



The purpose of this questionnaire is to assist you to form a business trust. The questionnaire has been divided into 9 parts:

Part 1: Our family details	Part 2: Our beneficiaries
Part 3: Our trust	Part 4: Our company's details

Part 1 Our family details		
Who is the estate plan being created for	<input type="checkbox"/> Single person <input type="checkbox"/> A couple	
Are you an existing client of ours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you married or in a civil union:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage or civil union:
Are you a de facto couple:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date you started living together:
	Partner 1	Partner 2
My Full legal names: (as they are on my passport or birth certificate) (first name, middle name(s) and family name)		
I am known by the name:		
I use another name. My <u>alias</u> (first name, middle name(s) and family name) is:		
My date of birth is:		
My city of birth is:		
My country of birth is:		
I am:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Non-binary	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Non-binary
My street address is:		
Suburb:		
City:		
Province:		
Country:		
Post code:		
My postal if different:		
Suburb:		
City:		
Country:		
Post code:		
My New Zealand IRD number		

I am resident for taxation purposes in another country:	<input type="checkbox"/> Yes <input type="checkbox"/> No Country:	<input type="checkbox"/> Yes <input type="checkbox"/> No Country:
If yes overseas tax identity number:		
My business Phone:		
My mobile Phone:		
My home Phone:		
My email:		
My passport details: Please email us a colour pdf copy of your passport, and if you hold a New Zealand Visa a colour pdf copy of your visa. Please sign your passport if it is not signed.	Country: Passport number: Expiry date: If an overseas passport New Zealand Resident Visa details:	Country: Passport number: Expiry date: If an overseas passport New Zealand Resident Visa details:

Part 3: Our Beneficiaries	
The Beneficiaries whom we want to benefit	
Myself:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My partner:	
Our Family Trust (normally) – details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My children: (Not normal if there is a family trust)	<input type="checkbox"/> Yes <input type="checkbox"/> No
My grandchildren: (Not normal if there is a family trust)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others:	<input type="checkbox"/> Other companies (details): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Trusts (details): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others (details): <input type="checkbox"/> Yes <input type="checkbox"/> No

The full names of our Beneficiaries	Partner 1	Partner 2
Our children and grandchildren:	Partner 1	Partner 2
My First Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>My Second Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>My Third Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>My Fourth Child: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this child a joint child:</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Grandchildren: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Is this grandchild a joint grandchild:</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Yes <input type="checkbox"/> No

	Partner 1	Partner 2
<p>Other Primary Beneficiaries: Full legal names (from their passport/birth certificate) (first name, middle name(s) & family name), date & country of birth, residential address, & email: Gender: Their relationship to you:</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary

	Partner 1	Partner 2
<p>Charities: Full legal names: Address: Email:</p>		

Part 3 Our business trust	Partner 1	Partner 2
We want the Trust to be called:		
<p>Settlor: (normally yourself)</p>	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Other only. Full legal names:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Other only. Full legal names:

My own Trustee company as Trustee Name of Trustee Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No Trustee Limited	<input type="checkbox"/> Yes <input type="checkbox"/> No Trustee Limited
Initial Trustees or Directors of Trustee Company: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, mobile and IRD number for every Director, and their relationship to you	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Myself and others: <input type="checkbox"/> Others on their own: Details of the others:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner <input type="checkbox"/> Myself and others: <input type="checkbox"/> Others on their own: Details of the others:
Initial shareholders of Trustee Company: Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, and mobile for every shareholder	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
Backstop Trustees or Directors of Trustee Company:	<input type="checkbox"/> The Trustees of my will	<input type="checkbox"/> The Trustees of my will
Initial Protector (the dispute resolver with power to hire and fire trustees):	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
Backstop Protector: For Others. Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name):	<input type="checkbox"/> The Trustees of my will <input type="checkbox"/> My children at age 25/30/35 <input type="checkbox"/> Some of my children at age 25/30/35. Specify: <input type="checkbox"/> Others. Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, and mobile:	<input type="checkbox"/> The Trustees of my will <input type="checkbox"/> My children at age 25/30/35 <input type="checkbox"/> Some of my children at age 25/30/35. Specify: <input type="checkbox"/> Others. Full legal names (as they are on their passport or birth certificate) (first name, middle name(s) and family name), residential addresses, email, and mobile
Provisions to be made from the Trust:		
Principal Primary Beneficiaries: Include Full legal names	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
While I am alive give priority to the needs of:	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner	<input type="checkbox"/> Myself <input type="checkbox"/> Myself and my partner
After my death:		
Keep the Trust going long term:	<input type="checkbox"/>	<input type="checkbox"/>
Distribute the Trust's assets to the Family Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (and details):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 4: My company's details:		
	Partner 1	Partner 2
My Bank name(s):		
I have my own private company	<input type="checkbox"/> Company	<input type="checkbox"/> Company
Name of the Company/Business:		
NB: Attach a copy of the last annual accounts.		
There are losses carried forward:	<input type="checkbox"/> \$	<input type="checkbox"/> \$
It is a Loss attributing Qualifying Company	<input type="checkbox"/>	<input type="checkbox"/>
There are retained earnings	<input type="checkbox"/> \$	<input type="checkbox"/> \$
The shareholders have given personal guarantees to:	<input type="checkbox"/> Landlord <input type="checkbox"/> Company bankers	<input type="checkbox"/> Landlord <input type="checkbox"/> Company bankers
Risks are fully covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>
The income paid to me by the Company is (before tax):	\$	\$
My accounting firm:	Firm:	Accountant:
	Phone Number:	Email:
	Postal address:	
The assets to be sold to the Trust:		

Other information as to your wishes: