



HOW TO COMPLETE THIS FORM

The normal route is to handwrite your answers (black ink preferred and legible please!) in the boxes and return the form to Green Financial

- You can scan and email to iangreen@iangreen.com
- Existing clients can use the secure messaging facility (ask us for your password if you don't know) and upload the document
- You can post using

Green Financial
Bective House
10 Bective Place
London
SW15 2PZ

- Alternatively you can type up your answers on email and send directly
- Or you can arrange a telephone call to dictate your answers to us

Or something else of your choosing.

Please let us know your preferred method.

The draft will for your approval is normally with you by email 48 hours later and often within 24 hours

If you have any questions when completing the form please contact us

0800 170 7400 or email iangreen@iangreen.com

Will Questionnaire

The information you provide on this form constitutes the basis of our instruction for drafting a Will.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING.

Please indicate here if you wish this to be an Individual or two Mirror Wills

Individual / Mirror (Delete as appropriate)

Please answer in **BLOCK CAPITALS**. Include **FULL NAMES** throughout this questionnaire (i.e. First names, middle names and surnames). All questions need to be answered (write **NO**, **NONE** or **NOT APPLICABLE** if appropriate)

Do the clients have full capacity to read and sign their Wills?

Yes

No

SECTION 1 — Personal details

Surname

Full forenames including middle names

Any other name by which the client is known and holds property etc.

Sex

Male / Female (Delete as appropriate)

Address

Postcode

Date of birth DD / MM / YYYY

Marital status

Single / Married / Divorced / Widowed / Civil Partnership (Delete as appropriate)

Does the client own a business?

Yes / No (Delete as appropriate)

If Yes is there a shareholders agreement?

Yes / No (Delete as appropriate)

Please provide details in the notes section.

Name of business

Is it Ltd? Yes No

SECTION 2 — Details of Spouse/partner (write "NOT APPLICABLE" if appropriate)

Surname

Full forenames including middle names

Any other name by which the client is known and holds property etc.

Sex

Male / Female (Delete as appropriate)

Address

Postcode

Date of birth DD / MM / YYYY

Marital status

Single / Married / Divorced / Widowed / Civil Partnership (Delete as appropriate)

Does the client own a business?

Yes / No (Delete as appropriate)

If Yes is there a shareholders agreement?

Yes / No (Delete as appropriate)

Please provide details in the notes section.

Name of business

Is it Ltd? Yes No

Do the clients expect to marry or enter into a civil partnership in the near future?

Yes / No / Not Applicable
(Delete as appropriate)

If Yes, please provide the date - DD / MM / YYYY

SECTION 3 — Details of children

(write "NOT APPLICABLE" if appropriate)

Number of children:
(Include bloodline and adopted)

Full name	Address	Date of birth	Child of Mr, Mrs or both	Male or Female

SECTION 4 — Other dependants

Are there any persons other than those mentioned in Sections 2 and 3 who might consider themselves to be dependants? This can include elderly parents living with you. Yes No

If Yes, please provide details

Full name	Address	Relationship

SECTION 5 — Executors

Does the client wish to appoint their spouse/partner as one of their Executors? Yes No Not applicable

When choosing an Executor, please consider their suitability in terms of location, ability to handle paperwork, experience with money and investing as well as age. For a list of an Executors duties please refer to our leaflet 'Duties of Executors and Guardians'

Please enter the full names and addresses of those they wish to appoint as Executors to act jointly with the surviving spouse/partner if applicable.

Full name	Address	
Relationship to whom	Postcode	Tel no.
Full name	Address	
Relationship to whom	Postcode	Tel no.

Reserve executors

If any of the above die before the client, or are unable or unwilling to act as Executors when they die, who do they wish to appoint as substitutes in their place? The following will only act as Executors in substitution and in order of priority.

1st Reserve

Full name	Address	
Relationship to whom	Postcode	Tel no.

2nd Reserve / Joint executor (Delete as appropriate)

Full name	Address	
Relationship to whom	Postcode	Tel no.

SECTION 6 — Guardians of minor children

Does the client wish to appoint guardians? Yes No Not applicable

Full name	Address	
Relationship to whom	Postcode	Tel no.
Full name	Address	
Relationship to whom	Postcode	Tel no.

SECTION 7 — Specific legacies

Does the client wish to give any specific legacies? Yes No

Do they wish these to take effect only if their spouse/partner does not survive them? ie. only after the 2nd death. Yes No Not applicable

Full description of item being given	Name and address of beneficiary	Relationship to whom	Whose Will? ie: both, Mr or Mrs
My: <i>Collection of china dolls</i>	<i>Joe Someone at Anywhere House, Somewhere Lane, Somewhere</i>	<i>Cousin of Mr</i>	<i>Mr</i>
My:			
My:			
My:			
My:			

SECTION 8 — Cash legacies

Does the client wish to give any cash legacies? Yes No

Do they wish these to take effect only if their spouse/partner does not survive them? ie. only after the 2nd death. Yes No Not applicable

Amount	Name and address of beneficiary	Relationship to whom	Whose Will? ie: both, Mr or Mrs
£: <i>Two thousand pounds</i>	<i>Joe Someone at Anywhere House, Somewhere Lane, Somewhere</i>	<i>Cousin of Mr</i>	<i>Mr</i>
£:			
£:			
£:			
£:			

SECTION 9 — Gift of residuary estate

Who do they wish to leave their residuary estate to? (Please tick one option)

Option 1

To spouse/partner

Then to children, in equal shares

At what age?

Option 2

To children, in equal shares

At what age?

Option 3 - Or to those listed below

Name	Address	Relationship to whom	At what age?	Share **

** Please ensure that the shares total 1.

If spouse/partner has children from a previous relationship, is it preferred that they benefit equally also?

Yes No

In the event of anyone mentioned in Section 9 pre-deceasing the client, do they wish that the beneficiaries share go to their children?

Yes No Not applicable

If Yes, at what age?

Are all likely beneficiaries in good health? Yes No if no please provide details in the notes section

SECTION 10 — The ultimate gift over clause

In the event of none of the persons you have specified in Section 9 surviving the client, who do they wish their residuary estate to go to? Please quote a registered charity number for any charities stated.

Name	Address	Relationship to whom	Share **
1.			
2.			
3.			

**Please ensure that the shares total 1.

SECTION 11 — Funeral wishes

Does the client wish to make any funeral directions in their Will?

Yes No

If Yes

Do they wish:

to be buried

Client

Spouse/Partner

to be cremated

to donate their body for the treatment of others

to donate their body for medical education or research

Please advise whether any property is owned outside the UK

Yes No

If Yes please state what country/countries

Do they have a Will in that country?

Yes No

Additional services required (please tick options required)

Estate Protection Wills

Discretionary nil rate band trust*

(Where it is envisaged that the IOU loan/charge option will be required, the property must be owned as tenants in common)

Lifetime interest in a property*

(If more than one owner, property must be owned as tenants in common)

Vulnerable beneficiary trust*

Right to occupy

Other services

Severance of joint tenancy

Please state if this is for a property other than a residence

Lasting power of attorney

Tick if registration is required

General power of attorney

Advance directive

(Please note additional charges apply for each of these options. Please refer to our pricelist for details.)

