my Will in accordance with my instructions herein provided. 5. I acknowledge that Hall Payne Lawyers has not provided any legal advice regarding my Will requirements but I have elected to proceed to have a Will prepared. 6. I acknowledge that, whilst Hall Payne Lawyers makes every attempt to ensure the accuracy of the document against the information provided by me, it is my responsibility to ensure that the Will drafted accurately reflects my instructions provided herewith. 7. I further confirm that the retainer between myself and Hall Payne Lawyers extends only to the preparation of the Will and does not extend to the proper execution (signing) of the Will. It is my responsibility to make arrangements for the proper execution and appropriate safe keeping of the Will as instructed by Hall Payne Lawyers. Dated: / / [Your signature]

Signature: \_\_\_\_\_/

Date:

STEP SIX:
Can we assist you further?
Signing and returning your Will Instructions

### A Will for your Spouse

As you are a financial union member with which we are directly affiliated, your spousal partner is

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |             | free of charge also. Ger one another.                                  | nerally, spousal partners desi                                                                       | gn Wills that are |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------|--|--|
| Would you like us to produce a Will for your spousal partner also that compliments your own?                                                                                                                                                                                                                                                                                                                                                                                               |         |             |                                                                        |                                                                                                      |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No      |             |                                                                        |                                                                                                      |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes.    | The full na | me of my spousal partner                                               | is                                                                                                   |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | My spousa   | al partner's occupation is _                                           |                                                                                                      |                   |  |  |
| Enduri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing Pow | ers of Atto | rney                                                                   |                                                                                                      |                   |  |  |
| An Enduring Power of Attorney is an important legal document you prepare in order to give someone else the power to make personal or financial decisions on your behalf when circumstances exist which render you unable to make these decisions for yourself.                                                                                                                                                                                                                             |         |             |                                                                        |                                                                                                      |                   |  |  |
| You may not always be able to make decisions when you need to. You may be too ill to make choices about your medical treatment, or you could suffer a disability (such as a stroke) that prevents you telling others what decisions you want made. Without an Enduring Power of Attorney, it is possible that those dearest to you may suffer unnecessarily from financial stress in the event that, without your consent to act on financial matters in particular, their hands are tied. |         |             |                                                                        |                                                                                                      |                   |  |  |
| For \$110 inclusive of GST Hall Payne Lawyers will produce this important document for you so as to safeguard yourself and those dearest to you in the event that you are incapacitated either permanently or temporarily.                                                                                                                                                                                                                                                                 |         |             |                                                                        |                                                                                                      |                   |  |  |
| If you would like to provide us with instructions to produce an Enduring Power of Attorney for yourself and possibly your spouse also, you should complete our "Enduring Power of Attorney Instructions". If you do not already have a copy of these instructions, or you have any queries regarding this service, please contact our office on 07 3017 2400.                                                                                                                              |         |             |                                                                        |                                                                                                      |                   |  |  |
| Please now sign all pages of these instructions before returning them to our office at the address noted below.                                                                                                                                                                                                                                                                                                                                                                            |         |             |                                                                        |                                                                                                      |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |             | Locked Bag 2013<br>South Brisbane Qld 4101<br>general@hallpayne.com.au | AREAS OF PRACTICE Personal Injuries Employment & Industrial Law Family Law Wills / Estates Migration |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |             | HALL<br>PAYNE<br>LAWYERS                                               | Phone: 07 3017 2400<br>Fax: 07 3017 2499                                                             |                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |             |                                                                        |                                                                                                      |                   |  |  |

Signature: \_\_\_\_\_/ /