

INSTRUCTION SHEET

FOR YOUR WILL



Te Ture Whenua Maori Bill Succession Provisions

- Following the enactment of the Bill the succession process will change.
- The greatest change will occur for people who do not hold wills, known as intestacy.
- If a person dies intestate an eligible beneficiary/ies may apply to the Chief Executive to succeed the land interest/s. An eligible beneficiary is defined as:
 - Surviving children;
 - o Surviving siblings
 - Surviving parents
 - Surviving siblings of the parents
- If there is more than one eligible beneficiary then a whanau trust must be established unless the eligible beneficiaries don't want this and if that is the case they must make application to the Maori Land Court.
- At the first stage it is a process run by the new Department and not the Maori Land Court. This is a big change as the Maori Land Court conducted thorough investigations when considering successions. We do not know how this will look in the future post the enactment of the Bill.
- The most prudent way to deal with potential succession issues is to ensure that a beneficial owner has a current will, not only for succession purposes but their estate in general. This will allow the beneficial owner the opportunity to set out exactly what is to happen to the shareholding and is the most definitive proof of those wishes.
- The difficulty is that people are complicated and a will is a document that must be accurate including both the content and the execution. The Will Instruction Form below is admittedly a full document but represents the level of the information required.
- The recommendation is that the Executive Office holds the forms and encourages people to complete their wills by meeting with them at the office and setting out the detail of their estate in the form. This can then be transcribed into a will and executed by the Beneficial Owner.
- The process is straightforward and results in clear instructions to the administrators of the estate.



INSTRUCTION SHEET FOR YOUR WILL

	etails:	
Surnar	ne:	
First na	me(s):	
Alias or	previous name (if applicable):	
Occup	ation:	
Addres	s:	
Date o	f birth:	
Any he	alth concerns:	
Are yo	u currently? (Please tick)	
	Married	
	In a civil union Separated Living with another person	
	Single Divorced Other — if so, please describe relationship status	
	usband, wife, civil union partner or de facto partner's d	
Surnam		
Surnam First na	ne:	
Surnam First na	ne: me(s): pation:	
Surnam First na Occup	ne: me(s): pation:	
Surnam First na Occup Addres	ne: me(s): pation: s: f birth:	
Surnam First na Occup Addres Date o If marri	ne: me(s): pation: s: f birth:	
Surnam First na Occup Addres Date o If marri Date o	ne:	



Date of civil union:		
Existing property sharing or relationship property agreement?		Yes
		No
If in a de facto relationship:		
Date relationship began:		
Existing property sharing or relationship property agreement?		Yes
		No
Have you had any previous marriages, civil unions or de facto	relations	hips?
Marriages:		
		Yes No
Name of former husband/wife:		-
Occupation:		
Address:		
Date of Birth:		
Date of marriage:		
Date of separation/dissolution of marriage:		
Existing separation/matrimonial or relationship property agreem		
		Yes
		No
Ongoing obligations:		
Children:		
Former husband/wife:		
Civil Unions:		
		Yes
		No
Name of former civil union partner:		
Occupation:		
Address:		
Date of birth:		
Date of civil union:		
Date of separation/dissolution of civil union:		
Existing property sharing, relationship property or separation ag	reemen	ļš



		Yes
		No
Ongoing obligations:		
Children:		
Former civil union partner:		
De facto relationships:		
		Yes
		No
Name of former de facto partner:		
Occupation:		
Address:		
Date of birth:		
Date relationship began:		
Date of relationship ended:		
Existing property sharing, relationship property or separation as	greement	Ś
		Yes
		No
Ongoing obligations:		
Children:		
Former de facto partner:		
If you are single or in a de facto relationship, are you intending married/enter a civil union in the near future?	g to get	
		Yes
		No
If yes, give date set for marriage/civil union:		
If so, we can prepare your will "in contemplation of marriage/ will is entered into while you are not in a marriage/civil union of married/enter a civil union, the will is automatically revoked by marriage/civil union unless it is entered into "in contemplation union".	ınd you la 7 your	iter get
Your child/children of your husband/wife/civil union partner/d	e facto p	artner
Full names and dates of birth of your children, and the children		

husband/wife/civil union partner/de facto partner. For your children, please give the name of the other parent if not your present husband/wife/civil union partner/de facto partner.

Child — surname:

First name(s): _____

4.



Ado.	
Age.	

Parent(s):
Child — surname:
First name(s):
Age:
Parent(s):
Child — surname:
First name(s):
Age:
Parent(s):

Guardians

Do you wish to appoint guardians under your will for your infant children? If so, please state their full name, occupation and address.

Surname:

First name(s): _____

Occupation:

Address:

Note: A guardian is a person appointed to oversee the general welfare, maintenance and education of your children. The person you appoint to be your testamentary guardian, however, does not necessarily have custody of your children.

Do you have specific instructions for your guardians relating to:

Education:

Religion: ____

Making payment to guardian: (for additions to home, larger motor vehicle, etc)

Use of your home: _____

If you require any further information on guardianship issues, or have any questions or ideas, please make a note to discuss this with us.

5. Executors

Full name, address and occupation of person or persons you wish to name as executor(s) (ie, the person(s) who would administer and distribute your estate when you die). This can be a person you wish to benefit under your will, or some other independent person such as your solicitor, or a combination of these.

Name: ____

Occupation:

Address: _____



Name:

Occupation:

Address: _____

Alternative: If one or both of the persons named above cannot or will not act as an executor or dies before you:

Name: _____

Occupation:

Address:

Description of trust:

6. Do you have any interest in a trust? If so, please describe the trust and list the assets that the trust currently holds.

