

Instructions

- If completing a paper copy of this, please use block capitals, otherwise type directly into the boxes.
- Couples should complete separate forms
- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

NB The Veale Wasbrough ("VW") Executor & Trustee Company can act as executor. Please see attached information sheet

Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
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If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
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Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

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If yes, and it is held in joint names, who is the other owner?

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Where are the deeds?

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Over £500,000

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

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Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

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Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

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Yes No

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Yes
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Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

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Date of birth
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Status

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Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Address

Postcode

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Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

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Subsitutional Executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

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to act as executor

Yes No

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Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Section C: Your assets

Do you own your house

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If yes, and it is held in joint names, who is the other owner?

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If yes, have you signed a nomination form?

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Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

NB The Veale Wasbrough ("VW") Executor & Trustee Company can act as executor. Please see attached information sheet

Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Subsitutional Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Subsitutional Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Subsitutional Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
| Not applicable | <input type="checkbox"/> | Please go to question 5 |

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

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Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

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Executor & Trustee
Company

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Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

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Substituted Executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
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| No | <input type="checkbox"/> | Please go to question 5 |
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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

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Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

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Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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Instructions

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- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of husband/wife/partner

If you intend to marry in the near future, full names of your husband/wife to be

NB You can make a Will “in contemplation of marriage” which will not be revoked by that marriage.

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
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Company

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Full name(s)

Address(s)

Postcode(s)

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Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

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Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

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to act as executor?

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Full name

Address

Postcode

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

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Address

Postcode

Date of birth (dd/mm/yyyy)

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Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Subsitutional Executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
No	<input type="checkbox"/>	Please go to question 5
Not applicable	<input type="checkbox"/>	Please go to question 5

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

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5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Address

Postcode

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Executors

Full name

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Substituted Executors

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Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Full name	
Address	
Postcode	

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Together:	Alternative:
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Funeral Wishes

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- | | | |
|----------------|--------------------------|-------------------------|
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Remainder of your Estate

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Section C: Your assets

Do you own your house

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If yes, and it is held in joint names, who is the other owner?

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Is it held as

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What is the approximate value (ignoring any mortgage)?

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Don't know

If yes, have you signed a nomination form?

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No
Don't know

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No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

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Would you like us to store your Will here, free of charge?

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Company

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Full name

Address

Postcode

Has confirmed willingness
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Yes No

Executors

Full name

Address

Postcode

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Substituted Executor

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Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Substituted Executors

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Address

Postcode

Has confirmed willingness
to act as executor

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Guardians

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Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Postcode(s)

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

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Is it held as

Joint tenants N/A
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What is the approximate value (ignoring any mortgage)?

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If yes, have you signed a nomination form?

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No

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Yes No

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Signature

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
husband/wife/partner

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Child three

Full name

Address

Postcode

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Address

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Do you have an existing Will?

Yes No

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Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
| Not applicable | <input type="checkbox"/> | Please go to question 5 |

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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Instructions

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- Couples should complete separate forms
- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

--

Address

--

Postcode

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Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
No	<input type="checkbox"/>	Please go to question 5
Not applicable	<input type="checkbox"/>	Please go to question 5

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

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Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

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Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
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Company

Yes No

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Subsitutional Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Subsitutional Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Subsitutional Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
| Not applicable | <input type="checkbox"/> | Please go to question 5 |

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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0117 314 5246



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Tel: 0207 665 0819

For further information please contact us:

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Instructions

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- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

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Signature

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Full name

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

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Do you want to appoint VW
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Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

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Address

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Postcode

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Guardians

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First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

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3. Have you any particular wishes regarding funeral arrangements?

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- | | | |
|----------------|--------------------------|-------------------------|
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| No | <input type="checkbox"/> | Please go to question 5 |
| Not applicable | <input type="checkbox"/> | Please go to question 5 |

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

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Signature

Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Please list the full names and addresses of your children (and dates of birth if under 18):

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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

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Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Full name

Address

Postcode

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to act as executor

Yes No

Executors

Full name

Address

Postcode

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Substituted Executors

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Address

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Address

Postcode

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Full name

Address

Postcode

Has confirmed willingness to act as guardian?

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Together:

Alternative:

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
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Occupation

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Address

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Do you have an existing Will?

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Substituted Executors

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Full name

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Postcode

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Together:

Alternative:

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Section C: Your assets

Do you own your house

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If yes, and it is held in joint names, who is the other owner?

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If yes, have you signed a nomination form?

