

**WILL INSTRUCTION QUESTIONNAIRE**

**1. Your Details**

Title ( <i>Mr, Mrs, etc.</i> )	
Forename(s)	
Surname	
Date of Birth	
National Insurance Number(s)	
Correspondence Address	
Email address	
Telephone Numbers	Home:
	Work:
	Mobile:
Preferred method of contact:	

**2. Your Spouse or Partners' Details**

Title ( <i>Mr, Mrs, etc.</i> )	
Forename(s)	
Surname	
Date of Birth	
National Insurance Number(s)	
Correspondence Address	

Email address	
Telephone Numbers	Home:
	Work:
	Mobile:
Preferred method of contact:	

### 3. **Relationship Details**

Are you and your partner married / civil partnership?	
If yes, give year:	
If no, do you intend to get married in the near future?	
Have either of you married before?	

### 4. **Your Children**

Full Name:	
Address:	
Date of Birth:	

Full Name:	
Address:	
Date of Birth:	

Full Name:	
Address:	
Date of Birth:	

Full Name:	
Address:	
Date of Birth:	

**If you have more children, please provide their details in the additional information section at the end of the form.**

**5. Children of Former Relationships**

Please give details of any children from your or your partner's former relationships, indicating whose child they are.

Full Name:	
Address:	
Date of Birth:	

Full Name:	
Address:	
Date of Birth:	

**6. Guardians**

You may wish to appoint one or two people to act as guardians of your children in the event that both parents predecease them. Ideally your Executors should not be the same people as the Guardians of your children. Please let us know if any of your children are adopted or illegitimate.

Full Name:	
Address:	
Relationship to you:	

Full Name:	
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Address:	
Relationship to you	

### 7. **Pets**

You may wish to specify in your will your wish for any Pets in the event of your passing

<p>You may wish to specify in your Will if you wish your Pets to be gifted/ cash legacy to be left with a gifted pet to ensure their care/ use of the RSPCA's Home for Life Service/ Have a pet put to sleep unless a suitable home can be found/ Have a pet put to sleep regardless. (Delete as appropriate)</p>	<p>Pet Names:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol> <p>Gifted / Gifted with cash legacy / RSPCA / PTS unless suitable home is found/ PTS regardless</p>
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### 8. **Your Executors**

These are the people who will have to collect in the assets, pay the funeral expenses and other liabilities, and distribute your estate to the beneficiaries or administer any trust created under the terms of your will. It is best to have more than one Executor and you should choose them very carefully.

Do you wish one or more of the partners of this firm to act as Executors?	
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Please give details of who you would like to act as your Executor(s). You may appoint up to four. If you are appointing your spouse as sole executor please give details of who you would like to act if your spouse pre-deceases you or cannot act for any reason:

Full Name:	
Address:	
Relationship to you:	

Full Name:	
Address:	

Relationship to you	

**9. Funeral Wishes**

Do you wish to be buried or cremated?	
If you have any preference as to where your body is buried/ashes are scattered please state here:	
If you have any other specific wishes (eg donations to charity in place of flowers) please state here:	

**BENEFICIARIES**

**Please give the name and address of the person (or class of people (e.g. all my grandchildren)) to whom you wish to leave a cash gift and the amount to be given. If the person is currently aged under 18, please give their age also.**

**10. Cash Gifts**

Full Name:	
Amount:	
Adress:	

Full Name:	
Amount:	
Adress:	

If you have more cash gifts, please provide their details in the additional information section at the end of the form.

**11. Gifts or Personal Effects:**

Item Description:	
Full Name:	
Adress:	

Item Description:	
Full Name:	
Adress:	

Would you prefer to leave the distribution of personal items to the discretion of your Executors?	
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If you have more item gifts, please provide their details in the additional information section at the end of the form.

**12. Gifts or Personal Effects:**

Item Description:	
Full Name:	
Adress:	

Item Description:	
Full Name:	
Adress:	

**13. The Residue**

Please state the name, address and order of the person (or class of people (e.g. to all of my children living at the time of my death) to receive the residue of your Estate. If you name more than one person please indicate whether you wish them to share equally in the residue or whether you wish them to take specific share.

Full Name / Class of people:	
Share	
Adress:	

Full Name / Class of people:	
Share	

Adress:	
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Full Name / Class of people:	
Share	
Adress:	

If a beneficiary dies before you, do you want their children (if any) to inherit their parent's share?	
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If a beneficiary dies before you, do you want their children (if any) to inherit their parent's share?	18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other:
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Do you want to specify any other conditions? If yes, please give details:	
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### FINANCIAL REVIEW

#### 14. Your Home

<p>Do you own your home?</p> <p><b>Complete the following ONLY if you answered yes to the previous question:</b></p> <p>Is it in your sole name / In joint names with spouse or partner / In sole name of spouse or partner?</p> <p>Is your home mortgaged?</p> <p>If yes: do you have insurance policy(s) that will clear the mortgage on your death?</p> <p>Please give an estimate of your homes present value?</p>	
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**15. Inheritance Tax (IHT)**

Is the total value of your Estate worth more than £325,000?	
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Is the total value of your combined Estate with your Spouse or Civil Partner worth more than £650,000?	
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If you have answered yes to either of the above questions, you may wish to seek Inheritance Tax Advice from a Financial Advisor. Please note we cannot give advice in this regard.

**16. LASTING POWERS OF ATTORNEY**

These powers are designed to ensure that during your lifetime you have someone authorised to deal with your financial or welfare affairs on your behalf if for some reason you are unable to manage your own affairs, e.g. if you lose capacity.

Would you like advice on Lasting Powers of Attorney?

**17. CONFIRMATION OF INSTRUCTIONS:**

Signed .....

Print .....

Date .....