

Estate Planning File Note Template/Question Set



Client Name:

Adviser Name:

Meeting Location:

Date/Time:

Close Family Members (such as children and parents)

How dependent are they upon you emotionally, physically and financially?

How is their health?

How good are they with money?

How strong are they financially?

Do they have a lot of debt? Do you worry about it?

How strong is their relationship with their partner? Do you worry about it?

Are they in business, or are they the kind of people who might start a business?

Do they live in Australia or are they overseas?

Do they have a problem with alcohol or drugs? Do they associate with anyone who does?

Other Relatives (son or daughter in-law, step children or parents)

What do you think of him/her? Do you like him/her?
