TRUST
CLIENT INFORMATION QUESTIONNAIRE

PRIVACY ACT 1993

The information provided in this questionnaire is **strictly confidential** to our professional advisors Fletcher Law, PO Box 29, Hamilton, our Accountants and Investment Advisors, for use in providing us with advice and preparation of documents. I/We certify that the following information is true and correct and can be relied on by our advisers *(please sign here)*.

………………………………..……….   ………………………………..……….

☐ *Tick* this box if you do **not** wish to receive a newsletter or other information from Fletcher Law which they think may be of benefit to you.

NOTE

Please answer every question (print Nil or N/A if not applicable) and **print your answers legibly**. This form is designed for a couple who is married or a couple in a relationship – please complete as appropriate.
If you are a single person please complete the appropriate column only.

DD/MM/YYYY

Date / /

WHO WE ARE

This information is necessary to correctly prepare documents

	Him	Her
Surname		
All First Names		
Preferred usual Name used (e.g. Bob/Sue)		
Preferred Title (e.g. Mr/Mrs/Dr)		
Occupation/Job Title		
	DD/MM/YY	DD/MM/YY
Date of Birth (e.g. 10/02/44)	/ /	/ /
Present Age (years) (e.g. 53)		
Place of Birth (e.g. Auckland NZ)		
IRD Number (e.g. 16-789-123)		

This information may be required for tax/duty reasons/calculating rebates

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HOW TO CONTACT US

This is needed so we can contact you

Current Residential Address

Postcode

No. of years at this address

☐ 0-1 years ☐ 1-5 years ☐ 5-10 years ☐ 10 + years

(tick one box)

Postal Address (if different from residential address only)

Postcode

Telephone # Home

(e.g. 09 456-8901)

Work

(e.g. 09 456-9801)

Mobile

(e.g. 021 999-123)

Fax # (best place to receive a fax)

(e.g. 09 456-8091)

Email

(e.g. charles@trusts.co.nz)

OUR RELATIONSHIP

This may be required if a property division is used as part of any asset restructuring.

We are **married** ☐ Yes ☐ No **OR** In a **relationship** ☐ Yes ☐ No

Date: We were married / / DD/MM/YYYY

Date: our relationship commenced / / DD/MM/YYYY

Place we were **married** (e.g. St Stephens Methodist, Waihi)

This is my first **marriage** ☐ Yes ☐ No
OR
This is my first **relationship** ☐ Yes ☐ No

Did you sign a pre-nuptial agreement? ☐ Yes ☐ No

Have you signed a Relationship Property agreement during the course of you marriage/relationship? ☐ Yes ☐ No

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CHILDREN

This is essential to ensure the correct provisions are made in preparing the trust deed and wills.

Have you ever fathered any children? ☐ Yes ☐ No

Have you ever given birth to a child? ☐ Yes ☐ No

Have you ever adopted (legally assumed responsibility for) any children? ☐ Yes ☐ No ☐ Yes ☐ No

How many children are you currently supporting?

Are they living with you? ☐ Yes ☐ No ☐ Yes ☐ No

Do you have any grandchildren? ☐ Yes ☐ No ☐ Yes ☐ No

If you have answered **YES** to any of the questions in this section please complete the **supplementary sheet** attached, at page 15, providing details of your children and grandchildren.

GOALS

An understanding of your personal goals will ensure that any recommendations made will enable you to achieve your goals without hindrance

These questions are asking what is ideal **or** acceptable to you:

Ideal is if everything went according to plan and you achieved all goals.
Acceptable is the least palatable (worst case position) to you

	Ideal	Acceptable
Financial independence or Retirement age (your age in years)	yrs	yrs
Pre-retirement savings Funds I am willing to set aside as savings for my future retirement	$ pa	$ pa
Retirement expenditure What I am expecting to live on in my retirement	$ pa	$ pa
Financial safety net Cash available for a rainy day or emergency (does not include family lifestyle assets or assets needing to be sold)	$	$

Other goals or plans (for the next 5 years)

CURRENT EMPLOYMENT

This is needed to properly consider tax implications and issues

Name of current employer
(if self employed include the name of your business)

Are you paid as an employee?

Yes No

Yes No

What percentage of the Business do you own?

%

%

(e.g. 50%)

What was your taxable income to 31 March last (approx.)?

$

$

(e.g. $52,000)

What is your expected income for the current tax year (approx.)?