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No

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Address

Postcode

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Full name

Address

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Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

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Executors

Full name

Address

Postcode

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to act as executor

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Executors

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Substituted Executors

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Address

Postcode

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Full name

Address

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Full name

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What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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0117 314 5246



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Instructions

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- Couples should complete separate forms
- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Substituted Executors

Full name

Address

Postcode

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to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Yes
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If yes, have you signed a nomination form?

Yes

No

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

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Address

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Address

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Do you have an existing Will?

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

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Executor & Trustee
Company to be your
Subsitutional Executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

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Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
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Postcode

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Executor & Trustee
Company

Yes No

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
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Address(s)

Postcode(s)

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Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Over £500,000

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

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No

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Signature

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
husband/wife/partner

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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Full name

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2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

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Full name

Address

Postcode

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Full name

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Yes No

Signature

Date (dd/mm/yyyy)

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For further information please contact Michelle Rose (Bristol) or Christine Green (London)



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mrose@vwv.co.uk
0117 314 5246



Christine Green
cgreen@vwv.co.uk
Tel: 0207 665 0819

For further information please contact us:

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Instructions

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- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

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Address

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Postcode

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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
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Not applicable	<input type="checkbox"/>	Please go to question 5

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

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Is it held as

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Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

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Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

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Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

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Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

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Postcode

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Date of birth
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Address

Postcode

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Executors

Full name

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Postcode

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Substituted Executors

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Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

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Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

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Postcode(s)

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Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
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What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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£300,000-£500,000
Over £500,000

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

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Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

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Would you like us to store your Will here, free of charge?

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

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Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
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Company

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

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to act as executor?

Yes No

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Company to be your
Subsitutional Executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

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Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Section C: Your assets

Do you own your house

Yes No

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Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

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Signature

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**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

Child one

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

NB The Veale Wasbrough ("VW") Executor & Trustee Company can act as executor. Please see attached information sheet

Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
| Not applicable | <input type="checkbox"/> | Please go to question 5 |

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

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Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Postcode

Date of birth (dd/mm/yyyy)

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Full name

Address

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Child four

Full name

Address

Postcode

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Please use additional sheets where necessary

Do you have an existing Will?

Yes No

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Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
Executor & Trustee
Company

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Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

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Company to be your
Substituted Executor

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Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Substituted Executors

Full name

Address

Postcode

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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

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Distribution

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- | | | |
|----------------|--------------------------|-------------------------|
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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

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Address(s)

Postcode(s)

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Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

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Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

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May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

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Postcode

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Child three

Full name

Address

Postcode

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Child four

Full name

Address

Postcode

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Please use additional sheets where necessary

Do you have an existing Will?

Yes No

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Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Executors

Full name

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Postcode

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If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

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Company to be your
Substituted Executor

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Substituted Executors

Full name

Address

Postcode

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Address

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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

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Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Postcode(s)

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Under £10,000
£10,000-£300,000
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Over £500,000

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

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Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

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Signature

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Please list the full names and addresses of your children (and dates of birth if under 18):

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Full name

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Postcode

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Full name

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Full name

Address

Postcode

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Child four

Full name

Address

Postcode

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Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

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Full name

Address

Postcode

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Postcode

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Substituted Executors

Full name

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Postcode

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Full name

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Postcode

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Yes No

Second Guardian

Full name

Address

Postcode

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Funeral Wishes

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
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Child four

Full name

Address

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Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

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Yes No

If yes, where is the original?

Section B: Will instructions

Executors

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Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
Executor & Trustee
Company to be your
Subsitutional Executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

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Yes No

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Yes No

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Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

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Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

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Address

Postcode

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Executors

Full name

Address

Postcode

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Substituted Executors

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Address

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Section C: Your assets

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Signature

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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Full name

Address

Postcode

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Child four

Full name

Address

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Do you have an existing Will?

Yes No

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Section B: Will instructions

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Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Executors

Full name

Address

Postcode

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Substituted Executors

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Address

Postcode

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Substituted Executors

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Address

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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
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Remainder of your Estate

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

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Is it held as

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What is the approximate value (ignoring any mortgage)?

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Don't know

If yes, have you signed a nomination form?

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Don't know

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No

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
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Address

Postcode

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Do you have an existing Will?

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Section B: Will instructions

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Address

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Full name

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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?	
---	--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
No	<input type="checkbox"/>	Please go to question 5
Not applicable	<input type="checkbox"/>	Please go to question 5

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
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Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

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Subsitutional Executor

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Subsitutional Executors

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Address

Postcode

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Full name	
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Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

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- | | | |
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Address(s)

Postcode(s)

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Section C: Your assets

Do you own your house

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If yes, and it is held in joint names, who is the other owner?

