



CLIENT PRE-CONSULTATION FORM

PLEASE READ CAREFULLY BEFORE COMPLETING

1. If completing manually rather than digitally, please ensure your handwriting is legible and that you use BLOCK CAPITALS.
2. Please identify all people by their full names (title, forename, middle name(s), and surname), also providing their current address, and noting how they are related to you and your spouse/partner.
3. Please do not use abbreviations of names or locations.
4. Please tick the appropriate tick box for any multiple choice questions.

This form must be fully completed with accurate information prior to your consultation to ensure that any advice or recommendations given are correct and your Will is drafted with the correct clauses to meet your wishes. All information disclosed to us shall be treated in the strictest confidence, and shall be secured and protected in accordance with the Data Protection Act 1998.

Should you choose to withhold or provide inaccurate information then we may be unable to draft your Will, and we shall not be held liable for any losses caused to your Estate or your Beneficiaries.

Should you encounter any issues when completing this form, please contact your consultant prior to your consultation.

1. Your Details

The Testator is the person making the Will.

If you have purchased a Single Will, please complete all fields and questions under the heading Testator 1.

If you have purchased Mirror Wills, please complete all fields and questions under the headings Testator 1 and Testator 2.

Testator 1

Title	Forename	Middle Name(s)
Surname		
Known by any other names?		

Date of Birth

Address

	Postcode

Are you able to read and sign your Will unaided? Yes No

Testator 2

Relationship? Spouse Partner Civil Partner

Title	Forename	Middle Name(s)
Surname		
Known by any other names?		

Date of Birth

Address

	Postcode

Will(s) to be made in expectation of marriage? Yes No

Are you able to read and sign your Will unaided? Yes No

2. Executors

Executors do the work of administering your Estate and carrying out other instructions in your Will(s).

Please appoint people you trust to carry out your wishes.

If a spouse or partner is chosen as a sole Executor, others should also be appointed to act as reserve Executors.

A maximum of 4 Executors are allowed to administer an Estate when a Will has to be proved.

Do you wish your Spouse / Partner to be an Executor?

Yes, solely

Yes, jointly with the Executors below

No

Executor 1's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Executor 2's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Executor 3's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Reserve Executor 1's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Reserve Executor 2's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

3. Children

Please provide the full names, dates of birth, and gender of each of your children, regardless of whether or not they will benefit from your Will(s).

Child(ren) of BOTH Testators

Full Name(s) of Child(ren)	Age or Date of Birth	Gender

Child(ren) of Testator 1 ONLY

Full Name(s) of Child(ren)	Age or Date of Birth	Gender

Child(ren) of Testator 2 ONLY

Full Name(s) of Child(ren)	Age or Date of Birth	Gender

4. Guardians

Please appoint people who will look after your minor children (under 18) after your death of both parents.

You should choose people who will be acceptable to both sides of the family.

Biological parents do not need to be named unless they do not have parental rights.

Guardian 1's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Guardian 2's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Reserve Guardian's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Email Address	Phone Number	

Notes on appointment of Guardians

5. Your Estate

Please complete this table, filling in the values of all of your assets and liabilities.

Please ensure that any jointly owned assets are detailed in the correct column.

If you own any properties as tenants in common, please don't put this in the jointly owned assets column – please write the value of your share in your own column.

	<u>Jointly Owned Assets</u>	<u>Testator 1</u>	<u>Testator 2</u>
Main Residence			
Additional Properties			
Foreign Assets – Real Estate			
Life Policies			
ISA's (Cash)			
ISA's (Stocks and Shares)			
Pensions			
Death in Service Benefits			
Shares			
Unit Trusts/ Investment Bonds			
Business Assets			
Sole Trader / Partnership			
Business Assets			
Partnerships / Shareholdings			
Bank / Building Society Savings			
Chattels (Items of Personal Use)			
Vehicles			
Other			
Gross Total Estate Values	£	£	£
Mortgage(s)			
Loan(s) (Including Credit Cards)			
Other			
Total Liabilities	£	£	£

6. Threats to Your Estate

There are 5 main threats that mean your residuary Estate may not pass in accordance with your wishes.

If you have not done so already, please ensure you [click here](#) and watch the 5 video clips

Please place the following in order of importance from 1 – 5, with 1 being the most important to you.

Please do not write any number more than once

I would like my Will to be written in the most tax efficient way.

If my spouse/partner meets someone after my death, I would like my Will written so that my Estate does not pass to any new partners.

If any of my children divorce, I would prefer their inheritance to stay in the bloodline. I would not be happy for half of the inheritance I left them to go to their ex-spouse.

If I require care in old age, I would prefer the state to pay for it rather than my beneficiaries.

If I lose mental capacity I would prefer a family member or close friend looked after my affairs rather than someone I don't know.

7. Beneficiaries

Please provide the full names of all individuals you wish to benefit from your Will(s), be it in the form of a gift, or a share of your residuary Estate.

Please also provide their current address, and note how they are related to you and your spouse/partner.

Further details can be written in the notes box below.

During your consultation your consultant shall discuss gifts and the distribution of your residuary Estate in more depth with you and record your wishes accordingly.

Beneficiary 1's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 2's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 3's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 4's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 5's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 6's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 7's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Beneficiary 8's Full Name	Relationship to	
	Testator 1	Testator 2
Address		

Notes on Beneficiaries

8. Referrals

Do **YOU** want £20 worth of gift vouchers?

If you know of 2 people who either need to have their Wills written, or would benefit from a free review of their existing Wills (which may be out of date and invalid), please provide their details.

For every person you recommend to your National Will Writers member who successfully purchases a product, they'll give you £20 worth of gift vouchers!

Referral 1's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Occupation		
Email Address	Phone Number	

Referral 2's Full Name	Relationship to	
	Testator 1	Testator 2
Address		
Occupation		
Email Address	Phone Number	

9. Declaration

Please read, sign, and date the declaration.

This declaration must be signed and dated before your instructions are submitted and can be processed.

I/We confirm that I/we am/are over the age of 18 years and am/are of sound mind. The information given is complete and correct, and is to be used as the basis for preparing my/our Last Will and Testament(s). In addition to appointments, legacies, and distribution of residue, I/we agree to my/our Executors and Trustees having normal powers to aid the administration of my/our Estate(s). I/We know of no other Trusts or constraints which would prevent my/our Estate(s) being distributed as I/we wish.

I/We understand that there will be additional charges if further changes or amendments are desired after I/we have had our consultation, given our instructions, and drafting commences.

If you have not received your document summary within 7 days of your consultation, please contact your consultant.

I/We understand that the document(s) prepared will not be legally valid until they are signed, dated, and witnessed correctly, and I/we undertake to sign all completed document(s) with suitable witnesses according to the printed instructions which will be returned with my/our document(s).

Testator 1's Signature

Testator 2's Signature

Date