

WILL QUESTIONNAIRE FORM

PLEASE COMPLETE IN BLOCK CAPITALS, giving full names and addresses of each person mentioned. Please continue on a separate sheet if required.

All information provided will be treated as strictly confidential

Do you require your Will urgently due to ill health?

Yes ☐ No ☐

Generally, we will send you a draft copy of your Will for your perusal and approval, after which we will produce an engrossment for your signature. However, if you require your Will urgently for any reason, please provide details.

FACTS ABOUT YOU AND YOUR FAMILY

Full Name

Date of Birth

Occupation

National Insurance Number

Partner's full name (if applicable)

Partner's Date of Birth

National Insurance Number

Occupation

Your Address

Post Code:

Email Address

Are you happy to receive emailed correspondence?

Yes ☐ No ☐

Telephone Numbers

Daytime:
Mobile:
Evening:

Marital Status

Please delete the inapplicable

Single/Widow(er)/Married/Divorced/Co-Habitant

Partner's Marital Status

Please delete the inapplicable

Single/Widow(er)/Married/Divorced/Co-Habitant

Have you been married before?

Yes ☐ No ☐

Has your partner been married before?

Yes ☐ No ☐

Your children from this relationship (if applicable), including adopted children. Please state full names and dates of birth

Do you have any other children from any other relationship, including adopted children?

Yes ☐ No ☐

If yes, please state names and ages of children (including adopted children)

Does your partner have any other children from any other relationship, including adopted children?

Yes ☐ No ☐

If yes, please state names and ages of children (including adopted children)

Is there any one who is financially dependent on you that you DO NOT wish to benefit from your Will? (e.g. former spouse, children)

Yes ☐ No ☐

If yes, please state full names AND full reasons

YOUR WILL

Whom do you wish to appoint as your executor? *(Please choose from options A-E below and complete the appropriate panel.)*

A ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐

Giffen Couch & Archer can act as sole executor or as co-executor with a friend or member of the family. We will be happy to offer the support and advice that is so vital for the efficient administration of the estate. An executor is unable to charge for services without express authority in the Will and we would therefore require you to authorise a charging clause to be included in your Will if you required this firm to act as your executor.

A I wish Giffen Couch & Archer to act as my sole executor

B I wish Giffen Couch & Archer and the persons named to the right to act as my executors (e.g. your partner)

C I wish my partner to act as my executor but if he/she dies before me, I wish Giffen Couch & Archer to act as my sole executors

D I wish my partner to act as my executor, but if he/she dies before me I wish the persons named to the right to act as my executors (Choose a maximum of four persons)

E I wish the persons named to the right to act as my executors

If you have chosen option B, D or E please state full names, addresses and relationships of your chosen executors.

If you have children under 18, have you decided who should act as guardians to look after them if both parents die at the same time, or in the event of your death if you are a single parent? Please enter names, addresses and their relationship to you.

Do you want to make gifts of specific things or sums of money?

Yes ☐ No ☐

If yes, please state details of gifts and full names and addresses of the intended beneficiaries

Do these gifts apply in any event or only if your Partner has also died?

Please give a full description so as to avoid any misunderstanding later.

You must include the beneficiaries' full names, their addresses and their relationship to you.

RESIDUARY GIFTS

Who do you want to inherit your estate (or the remainder of your estate after the gifts above have been made, eg. your Partner, other relative)?

If the person/any of the people named above should die before you, whom do you want to inherit the share of your estate that that person would otherwise have received (eg., children, nephews and nieces)?

Do you wish to make any special conditions or restrictions concerning any part of this Will? (e.g. The age at which children inherit, 18, 21 etc)

Yes ☐ No ☐

If yes, please give details

FUNERAL WISHES

PLEASE NOTE: It is advisable to tell those close to you about your funeral wishes and whether you wish to donate any of your organs as sometimes the Will is only looked at after the funeral.

Do you wish to donate any organs of your body for transplantation?

Yes ☐ No ☐

If yes, you should ensure you have the appropriate donor card

Do you wish to donate your body for medical education or research?

Yes ☐ No ☐

Do you wish to be buried?

Yes ☐ No ☐

Do you wish to be cremated?

Yes ☐ No ☐

Do you suffer from any disability which makes reading or signing your Will difficult?

Yes ☐ No ☐

If yes, please give details

YOUR ESTATE

Please let us have an indication of the size of your estate to enable us to advise on Inheritance Tax. Assets should include savings, pensions, stocks and shares and any items of particular value for example antiques and jewellery. Where Assets are jointly owned please only include the value of your share.

Less than £10,000	<input type="checkbox"/>	£10,000 to £50,000	<input type="checkbox"/>
£50,000 to £100,000	<input type="checkbox"/>	£100,000 to £200,000	<input type="checkbox"/>
£200,000 to £325,000	<input type="checkbox"/>	£325,000 and over	<input type="checkbox"/>

WHEREABOUTS DO YOU KEEP

Title Deeds

Share Certificates

Bank/Building Society cheque/pass
books Pension Books

And any other financial documents

DECLARATION:

I declare that the above information is correct and that I wish my Will to be drawn up in these terms.

SIGNATURE

DATED

PLEASE RETURN FORM TO: Giffen Couch & Archer, Bridge House, Bridge Street, Leighton Buzzard, Bedfordshire LU7 1EB

CONFIDENTIAL

SHOULD YOU ENCOUNTER ANY DIFFICULTIES WITH THE COMPLETION OF THIS QUESTIONNAIRE PLEASE DO NOT HESITATE TO CALL.

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