

# WILL QUESTIONNAIRE

| ABOUT YOU  |          |          |
|--|----------|----------|
|  | CLIENT 1 | CLIENT 2 |
| Full name (including middle names)                           |          |          |
| Title (or state 'None', if preferred)                        |          |          |
| Preferred gender pronouns                                    |          |          |
| Any other names by which you are known                       |          |          |
| Any previous names   |          |          |
| Date of birth  |          |          |
| Nationality / place of birth (please note both if different) |          |          |
| Country of residence   |          |          |
| Main address   |          |          |
| Occupation   |          |          |
| Email address  |          |          |
| Telephone number   |          |          |



| PREVIOUS WILL  |          |                       |          |                       |
|--|----------|-----------------------|----------|-----------------------|
|  | CLIENT 1 |                       | CLIENT 2 |                       |
| Have you already made a Will or Codicil?               | YES/NO   | Date of Will/Codicil: | YES/NO   | Date of Will/Codicil: |
| Have you made a Will overseas?                         | YES/NO   | Date of Will/Codicil: | YES/NO   | Date of Will/Codicil: |
| How do your current wishes differ from your last Will? |          |                       |          |                       |

| MARITAL STATUS   |          |          |
|--|----------|----------|
| Marital Status (i.e. Married / Civil Partners / Cohabiting / Divorced / CP Dissolved / Single / Widowed / Surviving Civil Partner).<br><i>Please indicate if you have previously been divorced or widowed.</i><br><i>If you have a Prenuptial Contract / Cohabitation Agreement / Court Order / Separation Agreement or any other relevant agreement please bring this with you if possible.</i> |          |          |
|  | CLIENT 1 | CLIENT 2 |
| If married/civil partners/widowed/surviving CP, date and place of marriage   |          |          |
| If divorced/civil partnership dissolved, date of divorce/dissolution and court issuing order   |          |          |



**YOUR FAMILY**

**CHILDREN/STEP-CHILDREN**  
Please indicate who is their parent

| Name | Address | Date of birth | Parent |
|------|---------|---------------|--------|
|      |         |               |        |
|      |         |               |        |
|      |         |               |        |
|      |         |               |        |

Please use "additional information" box if necessary

**GRANDCHILDREN/STEP-GRANDCHILDREN**  
Please indicate who is their parent

| Name | Address | Date of birth | Parent |
|------|---------|---------------|--------|
|      |         |               |        |
|      |         |               |        |
|      |         |               |        |
|      |         |               |        |

Please use "additional information" box if necessary

**PETS**

|                       |  |
|-----------------------|--|
| Do you have any pets? |  |
|-----------------------|--|



What would you want to happen to your pets? i.e. is there a particular person you would like to care for them? Please give details

**ADDITIONAL INFORMATION**



**YOUR ASSETS**

**LAND AND BUILDINGS**

Please give details of all property owned by you, jointly or in your sole name

| Address | Value | Mortgage outstanding | Sole or Joint Names |
|---------|-------|----------------------|---------------------|
|         |       |                      |                     |
|         |       |                      |                     |

**ACCOUNTS AND INVESTMENTS**

Please provide details of the value of any savings, investments and shares (to the nearest approximate £5,000)

|                               | CLIENT 1 | CLIENT 2 |
|-------------------------------|----------|----------|
| Cash savings                  |          |          |
| Shares, Bonds and Investments |          |          |



**LIFE ASSURANCE / PENSION / DEATH IN SERVICE BENEFITS**

Please provide approximate details

|  | CLIENT 1 | CLIENT 2 |
|--|----------|----------|
| What is the value of your life cover?                      |          |          |
| What is the value of the death benefits from your pension? |          |          |
| What is the value of your death in service benefit?        |          |          |

**OTHER ASSETS**

Please provide further details including the approximate values of any of the following that you may have

|  | CLIENT 1 | CLIENT 2 |
|--|----------|----------|
| Shares in a Private Company. Please provide the name of the company, your percentage holding, and any shareholder agreement.         |          |          |
| Interest in a Partnership. Please provide the name of the partnership, your interest in it, and a copy of any partnership agreement. |          |          |
| Sole Trader Business. Please confirm the nature of the business.   |          |          |
| Farm or Agricultural Assets. Please provide details of what the farm does.   |          |          |
| Overseas Property  |          |          |
| Gifts made by you over £3000 in the last 14 years  |          |          |
| Any Trust or Settlement providing you with an income/home  |          |          |
| Any homes sold/gifted/bought by you since 08/07/2015   |          |          |