$

$

(e.g. $60,000)

Do you expect your income to increase at more than the rate of inflation in future?

Yes No

Yes No

If yes - give details of your expected increase (over the rate of inflation) in 5 yearly intervals until your ideal retirement age (e.g. 5% extra)

Do you expect to take a break from work for any length of time?

Yes No

Yes No

If yes give details (what period of time and what do you intend to do?)

SUPERANNUATION OR SAVINGS

Do you contribute to a Superannuation or other savings scheme? ☐ Yes ☐ No ☐ Yes ☐ No

What is it worth at the moment? $ $

What contributions do you currently make to your savings or superannuation scheme? $ $

What additional contribution does your employer make to your superannuation scheme? $ $

Is a lump sum payment due to you on a redundancy or withdrawal from your superannuation? ☐ Yes ☐ No ☐ Yes ☐ No

FUTURE REQUIREMENT FOR FUNDS

This is required to plan the best way of structuring your assets and investments to meet your planned needs

Do you have any serious health issues (likely to require full time care or cause death in the next 5 -7 years)? ☐ Yes ☐ No ☐ Yes ☐ No

In the future what expenditure and frequency do you expect to make for the purchase of new vehicles (e.g. $20,000 every 3 years)?

In the future what expenditure and frequency do you expect to make for holidays (e.g. $10,000 every year)

In the future what expenditure and frequency do you expect to make for education (e.g. $6,000 every year for next 12 years)

Are there any other major purchases envisaged (e.g. $30,000 boat in 10 years time)

TAX ISSUES

This is needed to ensure all tax issues are properly considered

Do you currently use and does an Acountant complete your Tax Returns & file with IRD?	☐ Yes ☐ No	☐ Yes ☐ No
Name of **Accountant** and Firm		
Are you currently a New Zealand Resident tax payer?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever lived overseas and been a taxpayer in another country?	☐ Yes ☐ No	☐ Yes ☐ No
Was this in the last 7 years?	☐ Yes ☐ No	☐ Yes ☐ No
Do you currently pay tax in NZ and overseas?	☐ Yes ☐ No	☐ Yes ☐ No
If so - name the other country		
Do you think you may have a liability to pay tax anywhere overseas?	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure
Do you have any unused tax losses brought forward?	☐ Yes ☐ No	☐ Yes ☐ No
Are you registered for GST?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, what is your GST number?		
What is your taxable activity?		

CONTINGENCIES

This will ensure proper consideration is given to possible risks

Are you currently a director of any company	☐ Yes	☐ No	☐ Yes	☐ No
If yes - please give company name/s				
Do you currently own any shares in the company/s? (put an * beside the name of the company/s you own shares in)	☐ Yes	☐ No	☐ Yes	☐ No
As a director are you fully insured for "Directors and Officers liability"	☐ Yes	☐ No	☐ Yes	☐ No
Have you ever signed a guarantee/s in favour of: - any bank	☐ Yes	☐ No	☐ Yes	☐ No
- anyone else (e.g. for a lease)	☐ Yes	☐ No	☐ Yes	☐ No
Is the guarantee still in place? (i.e. not cancelled in writing)	☐ Yes	☐ No	☐ Yes	☐ No
Date guarantee signed? (if still current only)	(e.g. Oct 1984)			
Estimate of maximum liabilty if you are called on to pay?	$		$	
Are you currently involved in any litigation before the court (suing someone or being sued)?	☐ Yes	☐ No	☐ Yes	☐ No

If yes - brief details
(other party, type of claim, date started, amount involved, expected outcome, covered by insurance)

PROPERTY

This is required to consider tax issues and possible tainting as an "associated person".

Excluding your home, have you owned, or do you currently own any other property (real estate)?	☐ Yes	☐ No		☐ Yes	☐ No	
Are you or have you ever been a builder?	☐ Yes	☐ No		☐ Yes	☐ No	
Are you or have any ever been a developer of property?	☐ Yes	☐ No		☐ Yes	☐ No	
Are you or have you ever been a dealer in property (real estate)?	☐ Yes	☐ No		☐ Yes	☐ No	
Are you associated (spouse, child, shareholder) with anyone who is, or has been, a builder, developer, sub-divider, dealer in property?	☐ Yes	☐ No		☐ Yes	☐ No	
Have you ever paid tax, or suspect you may to, from profit / capital gain from any property transaction?	☐ Yes	☐ No	☐ Unsure	☐ Yes	☐ No	☐ Unsure

