

# WILL INSTRUCTION FORM

## Section 1.

**CLIENT DETAILS**

**SELF**

**PARTNER/SPOUSE**

Full Name		
Any Other Names		
Address		
Marital Status		
Date of Birth		
Tel No		

## Section 2.

### CHILDREN

Please give full details of all your children including any from previous relationships

Full Name			
Date of Birth			
Parents M/F/B			
Address			
Postcode			
Tel No			

Full Name			
Date of Birth			
Parents M/F/B			
Address			
Postcode			
Tel No			

**Section 3.**

**NEXT OF KIN** ( Immediate N.O.K may have a claim on your estate. Please list immediate N.O.K

Full Name		
Relationship		
Tel No		
Full Name		
Relationship		
Tel No		
Full Name		
Relationship		
Tel No		
Full Name		
Relationship		
Tel No		

**Section 4**

**EXECUTORS AND TRUSTEES**

These are the people who will carry out the instruction in your Will. They must be over the age of Eighteen (18) and they must be trustworthy. They must not have a criminal record or have been declared bankrupt. Up to four people can act on your behalf. Family members and beneficiaries can be used for this role.

Would you like your partner/spouse to be your first Executor? \_\_\_\_\_

Would you like to use the services of \_\_\_\_\_ Yes/No

You should appoint at least two substitute Executors. Please make substitute appointments below.

Full Name		
Address		
Tel No		
Relationship		
Full Name		
Address		
Tel No		
Relationship		
Share		

## Section 5

### GUARDIANS

These are the people who would look after your minor children should they become orphaned. Please appoint one or two people agreeable to you both who would be prepared to act as guardians.

Name		
Address		
Tel No		
Relationship		

## Section 6

### DISTRIBUTION of YOUR ESTATE

Once Funeral costs, Testamentary expenses and Specific Legacies have been taken out of your estate, do you wish:-

1. Firstly that the residue passes to your partner/spouse? \_\_\_\_\_

2. Then to all children listed on page one section 2? \_\_\_\_\_

3. To avoid intestacy please name substitute beneficiaries:-

Name <input type="checkbox"/>		
Address		
Relationship		
Tel No		
Share		
Name <input type="checkbox"/>		
Address		
Relationship		
Tel No		
Share		

4.If any of your children should die before you leaving children of their own these would automatically inherit by substitution. **Is this acceptable?** \_\_\_\_\_

If no please supply alternative details:- \_\_\_\_\_  
\_\_\_\_\_

At what age would you like minors to inherit 18/21/23/25

5.**SPECIFIC LEGACIES** (These gifts will be taken out of the estate before the division listed under Section 6 sub sections 1:2:3 )

<input type="checkbox"/>

6.**GIFTS TO CHARITY** (include Name, Reg No Address etc.)


**Section 7**

**ADDITIONAL QUESTIONS**

These questions are designed to tell us if you need any additional clauses in your Will or if you need any further advice. If the answer to any of the following questions is YES then please supply details in Section 10 at the end of this questionnaire.

- |  | YES/NO |
|--|--------|
| (1)Do you receive an income from a Trust?  | _____  |
| (2)Do you have any shares in a private company or run your own business?                       | _____  |
| (3) Do you pay maintenance to anyone or have any financial dependants not named on this form ? | _____  |
| (4)Have you purposely omitted anyone who may have a claim on your estate?                      | _____  |
| (5)Are any beneficiaries handicapped?  | _____  |
| (6)Do you own any property outside England & Wales?  | _____  |
| (7)Do you own any agricultural land?   | _____  |
| (8)Is the value of your estate above the Inheritance Tax Allowance?                            | _____  |



**Section 11**

**SAFE STORAGE OF YOUR DOCUMENTS**

For obvious reasons Your Will needs to be kept somewhere safe and secure to avoid loss, damage, or tampering (any of these can cause your Will to be invalid). The majority of our clients elect to take advantage of our Safe Storage Facility which offers the following benefits:-

- (1) All Future amendments to your Will are FREE of charge.
- (2) Your Will is stored in our Storage facility annual charge of £20.00
- (3) You will receive exact copies of your Will for your retention.
- (4) Your Executors/Trustees will each have a letter detailing where your Will is kept.

DO YOU WISH TO USE OUR STORAGE FACILITY? YES/NO

**Section 12**

**PROPERTY TRUST (DO NOT COMPLETE FOR Discretionary Trust)**

After discussion with your consultant about the advantages of separating your property estate (main residence only) so that you can pass on your share of the property direct to your beneficiaries are you:-

- (1) Willing to split your property into Tenancy in common Yes No
- (2) Is the property Leasehold / Freehold Yes No
- (3) Do you own the property Jointly? Yes No
- (4) Is the property in a sole name? Yes No
- (5) If a sole name who is Deed Title holder .....

If the answer is Yes to (5) do you wish us to arrange the Transfer into Joint names so that the Tenants in Common can be put in place

- (6) (Transfer of Deeds to Joint Names only) Have you any CCJ's or any impending ones Yes No

**Section 13**

**Lasting Powers of Attorney**

Please complete the Lasting Power of Attorney Questionnaire

**General Powers of Attorney**

Name of Donars in Full.....1.....  
 .....2.....

Dates of Birth of both donars...1.....2.....

Names of Attorneys...1.....  
 2.....

3.....  
 4.....

**Section 14**

Having discussed fully the Discretionary Trust (Inheritance Tax Mitigation Clause) do you wish this included in your Will/s Yes/No

(1) Do you own the property Jointly? Yes/No

(2) Is the property in a sole name? Yes/No

(3) If a sole name who is Deed Title holder .....  
Please answer question 9

If the answer is Yes to (3) do you wish us to arrange the Transfer into Joint names so that the Tenants In Common can be put in place ?

(4) (Transfer of Deeds to Joint Names only) Have you any CCJ's or any impending ones ? Yes No

(5) We will need a name of another Trustee to act with the surviving Spouse so that the Discretionary Trust can be set up when required

Name & Address of Trustee \_\_\_\_\_  
\_\_\_\_\_

**Section 15**

Do you wish to implement an Advanced Directive Yes/No

**DECLARATION**

I/We confirm that I/We am/are over eighteen (18) and am/are of sound mind. The information given on this form is both complete and correct and it is that upon which I/We instruct West Midland Wills to draft my/our Last Will and Testament.

Signed:-	Signed:- <input type="checkbox"/>
Date:-	Date:- <input type="checkbox"/>

For Completion By IFA

Name

Property Trust	Yes/No	Discretionary Trust	Yes/No
Advanced Directive	Yes/No	Enduring Power of Attorney	Yes/No
Storage Required	Yes/No		

Office Use Only

Price Charged Date Received

**1-07-2008**