

## **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](mailto: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

### **FREEPOST RSYK-TRBG-GRBR**

Green Financial  
Hyde Park House  
5 Manfred Road  
London  
SW15 2RS

- 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](mailto: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.)

# The Will Company Agreement

This questionnaire remains the property of The Will Company at all times.

To be signed by the client(s):

Please delete as appropriate

1. I/we understand that The Will Company will draft my/our Will(s) solely from the information I/we have provided in this questionnaire.
2. I/we confirm that it is an accurate record of my/our testamentary wishes.
3. I/we understand that my/our Will(s) and other documents are not legally valid until they are signed correctly and I/we undertake to sign all completed documents with suitable witnesses according to the printed instructions which will be returned with my documents.
4. I/we understand that Estate Protection Trust Wills offer advanced strategies using my Will. The benefits include tax planning, estate protection from social events and local authority care costs. None of these are guaranteed, but do offer an opportunity to ringfence sections of my/our estate.
5. I/we accept the Terms of Business and agree to abide by them and to be bound by them.

Signed	Print name	Date
Signed	Print name	Date