Details of property currently owned by you or any entity controlled by you (address, rental received, expenses, loans, and attach a copy of title &/or rates demand,)

Address of property(ies)	Income, expenses, loan details	Owner

ASSETS & LIABILITIES

This is required to advise you on the best way of structuring ownership of your assets and liabilities and to do estate planning

Please complete the **supplementary sheet at page 16** then transfer details:

*	Total Assets	$
*	Total Liabilities	$
*	Our Net Worth	$

FAMILY INHERITANCE

This information could effect how things are structured and if changes are needed

In the foreseeable future do you reasonably expect to:

*	Benefit from an existing family trust	☐ Yes ☐ No	☐ Yes ☐ No
*	Inherit from family	☐ Yes ☐ No	☐ Yes ☐ No

If yes give details

Nature of asset & approx value (your best guess)	When (Year) (your best guess)

INSURANCE

This is important to ensure your structure provides adequate protection for an untimely event.

If you have any life, trauma, disability or income protection insurance please complete details:

Person covered	Type (life, trauma, disability)	Amount Payable on death/trauma

If you are in business / self employed do you have:-

“Key Person” insurance? ☐ Yes ☐ No

Income protection insurance for yourself? ☐ Yes ☐ No

Partnership / shareholder buy out agreement with insurance for settlement in the event of your death, total permanent disability or trauma? ☐ Yes ☐ No

A plan for how you will be paid to exist the business ☐ Yes ☐ No

If yes give details:

WILLS

This is needed to best advise you on any possible need for new Wills

Current Wills

Do you have a will?	☐ Yes ☐ No	☐ Yes ☐ No
If yes - when was it signed? (e.g. August 1982)		
If you die, and your spouse survives you, who inherits your assets?		
If you both die (or your spouse dies before you) who inherits your assets?		
Do you want to make a new Will?	☐ Yes ☐ No	☐ Yes ☐ No

If yes - please complete the **supplementary sheet** attached.

POWER OF ATTORNEY

This is required to consider your on going requirements.

Have you given (signed) a Power of attorney (PA) to anyone which is still current (not revoked)?	☐ Yes ☐ No	☐ Yes ☐ No
If yes - is this a - General (property) PA?	☐ ☐	☐ ☐
- Enduring PA for care & welfare?	☐ ☐	☐ ☐
- Enduring PA for property?	☐ ☐	☐ ☐
Is a review necessary?	☐ Yes ☐ No	☐ Yes ☐ No

FAMILY TRUST

This may be important to satisfy the IRD that tax avoidance is not the principal motive.

Why do you want to have (create) a **family trust**?

(tick box/s that apply)

☐ Asset protection [including protection from possible claims (arising our of my/our activities in business / as a company director / senior manager / professional occupation)].

☐ Protection from predators [e.g. the state (death duties / means testing / capital gains), Family (relationship property / family protection)].

☐ Providing for dependants and others

☐ Certainty of succession to my children / grandchildren (after we have no need for the assets) i.e. - orderly transition of wealth from one generation to another.

☐ Simplifying my Will and estate administration and avoid the need for a "life interest" will.

☐ Easier provision for charitable purposes.

☐ Flexibility for future use / ownership of assets.

☐ An investment vehicle.

☐ For property (assets) to be held for people who cannot hold it themselves.

☐ Confidentiality of ownership of certain assets.

☐ Retirement planning.

☐ Business / trading entity.

☐ Avoid "tainting" of land transactions as builder, developer, subdivider.

☐ Establish a special purpose fund (for a disadvantaged person / education of children).

☐ Specify

Trust Name - What name do you want to call your trust?

Who do you think should be the **Settlor** (person making the gift) to create your trust?

Who do you want to have running/operating the trust? (the **Trustees**)

If an **independent person**[1] is required to approve certain transactions before the trustees can act who would you like this person to be? (the **Guardian**)

Have you in the last seven (7) years:

- Settled (made a gift to) a family trust? ☐ Yes ☐ No ☐ Yes ☐ No
- Been a trustee of a family trust? ☐ Yes ☐ No ☐ Yes ☐ No

Which **bank & branch** do you want the trust to use?