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If yes, have you signed a nomination form?

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No

Don't know

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Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Full name

Address

Postcode

Has confirmed willingness
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Executors

Full name

Address

Postcode

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Do you want to appoint VW
Executor & Trustee
Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

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Address

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Postcode

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Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

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Is it held as

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What is the approximate value (ignoring any mortgage)?

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No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

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Yes No

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Signature

Date (dd/mm/yyyy)

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
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Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

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Full name

Address

Postcode

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to act as executor

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Full name

Address

Postcode

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Full name	
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Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

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Date of birth (dd/mm/yyyy)

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Address

Postcode

Date of birth (dd/mm/yyyy)

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Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
-----------	--------------

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
No	<input type="checkbox"/>	Please go to question 5
Not applicable	<input type="checkbox"/>	Please go to question 5

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

5. Do you want to give a specific sum of money to anyone? Eg "£500 to my god-daughter Alice Smith". If so please supply details of the gift(s). You should include any legacies to charities you support here. If you wish to benefit your old school, remember that most independent schools are registered charities. Please include charity registration no. if possible.

6. Do you want to give any specific items to anyone? Eg "My three stone diamond ring to my niece Joanne Scott". If so, please supply an accurate description of the items(s)

7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

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Signature

Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
revoked by that marriage.**

Please list the full names and addresses of your children (and dates of birth if under 18):

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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

NB The Veale Wasbrough ("VW") Executor & Trustee Company can act as executor. Please see attached information sheet

Do you want to appoint VW
Executor & Trustee
Company

Yes No

If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

Do you want to appoint VW
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Company to be your
Substituted Executor

Yes No

Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

--

Distribution

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No	<input type="checkbox"/>	Please go to question 5
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Remainder of your Estate

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Postcode(s)

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Address(s)

Postcode(s)

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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£10,000-£300,000
£300,000-£500,000
Over £500,000

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

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Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

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Yes No

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Yes No

Signature

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- Please attach extra sheets if necessary

Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor?

Yes No

If any of your executors die before you, who would you like to act as an executor in their place? Please supply full names and addresses and check their willingness to act.

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Company to be your
Subsitutional Executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Subsitutional Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Guardians

2. If you have children under the age of 18, you should appoint a guardian or guardians for them. If this applies, please supply the guardians' full names and address(es) and check that they are willing to act.

First Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

Gifts

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

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Signature

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership

Separated Widowed Co-habiting

Full name of
husband/wife/partner

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near future, full names of
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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Do you have an existing Will?

Yes No

If yes, where is the original?

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Company

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

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Address

Postcode

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Substituted Executors

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Address

Postcode

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Address

Postcode

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Full name

Address

Postcode

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Full name

Address

Postcode

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
husband/wife/partner

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Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Executors

Full name

Address

Postcode

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Company to be your
Substituted Executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Substituted Executors

Full name

--

Address

--

Postcode

--

Has confirmed willingness
to act as executor

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

Substituted Executors

Full name

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Address

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Postcode

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Has confirmed willingness
to act as executor

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Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. Have you any particular wishes regarding funeral arrangements?

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7. Do you want to include a clause gifting items in accordance with a memorandum of wishes?

Yes No

Remainder of your Estate

8. Apart from the gifts in 5 and 6, who will benefit from the rest of your assets (the residue)? This could be your husband/wife/partner, your children or another beneficiary, including a charity. If more than one person is to benefit, in what shares? Eg "40% to my son John and 60% to my daughter Jane".

9. If your wife/husband/partner or any beneficiary of residue mentioned in 8 above should not survive you, who will inherit your estate? **Please use additional sheets if necessary.**

Full name(s)

Address(s)

Postcode(s)

10. If none of your beneficiaries survive you, who will inherit your estate?

Full name(s)

Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

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Signature

Date (dd/mm/yyyy)

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Instructions

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
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Company

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If yes please go to question 2. Guardians. If you would also like to appoint a family member or friend to act alongside the VW Executor & Trustee Company or do not want to appoint the VW Executor & Trustee Company, please complete the following:-

Executors

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Address

Postcode

Has confirmed willingness
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Executors

Full name

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Postcode

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Substituted Executor

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Substituted Executors

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Address

Postcode

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Guardians

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First Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

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Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

- | | | |
|----------------|--------------------------|-------------------------|
| Yes | <input type="checkbox"/> | Please go to question 9 |
| No | <input type="checkbox"/> | Please go to question 5 |
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Remainder of your Estate

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Section C: Your assets

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If yes, and it is held in joint names, who is the other owner?

