

Please save a copy of this form in your preferred desktop location, fill out as required, save changes and email to [estates@vincents.com.au](mailto:estates@vincents.com.au)

CONTACT DETAILS						
Title:		Last Name:				
Given Name(s):						
Law Firm:						
Postal Address:						
	Suburb:		State:		Postcode:	
Phone:			Fax:			
Email:						

DOCUMENTS REQUIRED						
	Will	Attached <input type="checkbox"/>	Probate	Attached <input type="checkbox"/>	Death Certificate	Attached <input type="checkbox"/>

TRUSTEE DETAILS						
Title:		Last Name:				
Given Name(s):						
Date of Birth:			Tax File Number:			
Residential Address:						
	Suburb:		State:		Postcode:	
Title:		Last Name:				
Given Name(s):						
Date of Birth:			Tax File Number:			
Residential Address:						
	Suburb:		State:		Postcode:	
Title:		Last Name:				
Given Name(s):						
Date of Birth:			Tax File Number:			
Residential Address:						
	Suburb:		State:		Postcode:	

ADDITIONAL INFORMATION / COMMENTS

When completed, please save changes and email this form along with supporting documents to [estates@vincents.com.au](mailto:estates@vincents.com.au)

1300 766 563 [www.vincents.com.au](http://www.vincents.com.au)

BRISBANE SYDNEY CANBERRA MELBOURNE GOLD COAST

audit & assurance | corporate advisory | financial advisory | forensic accounting & technology | insolvency & reconstruction | taxation & business solutions