Do you have an **accountant** in mind to act for the trust? ☐ Yes ☐ No ☐ Yes ☐ No

If yes - who

If the trust runs for 80 years who Should receive the assets of the Trust (at the time) on winding up? (**Final Beneficiaries**)

(tick box)

☐ ☐ Our Children

☐ ☐ Our Grandchildren

☐ ☐ As decided by the trustees (from the discretionary beneficiaries) – Specify:

[1] Can not be anyone related to you and can not be a beneficiary of the trust

During the term of the trust (80 years possible) who do you want to be able to share in the benefits (income / capital) of the trust as **Discretionary beneficiaries**.

(tick box/s)

Him	Her	
☐	☐	Myself
☐	☐	My spouse
☐	☐	Any future spouse of mine
☐	☐	My children
☐	☐	Spouse of my children
☐	☐	Our grandchildren
☐	☐	Our great grandchildren
☐	☐	My parents
☐	☐	My brothers/sisters
☐	☐	My nieces/nephews
☐	☐	The caregiver of any Discretionary Beneficiary
☐	☐	Any company in which we (or our family) own shares
☐	☐	Any other trust that we (or our family) are beneficiaries of
☐	☐	Any charity / educational / church organisation as the trustees decided

Specify

Do you want the ability to **add or remove** beneficiaries?

☐ Yes ☐ No ☐ Yes ☐ No

Who should have the power to **Change (add/remove) trustees** from your trust?

SUPPLEMENTARY SHEET

Children / Grandchildren

(please attach an extra page if insufficient space provided on this page)

Name/s [ ] As at Date: DD/MM/YY / /

CHILDREN

The following are our children

Full Name/s (including surname)	Date of Birth	Tick if living with you	Tick if have children	Tick if married

The following are children of (name) [ ]
(if you have children from another relationship)

GRAND-CHILDREN

The following are my/our grandchildren

Full Name/s (including surname)	Date of Birth	Name of Parents

SUPPLEMENTARY SHEET

Assets & Liabilities

Do you have an investment advisor, broker, property consultant etc and are you happy for us to contact them directly about any details of your investments?

☐ Yes ☐ No

Name and address details of advisor

Assets (current market value)	Details	Owner
Cash/funds in bank		
Term Investments (give details: name, value, interest rate)		
Shares in public companies (give details: name and value)		
Managed Funds / property syndicates (give details: name and value)		
Private Business (give details of time and value if you wish to sell in the future)		
Vehicles		
Furniture and Personal Effects		
Loan/s to Others		
Home (we live in)		
Other property ownership (give details)		
Life Insurance (surrender value)		
	TOTALS	

Are there any assets you plan to sell in the future (give details)?

Detail of Asset	Releasable value	Approx date of sale (MM/YY)

Living expenses

Our normal **annual general living expenses** – budget
(Excluding purchase of cars, education, holidays)

TOTAL $ per annum

Liabilities (balance owing now)	Details	Owed by (name)
Bank O/D or personal loan (give details of lender, amount owing, interest rate, term, current repayments)		
Hire purchase (give details of lender, amount owing, interest rate, term, current repayments)		
Mortgage over home (give details) (give details of lender, amount owing, interest rate, term, current repayments, P&I or interest only)		
Mortgage / loans over other assets or property (give details of lender, amount owing, interest rate, term, current repayments, P&I or interest only)		
	TOTALS	

Are there any liabilities you plan to repay early/discharge ahead of time (give details)?

Detail of liability	Amount to be repaid	Approx date of repayment (MM/YY)

Total of all assets $

Total of all liabilities $

Our Current Net Worth $

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SUPPLEMENTARY SHEET

Instructions for New Wills

DD/MM/YY

Name | Date / /

If you die first and survived by spouse

Who do you appoint as **Trustee/s**

Who is to inherit your assets?

You survive you spouse (or both die together)

Who do you appoint as **Trustee/s?**

Who do you appoint as **Guardian** of any infant children?

Who is to inherit your assets (if you have a trust you can give everything to your trust)?

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Do you you want to make special provision for any **specific items**?

☐ Yes ☐ No ☐ Yes ☐ No

If yes – what?

To go to who?

Do you want to be:

☐ buried ☐ cremated ☐ does not matter ☐ buried ☐ cremated ☐ does not matter

If you have a family trust who do you want to have the **power to appoint new trustees** of your trust?

Who do you think should take over from you as the trustees of your trust?

Any other issues?

Before preparing new wills we will need to discuss some issues with you further, this only gives a general indication of your thoughts and we will not prepare new Wills until we have had a meeting with you to discuss in detail

Notes or Questions:

Notes	Questions