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No

Don't know

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Signature

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

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Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
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Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

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Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

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Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

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Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Executors

Full name

Address

Postcode

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Company to be your
Substituted Executor

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Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Substituted Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

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Guardians

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Full name

Address

Postcode

Has confirmed willingness to act as guardian

Yes No

Second Guardian

Full name

Address

Postcode

Has confirmed willingness to act as guardian?

Yes No

Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:

Alternative:

Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

Yes	<input type="checkbox"/>	Please go to question 9
No	<input type="checkbox"/>	Please go to question 5
Not applicable	<input type="checkbox"/>	Please go to question 5

NB For questions 5-9, please provide full name(s) and address(es) for all beneficiaries

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Remainder of your Estate

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Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

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Where are the deeds?

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Over £500,000

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Yes
No

Don't know

If yes, have you signed a nomination form?

Yes

No

Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes

No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

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Signature

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Section A: Family details

Title (Mr/Mrs/Miss/Ms/Dr)

Full name

Address

Postcode

Daytime tel. no

Evening tel. no

Email address

Date of birth
(dd/mm/yyyy)

Occupation

Status

Married Divorced Single Civil Partnership
Separated Widowed Co-habiting

Full name of
husband/wife/partner

If you intend to marry in the
near future, full names of
your husband/wife to be

**NB You can make a Will “in contemplation of marriage” which will not be
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Please list the full names and addresses of your children (and dates of birth if under 18):

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Address

Postcode

Date of birth (dd/mm/yyyy)

Child two

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child three

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Child four

Full name

Address

Postcode

Date of birth (dd/mm/yyyy)

Please use additional sheets where necessary

Do you have an existing Will?

Yes No

If yes, where is the original?

Section B: Will instructions

Executors

1. Who will be your executors? Please supply their full names and address(es) and check that they are willing to act. It is advisable, but not essential, to appoint two.

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Do you want to appoint VW
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Company

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Executors

Full name

Address

Postcode

Has confirmed willingness
to act as executor

Yes No

Executors

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Substituted Executors

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Address

Postcode

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Address

Postcode

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Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Second Guardian

Full name	
Address	
Postcode	

Has confirmed willingness to act as guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you want the First Guardian and the Second Guardian to act together or is the Second Guardian an alternative appointment?

Together:	Alternative:
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Funeral Wishes

3. Have you any particular wishes regarding funeral arrangements?

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Distribution

4. Do you want your wife/partner/husband/ to receive everything you own if they survive you?

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Remainder of your Estate

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Full name

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Address(s)

Postcode(s)

11. If any beneficiary mentioned in 5-10 above is under the age of 18 at the time of your death, at what age should they receive their inheritance? Eg. 18 or 21?

--

Section C: Your assets

Do you own your house

Yes No

If yes, and it is held in joint names, who is the other owner?

--

Is it held as

Joint tenants N/A
Tenants in common Don't know

What is the approximate value (ignoring any mortgage)?

--

Where are the deeds?

--

Please indicate the total value of your assets (including your share in the house and your share in any **joint** assets).

Do not include any Death in Service Benefit or assets (eg life policies) written in trust.

Under £10,000
£10,000-£300,000
£300,000-£500,000
Over £500,000

If you are working will your employer pay a death in service benefit?

Yes
No

Don't know

If yes, have you signed a nomination form?

Yes
No
Don't know

Have you made any gifts over £3,000 in the last 7 years? If so, how much and to who?

Yes
No

Section D: General

Provided a convenient appointment can be made, are you able to call in to the office to sign your Will?

Yes No

Would you like us to store your Will here, free of charge?

Yes No

May we contact your executors directly? We have a number of information sheets available which may be of interest to them?

Yes No

Would you like us to send you information on Lasting Powers of Attorney?

Yes No

Signature

Date (dd/mm/yyyy)

Please return the completed questionnaire to Michelle Rose in Estates and Tax Planning on the address details below

For further information please contact Michelle Rose (Bristol) or Christine Green (London)



Michelle Rose
mrose@vwv.co.uk
0117 314 5246



Christine Green
cgreen@vwv.co.uk
Tel: 0207 665 0819

For further information please contact us:

0117 925 2020

Orchard Court, Orchard Lane, Bristol BS1 5WS
DX 7831 Bristol

020 7405 1234

Barnards Inn, 86 Fetter Lane, London EC4A 1AD
DX 6 London/Chancery Lane

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