

WILL QUESTIONNAIRE

All information will be treated in the strictest confidence

YOUR PERSONAL DETAILS

Det	ails Required					
Tit	le					
Fu	II name					
_	ll address cluding postcode					
Da	ate of birth					
Те	lephone number(s)					
	ital status ase tick appropriate be Single Married Separated Divorce Widowed Partner/common					
	married, date of marria					
mak		and living with your spouse do so please contact us an				
Gen ther rem If you	n nor can they act as e ains valid. ou have made a Will al	former spouse as if he or s xecutors even if named as a nd then marry or remarry, to valid Will can be made tak below if appropriate.	such. In the Will	other respect	ts, however, the	e rest of the W ules of intesta
wh		ove, do you have any fir o benefit under your Will (d dren)?				
If ye	es, we will be pleased	to advise you.				
Do	you intend to marry/r	e-marry in the near future?	?			
W	ould you like your new	Will to take this into accor	unt?			
Is	your permanent home	in England or wales?				

1.	If not, plea	ase state which country		
2.	Is your ab	ility to read and sign your Will affected I	oy any	
12.	condition			
	If yes plea	ase supply details.		
	INFORMA	TION ABOUT YOUR CHILDREN		
13.	Details Re	quired		
	Give the fu	Il names and dates of birth of any childr	en you have.	
	Please indi	cate if they are male or female.		
	Child 1		Child 2	
	Gender		Gender	
	DOB		DOB	
	Child 3		Child 4	
	Gender		Gender	
	DOB		DOB	
	l loado ada	I more if required.		
	APPOINT	MENT OF EXECUTORS		
	Executors ar	re persons whom you appoint in your Will to	carry out you	r wishes and administer your Estate:
		nsider appointing a relative or close friend w		
	-	h some duties imposes by law and you may t		
	-	r. As a firm, we would be pleased to accept o	-	
		for the efficient administration of your esta		
4.	Whom do	you wish to appoint as executor(s)?		
	Please tick	the appropriate box from the following	statements:	
		Ill names and addresses of all persons r		Please state their relationship to you.
		er, brother-in-law, friend etc.)		· ····································
	L wish to a	appoint the person(s)		
		he right to act as my Executor(s)		
		appoint the person(s)		
	name to the SONS	he right with THOMAS FLAVELL &		



☐ I wish to appoint THOMAS FLAVELL & SON
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YOUR ASSETS

15. Do you hold any assets outside England and wales? If so, please give full details including where situated. *Please submit on a supplementary sheet*

UK ASSETS Details	Your Assets
Land & Property	£
Furniture	£
Personal Effects	£
Motor cars	£
Bank Account	£
Building society accounts	£
National savings	£
Stocks & shares	£
Personal Equity Plans	£
Tessa's	£
Life Assurance	£
Superannuation Benefits	£
Interest in another estate or trust	£
Cash	£
Other Assets	£
TOTAL	£
LIABILITIES	YOUR DETAILS
Mortgage outstanding	£
Credit cards	£
Other	£
	£
TOTAL	£
NET ASSETS / LIABILITIES (Assets less liabilities)	£

Some Assets may fall outside your Will:

- Pension fund trustees usually have discretion to distribute the pension scheme death benefits and your wishes should be notified to the trustees. Similar consideration may apply to death in service schemes.
- The proceeds of a life assurance policy written in trust are payable to the person name.
- Jointly owned assets may pass to the surviving owner(s)

17.	Please specify if, in the last 7 years, you have made any gifts of sums of money or property the total value of which exceeded £3,000 in any one tax year.	
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research?		
	lonate all your body?	
If no, please specification you wish to donate	fy which parts of your body e.	
Is it your wish to be	e buried or cremated?	
Appointment of Gu	uardians (if you have childre	n)
one parent dies, the he both parents may mother to the mothe mother. Please indic	surviving parent normally become y die together or you may be a ser of his children he will not automate if you require further advice the service of the se	
		e power to make payments to the guardians for the
naintenance, educai	tion and general benefit of your	children.
f you wish to make		lease five full details 1 st or sole Guardian. Please
f you wish to make	a guardianship appointment, p	lease five full details 1st or sole Guardian. Please
f you wish to make give the full name(s)	a guardianship appointment, p	lease five full details 1 st or sole Guardian. Please
f you wish to make give the full name(s) Name Address Relationship to	a guardianship appointment, p	lease five full details 1 st or sole Guardian. Please
f you wish to make give the full name(s) Name Address Relationship to you	a guardianship appointment, p	lease five full details 1 st or sole Guardian. Please
Name Address Relationship to you 2 nd joint Guardian (if	a guardianship appointment, p	lease five full details 1 st or sole Guardian. Please
f you wish to make give the full name(s) Name Address Relationship to you 2nd joint Guardian (if appropriate)	a guardianship appointment, p	lease five full details 1 st or sole Guardian. Please

23. If the person(s) named above are unable or unwilling to act, do you wish to make a substitute appointment? If so, please give full details of 1st or sole substitute Guardian

Name		
Address		
Relationship to you		
2 nd substitute joint Guardian (if appropriate)		
Name		
Address		
Relationship to you		
YOUR BEQUESTS		
TOOK BEQUESTS		
Before dealing with your Estate are ther sums of money while leave to a particular charity?	re any specific ch you wish to	
If so please give the wish to give and the the recipient(s) toge address(es) and, if relationship(s) to yo	e full name(s) of ether with their appropriate, ou.	
In the event of the p above dying before wish the gift to pass children they may h	you, do you to any child or	
Before dealing with your Estate are ther items (for example, you wish to leave to person?	re any specific jewellery) which	
If so please give the the item(s) and full recipient(s) togethe address(es) and, reyou.	name(s) of the r with their	

24.

25.

26.

27.



	If you wish to leave a number of specific items, we suggest that you provide the full details in a separate list. In turn this list will be referred to in your Will. Should you wish to make any changes to the list in future, you will not have to change your Will.		
•			
8.	In the event of the person(s) named about the gift to pass to any child or children the		
	YOUR RESIDUARY ESTATE		
9.	Please tick the appropriate box from the	statements made below:	
	A. I wish my Estate to pass to the perso	on or charity named below.	
	In the event of the person named above to any children they may have?	e dying, do you wish the gift to pass	
	OR		
		en the persons and I or charity(ies) nar	mes below.
	,		
	If you do not wish your Estate to be share name the percentage share of your Estate		indicate beside each
	In the eyent of the person named chays	duing do you wish the gift to poo	
	In the event of the person named above to any children they may have?	e dying, do you wish the gift to pass	
	If the above beneficiary(ies) named in A operson(s) and / or charity(ies) named belo		state to pass to the

	vish your Estate to be shared equally among those named please indic centage share of your Estate which they should receive.	ate beside e
	f the person named above dying, do you wish the gift to pass n they may have?	
	at what age you would wish any minor beneficiary to inherit if (eg 21, 25 etc).	
e any of yove details.	ur beneficiaries or potential beneficiaries mentally or physically handi	capped? If
there anyth	ing else you wish to make us aware of?	

Thank you for completing our Will questionnaire. Please email this form back to your advisor at your earliest opportunity in order for us to move forward.