* 1. Questionnaire

1. Will

**WARNING: completing this form does not mean that you have created a Will.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YOUR DETAILS** | | | | | | |
| **NOTE: If you require additional space, write the details on the back of the page** | | | | | | |
| Name: |  | | | | | |
| Address: |  | | | | | |
| Date of Birth: |  | | | | | |
| Email: |  | | | | | |
| Occupation: |  | | | | | |
| Home or Work Phone: |  | | | | | |
| Mobile: |  | | | | | |
| Marital Status: |  | | | | | |
| Please list all of your children’s names and dates of birth and state if your children have any special needs (this includes your adult children, step children and adopted children): | | | | | | |
|  | | | | | | |
| Do you have an existing Will? If yes, please provide a copy to us. | | | | | | Yes  No |
| **EXECUTOR (y**ou must nominate a person to manage your estate and disburse it to the beneficiaries) | | | | | | |
| **First Executor’s details** This is often a spouse or partner | | | | | | |
| Full Name: |  | | | | | |
| Address: |  | | | | | |
| Relationship: |  | | | | | |
| **Back up Executor** | | | | | | |
| Full Name: |  | | | | | |
| Address: |  | | | | | |
| Relationship: |  | | | | | |
| **RESIDUARY BENEFICIARY** | | | | | | |
| Details of person who will receive the whole of your estate This is often your spouse or partner | | | | | | |
| Name: |  | | | | | |
| Address: |  | | | | | |
| Relationship: |  | | | | | |
| Details of your substitute beneficiaries | | | | | | |
| Full Name: |  | | | | | |
| Address: |  | | | | | |
| Relationship: |  | | | | | |
| Full Name: |  | | | | | |
| Address: |  | | | | | |
| Relationship: |  | | | | | |
| **SPECIFIC GIFTS (If you want to gift a specific asset to a specific beneficiary, let us know below)** | | | | | | |
| Real Estate: | | | | | | |
| Address: |  | | | | | |
| Beneficiary: |  | | | | | |
| Share |  | | | | | |
| Relationship: |  | | | | | |
| Gifts of Money: | | | | | | |
| Beneficiary: |  | | | | | |
| Relationship: |  | | | | | |
| Amount: |  | | | | | |
| Specific Gifts (eg, jewellery, heirlooms, cars, furniture etc) | | | | | | |
| Beneficiary: |  | | | | | |
| Relationship: |  | | | | | |
| Item: |  | | | | | |
| **NOTE: You must specify the Items in this section with sufficient detail for them to be positively identified. If not enough detail is given or is not accurate, the gift may fail.** | | | | | | |
| **GUARDIAN OF INFANT CHILDREN** (you can nominate Guardians even if you don’t currently have any children) | | | | | | |
| Guardian’s Full Name: |  | | | | | |
| Address: |  | | | | | |
| Relationship: |  | | | | | |
| **DISPOSAL OF YOUR BODY** | | | | | | |
| Burial  Cremation  Ashes |  | Stored  Scattered | | | | |
| Location of disposal: |  | | | | | |
| Name of Cemetery / Crematorium: |  | | | | | |
| **FUNERAL ARRANGEMENTS** | | | | | | |
| Service: | Religion  Non-denominational | | Specify Religion: | | | |
| Funeral Home: |  | | | | | |
| Specific Requests: |  | | | | | |
| **LIFE INSURANCE** (Life Insurance Policies or other investments with Insurance Companies or Banks) | | | | | | |
| Name of Adviser: |  | | | | | |
| Date you were last contacted by your Adviser to review Insurances: | | | | / / | | |
| Date that Insurances were last reviewed: | | | | / / | | |
| Beneficiary: |  | | | | | |
| % Share: |  | | | | | |
| Relationship: |  | | | | | |
| Insurance Company: |  | | | | | |
| **URGENCY FOR A WILL** | | | | | | |
| Is there any reason why your Estate Plan needs to be prepared as a matter of urgency? | | | | | Yes  No | |
| Are you aware of any medical or other reason which create an urgency to finalise your Will? | | | | | Yes  No | |
| Do you participate in any life-threatening or dangerous activity? | | | | | Yes  No | |
| Are you proposing to go overseas or be unavailable for an extended period of time? | | | | | Yes  No | |
| **SUBMIT INSTRUCTIONS** | | | | | | |
| I state that the above information is true and correct and I consent to Redchip Lawyers contacting me in order to discuss the above information.    **Signature** | | | | | | |

* 1. Additional Information

**Not everything below will be relevant to you. Please complete if it is, or let us know if you are unsure and would like to discuss.**

|  |  |  |
| --- | --- | --- |
| **TESTAMENTARY TRUST** | | |
| A Testamentary Trust can be used to receive and manage an inheritance, rather than it ending up directly in the hands of beneficiaries. For example:   * if you think that you do not wish your child to get their hands on a large sum of money when they turn 18, a Testamentary Trust will allow people nominated by you to manage your child’s inheritance until they reach an age that you nominate and that you consider is more appropriate; * if your adult children have families of their own, a Testamentary Trust can provide them with tax planning strategies; * if you are concerned that the inheritance will be misappropriated by the intended beneficiary, a Testamentary Trust will allow you to still provide for that beneficiary, whilst nominating others to look after and preserve the inheritance. | | |
| **First Testamentary Trust** | | |
| Name of Trust: |  | |
| Trustees:  (Name and Address) |  | |
| Primary Beneficiaries: |  | |
| Principal:  (Name and Address) |  | |
| Alternative Principal:  (Name and Address) |  | |
| **Second Testamentary Trust** | | |
| Name of Trust: |  | |
| Trustees:  (Name and Address) |  | |
| Primary Beneficiaries: |  | |
| Principal:  (Name and Address) |  | |
| Alternative Principal:  (Name and Address) |  | |
| **PRIVATE COMPANIES** | | |
| Are you a Director of or hold shares in a private (Pty Ltd) company? If yes, please send to us a copy of the Constitution and Shareholder’s Agreement (if any). | | Yes  No |
| **FAMILY TRUSTS** | | |
| Do you have a Family Trust or other Trust in place? If yes, please send to us a copy of the Trust Deed along with any amendments that have been made to that Deed. | | Yes  No |
| **BUSINESS** | | |
| Do you operate a business either as a sole trader, in a partnership or within a company or trust structure? | | Yes  No |
| **SELF MANAGED SUPERANNUATION** | | |
| Name of Fund: |  | |
| Trustee: |  | |
| Members: |  | |
| Have you entered into a Binding Death Benefit Nomination? If yes, please provide us with a copy. | | Yes  No |

**Additional Notes**