## YOUR NEW WILL

### FUNERAL WISHES

|                     | CLIENT 1 | CLIENT 2 |
|---------------------|----------|----------|
| Burial              |          |          |
| Cremation           |          |          |
| Woodland/Ecological |          |          |
| Other Requests      |          |          |

If you wish to donate your body to research, please contact the London Anatomy Office, 020 7848 8042 or visit <https://www.kcl.ac.uk/lsm/study/departments/anatomy/lao/donation/index>

If you wish to donate your organs for transplant, please sign up to the Organ Donation Register, 0300 123 23 23 or visit <https://www.organdonation.nhs.uk/>

### POSITIONS OF RESPONSIBILITY IN YOUR WILL

These are the people who have responsibility to call in your assets and distribute them in accordance with your Will. They can be beneficiaries under your Will. You can have up to 4 acting together. In some situations, you will need at least two Executors and we will discuss this in our meeting.

### EXECUTORS

| If you have completed this for 2 people, do you wish to be each other's Executor on the first death?             |         | YES/NO              |
|--|---------|---------------------|
| Name of additional Executors   | Address | Relationship to you |
|  |         |                     |
|  |         |                     |
|  |         |                     |
|  |         |                     |
| Would you like your Executors to seek advice from Mayo Wynne Baxter regarding the administration of your estate? |         | YES / NO            |



### GUARDIANS

These are the people who will look after your children if anything happens to you (and your children's other parent) whilst your children are aged under 18. Please discuss this with the other parent and proposed guardian(s) before appointing any testamentary guardians in your Will

| Name of Guardian(s) | Address | Relationship to you |
|---------------------|---------|---------------------|
|                     |         |                     |
|                     |         |                     |

### GIFTS IN YOUR WILL

#### SPECIFIC ITEMS

We recommend leaving a list of gifts of personal possessions which you can update as often as you like

|  |        |
|--|--------|
| <b>Do you wish to leave a list?</b><br>Please complete below if you wish to include specific items in your Will. If you change your mind on these you will need to change your Will. | YES/NO |
|--|--------|

| Item | Recipient details |
|------|-------------------|
|      |                   |
|      |                   |
|      |                   |

#### CASH GIFTS

Please give details of cash legacies you wish to make, either to individuals, or to a group such as grandchildren, including whether the recipient can inherit immediately, or must reach a particular age, e.g. 18/21/25

| Name / description and address of recipient | Sum | Age to inherit |
|---|-----|----------------|
|   |     |                |
|   |     |                |
|   |     |                |



### PROPERTY GIFTS

Please give details if you wish to leave a property directly to a beneficiary

| Address of property | Recipient name and address | Who should pay any outstanding mortgage on this property? |
|---------------------|----------------------------|---|
|                     |                            |   |
|                     |                            |   |

### GIFT OF RESIDUARY ESTATE

Your residuary estate is what is left after all the other gifts, tax, funeral and administrative expenses are paid

| If you are both making a Will, do you wish to give everything to each other first |                               | YES/NO              |                |                     |
|---|-------------------------------|---------------------|----------------|---------------------|
| Name of beneficiaries   | Address if not provided above | Relationship to you | Age to inherit | Percentage or share |
|   |                               |                     |                |                     |
|   |                               |                     |                |                     |
|   |                               |                     |                |                     |
|   |                               |                     |                |                     |

What would you want to happen if any of your beneficiaries die before you? Please give details (e.g. divided between the others / to their own children):



**OTHER POINTS TO CONSIDER**

|   |        |
|---|--------|
| Do you have any children or step-children or other family members or dependents you are not including in your Will? | YES/NO |
| If so, please provide details   |        |
| Do you maintain anyone financially?   | YES/NO |
| Are any of your beneficiaries in your Will disabled?  | YES/NO |
| Are any of your beneficiaries receiving means tested benefits?  | YES/NO |
| Have you made any binding promise to leave assets to anyone?  | YES/NO |
| Are any of your beneficiaries likely to become divorced or bankrupt in the near future?                             | YES/NO |
| Do you have a Lasting or Enduring Power of Attorney?  | YES/NO |

**ADDITIONAL INFORMATION**

Is there anything else you would like us to know?



| <b>TO BE COMPLETED BY THE ADVISER AT THE MEETING</b>                       |  |
|--|--|
| Who brought the client to the appointment?                                 |  |
| Who was in the room during the meeting?                                    |  |
| Record your consideration of capacity:- Any formal diagnosis / medication? |  |
| Record your consideration of influence.                                    |  |
| Who completed the questionnaire?   |  |
| Is there anyone who may have a claim under IPFDA 1975 on the estate?       |  |

