



MANAGER'S PLAN

PLEASE PRINT – USE BLOCK CAPITALS AND ANSWER ALL QUESTIONS

If space is insufficient please attach a separate sheet.

When completed please return this document by mail, facsimile or email to

NSW Trustee and Guardian

Locked Bag 5115, Parramatta NSW 2124

The Office is situated at 160 Marsden Street, Parramatta NSW 2124

Telephone **8688 2600** Fax **8688 9788** Email **pmb@tag.nsw.gov.au**

Web site: **www.tag.nsw.gov.au**

1. DETAILS OF MANAGED PERSON

Surname/Family Name

Other Names (Given Names)

Current address and style of accommodation (e.g., nursing home)

.....PostcodeTelephone

Previous address (only if current address is different)

.....PostcodeTelephone

Date of Birth Marital Status

Country of Birth Language spoken

Does the managed person regard herself/himself as belonging to any specific ethnic, cultural or religious group? Yes No If so, which group?
.....

Does the managed person speak a language other than English at home? Yes No

If yes, what other language?

Is the managed person of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

(If the person is of both Aboriginal and Torres Strait origin, please tick both the 'yes' boxes)

What type of disability does the managed person have?

Age related

HIV Dementia

Other

Intellectual

Physical

Multiple (Please specify)

Brain Injury



Manager's Plan

2. DETAILS OF MANAGER / S

Name

Address Postcode

Telephone (H) Telephone (W)

Mobile Facsimile Email.....

Relationship to managed person

Do you require special assistance when communicating or meeting with NSW Trustee and Guardian, for example, language interpreter, signing interpreter, hearing bop or wheelchair/mobility access?
 Yes No If yes, please detail

JOINT MANAGER (IF APPLICABLE)

Name.....

Address..... Postcode

Telephone (H) Telephone (W)

Mobile Facsimile Email.....

Relationship to managed person

Do you require special assistance when communicating or meeting with NSW Trustee and Guardian, for example, language interpreter, signing interpreter, hearing bop or wheelchair/mobility access?
 Yes No If yes, please detail

3. DETAILS OF FAMILY/FRIENDS OF MANAGED PERSON

(If deceased, write "Deceased" under Address)

Spouse/Partner

Address/Email.....

..... Telephone

Children	Address/Email	Telephone
.....
.....
.....
Father	Address/Email	Telephone
.....
.....
Mother	Address/Email	Telephone
.....
.....
Brothers/Sisters	Address/Email	Telephone
.....
.....
.....



Manager's Plan

4. OTHER CONTACTS

	Address/Email	Telephone
Case Manager - Advocate.....		
Carer		
Service Provider		
Guardian		
Significant Other(s)	Address/Email	Telephone
.....		
.....		
.....		

ASSETS AND LIABILITIES

5. REAL ESTATE - LAND

Description (e.g. farming property, vacant land, house and land, strata, etc.)
.....

Address Postcode.....
Estimated value \$.....

Title Deeds Held by

Title is in the name/s of

How is the title held, ie, Tenants in Common/Joint Tenants

What portion of the property does the managed person own?

If mortgaged, name of mortgagee..... Owed \$.....

Who occupies the property?

Building insured with Value \$.....

Contents Insured with Value \$.....

Please provide a copy of the house and contents insurance policy.

PROPOSAL

Please provide a detailed proposal for the future management of the property (e.g. sale, lease, other), the anticipated time frame for completing the transaction and your reasons for this.

.....

.....

.....

If you propose to sell, lease or have family reside in the property, you must complete and lodge a proposal addressing the appropriate NSW Trustee and Guardian requirements for the course of action you wish to take.



Manager's Plan

The following documents are available from your NSW Trustee and Guardian Liaison Officer.

Proposal by Manager for Sale of Real Estate

Proposal by Manager for Leasing of Real Estate

Proposal by Manager - Occupation of a Managed Person's Property by a Family Member

Proposal by Manager - Modification and Renovation of Property

If more than one property is owned, please attach a separate proposal for each.

6. SIGNIFICANT HOUSEHOLD ITEMS INCLUDING JEWELLERY, ART WORKS, ANTIQUES, COLLECTIONS ETC

Item	Estimated Market Value
.....	\$.....
.....	\$.....
Items insured with	
.....	
<i>Please provide a copy of the insurance policy.</i>	
.....	\$.....
What is your plan for the future use, retention or disposal of these items?	
.....	
.....	