Name:	
Date created:	
Assets	Value
	\$
(eg, house(s))	
	\$
(eg, investments)	
	\$
(eg, life policies)	
	<u>\$</u>

7. Do you, or your husband/wife/civil union partner/de facto partner, expect to receive any inheritances (eg, receiving any gifts under the wills of your parents or other relatives)?

If so, please describe those inheritances, including their value (if known).

Assets	Value
	\$
(eg, house(s))	
	<u>\$</u>
(eg, investments)	
	\$
(eg, life policies)	
	\$

8. Please list your present assets and liabilities, with approximate values of each

This will help us determine whether any other advice is required on issues not previously raised.

Assets	Value \$
(eg, house(s))	
	<u> </u>



<u>\$</u>	
\$	
<u>\$</u>	
<u>\$</u>	
Value s	
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\$	
\$	
\$	
\$	
\$	
	\$ \$\$ Value \$\$ \$\$

9. Do you own, or have any beneficial interest in, Maori land?

The Te Ture Whenua Maori Act 1993 can restrict how you deal with that land.

Please give as much detail as possible about the land and the nature of your interest in it (if applicable).

Maori land

Detailed description

Nature of interest

Detailed description

10. Do you wish to make any specific gifts of money or personal items/Taonga?

This can include collections, jewellery and family heirlooms. If so, please give the full names, addresses, relationship to you or occupations and dates of birth of the recipients, and details of what you wish to leave them. The recipient may also be a charitable organisation.

(eg, vehicle, ornaments)



ltem

To Whom

	Surname:
Description	First name(s):
	Relationship/occupation:
	Date of birth:

Do you wish to give to some person the use of your estate or part of it during his/her lifetime only?

If so, you also need to state in your will who will receive those assets when that person dies. If this applies, give the full name, address, occupation and date of birth of this person. Give details of the parts of your estate that are to be left on a life interest.

Surname:

First name(s): _____

Relationship to you:

Date of birth: _____

Asset (eg, home, batch): _____

Asset to be left to whom (eg, children) after the life tenant has died, or remarried, or entered a civil union and/or entered into a de facto relationship?

11. Who is to receive the bulk of your estate after the debts and gifts have been paid and provision made for any life interest?

Names, addresses, relationship to you (if applicable) or occupations of beneficiary/beneficiaries and their dates of birth.

Surname:

(or full name, if charity or other organisation)

First name(s):

Relationship/occupation: _

(eg, wife/husband/civil union partner/de facto partner/children/brother/sister) Date of birth:

Address: _____

If a beneficiary dies before you, what would you like to happen to his/her share in the will?



You may simply wish for that beneficiary's share to pass into the rest of your estate, to be received by the people recorded in the previous paragraph. However, if you want that beneficiary's share to pass to someone else, please list here the names, addresses, occupations, dates of birth and relationship with substitute beneficiary/beneficiaries required.

For example, if children die before you, gift to grandchildren?

Yes
No

If someone without children dies, gift over to other recipients? Surname (or full name, if charity or other organisation:

	First name(s):					
	Relationship/occupation:					
	Date of birth:					
	Address:					
Do any of the following circumstances apply:						
	You are leaving any of your family out of your will:					
			Yes No			
You are leaving your children (or any of them) unequal shares in your assets:						
			Yes No			
You are leaving your husband, wife, civil union partner or de facto partner less than a 50% share in property which the two of you own together, or which was acquired for the common use or benefit of you both:						
			Yes			
			No			
	f yes, please indicate which and give details of:					
	the family member(s) affected; and					
	your reasons for doing so, as family left out or dealt with ina- entitled to bring a claim before the court seeking a larger sl	• •	nay be			
	Reasons (if applicable)					
-						

13. Do you have any power to appoint beneficiaries or trustees of a trust or directors of a company under any trust, estate or other document which can be exercised under your will?



Yes No

If yes, state name of trust, date of trust deed and whether you have power to appoint trustees, beneficiaries or directors.

Name of trust:

Date of trust deed:

Nature of power(s): _____

As an alternative to exercising this power under your will, you may wish to specify in your will to whom you wish the power to be transferred. If so, please give the details of that person:

Do you want your executors to have power to carry on any business you have an interest in, or want to make any special provisions for the business?

(eg, name of business)

(type of business)

(special risks to consider?)

14. Do you have any wishes regarding burial or cremation?

If buried. Where?

If cremated. What wish do you have for your ashes?

Do you wish to donate your body or any part of it for medical research, organ transplant, or otherwise for the benefit of medical science?

If so, you may wish to include this in your will. It is advisable to record this on your driver's licence at the same time. If you wish to donate your body to medical science, you should inform the particular institution (for example, the anatomy department of a particular university's medical school) in advance. In some cases those schools will only accept bodies from persons who have made prior arrangements with that institution for the donation of their body.

15. Have you promised to leave anyone any of your property by will?

In some circumstances, those promises can be enforced against your estate if you do not fulfil them.

□ Yes



No

Yes No

If yes, give full names, occupations or relationship to you, and dates of birth of persons to whom you have made a promise.

Surname: ____

First name(s): _____

Relationship/occupation:

Date of birth: _____

Which assets (description): _____

16. Do you have an earlier will?

If so, it is a good idea to let the holder of your earlier will know that it is now replaced.

17. Other issues (use this space for anything else you would like to raise)

Notes to discuss/questions to ask at meeting:

ACKNOWLEDGEMENT Should I die before completing and signing a formal will before two witnesses I declare this document to be my last will and request the person or persons I want to be my executor(s) to apply for Probate of this Instruction Sheet as an informal will.

<u>Signed:</u>

<u>Date:</u>



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-		
-		