7. BANK ACCOUNTS, DEPOSITS, MANAGED FUNDS & SHARES

<u>Description</u>	<u>Institution</u>	<u>Account No</u>	<u>Amount</u>
Bank Accounts.....			
.....			
.....			
Credit Union Accounts			
.....			
Building Society Accounts			
.....			
Term Deposits.....			
.....			
Managed Funds.....			
.....			
Other Investments (ie, shares, bonds, superannuation etc)			
.....			
.....			



Manager's Plan

Other (e.g. Debts due to the managed person)

You must provide a proposal for the management of these investments which addresses NSW Trustee and Guardian's Requirements for Manager's Proposal to invest Managed Person's Funds.

8. MOTOR VEHICLES

Make Model Reg. No Expires.....

Address where garaged

Used by

Insured withPolicy number

PROPOSAL (e.g. Store, Maintain, Sell)

9. DETAILS OF ANY LEGAL ACTION PENDING INCLUDING CLAIMS FOR COMPENSATION

(If applicable)

Please set out particulars of any accidents within the last six years in which the managed person was injured

What action (if any) has been taken to pursue a claim for damages?

Name of Lawyer acting

Please attach a report detailing the current status of the legal action or claim and your recommendation for the future conduct of the matter



Manager's Plan

10. BUSINESS OR COMPANY INTERESTS

Name of Company	Interest/holding	Estimated Value
.....	\$
.....	\$
TOTAL		\$

Please provide a report as to the future operation of the business or company and if the managed person acted as a director of a company please provide your recommendation for appointing a replacement director if required

11. ESTIMATED BUDGET

Sources of Income Amount per year	Value	
Aust Govt Pension	\$	
Other Pensions	\$	
Superannuation	\$	
Salary or Wages	\$	
Interest	\$	
Dividends	\$	
Rent	\$	
Other Income	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Income	\$	

Regular Expenses Amount per year	Value	
Nursing Home Fees	\$	
Rent Paid	\$	
Rates	\$	
Utilities	\$	
Insurances – specify	\$	
- House	\$	
- House and contents	\$	
- Motor Vehicle	\$	
- Life Insurance	\$	
- Other	\$	
Medical Expenses	\$	
Pharmaceuticals	\$	
Private Medical Insurance	\$	
Other	\$	
	\$	
Total Expenses	\$	

Income less Expenses		
Surplus /Deficit	\$	

If there is not a surplus of income over expenses, please explain how you propose to fund the deficit.

.....

.....

.....

.....

.....

.....

.....

.....

.....



Manager's Plan

12. DEBTS AND LIABILITIES

<u>Description</u>	<u>Owed to</u>	<u>Amount</u>
.....		\$
.....		\$
.....		\$
.....		\$
	Total	\$

13. WILL

Has the managed person made a Will? Yes/No	If yes, please attach a copy.
Who holds the Will?	

14. OTHER

Is there anything else you think the NSW Trustee and Guardian should know in relation to the management of the managed person's estate?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Manager's Plan

15. CONSULTATION

I have consulted with the managed person in preparing this proposal:

Yes / No

If yes, describe how and when consultation with the managed person occurred:

.....

If no, please provide reasons:

.....

I have consulted with the following other people in preparing this proposal:

.....

I am aware that I am required to consult with the managed person and family members before making any significant decisions and recommendations regarding the person's estate.

I am aware that I am not to dispose of property which I know is subject to a specific testamentary gift in the managed person's Will without the prior written authority of the NSW Trustee and Guardian.

I am aware that I am not authorised to make a gift or loan from the managed person's estate without the prior written authority of the NSW Trustee and Guardian.

The Manager's Directions and Authorities document provides the Manager with authority to collect information to complete this form. Incomplete forms may be returned to Managers for further information.

Your name (please print)

Signature Date

All personal information being collected will be dealt with in accordance with the Privacy and Personal Information Act 1998. The person's personal information will be held on the person's file at this Office. This Office may also need to contact other people or organisations to get details of the person's estate or to exchange information in the management of person's affairs. Please contact your Liaison Officer if you wish to find out about or correct the details held. 11/2010