



-The WillPack Service

Send the completed form to :  
The WillPack Service Ltd  
Eagle House  
Exchange Road  
Lincoln  
LN6 3JZ

For Society Use Only	
REFERENCE NUMBER	
DATE RECEIVED	
SINGLE / MIRROR	
DATE RETURNED	
AMOUNT TENDERED	
INVOICE DATE	
INVOICE AMOUNT	
REF. / COMM	

CONSULTANTS DETAILS	
NAME	
DATE	

# The WillPack Service

## Client(s)

### Testamentary Instruction Form

#### PLEASE READ CAREFULLY

- ◆ Please read and take note of ALL instructions and information contained within each section
- ◆ Please complete in ink using BLOCK CAPITALS throughout
- ◆ Circle your choice of YES/NO questions, put a line through any information that does not apply to you
- ◆ DO NOT use abbreviations
- ◆ Additional gifts or legacies can be listed on a separate sheet
- ◆ Any additional information you wish to be included can be listed on a separate sheet
- ◆ Please ensure any additional sheets are clearly marked with your FULL NAME
- ◆ The DECLARATION on page 11 must be signed and dated before your application can be processed
- ◆ IF YOU HAVE ANY PROBLEMS COMPLETING THE FORM TELEPHONE FREE 0800 838270

Testator .....

**Estate Valuations:**

Spouse/Partner:.....

	JOINT	TESTATOR	SPOUSE/PARTNER
Property			
Life Assurance			
PEP's			
Tessas			
ISA's			
Pension Death in Service			
National Savings			
Shares			
Unit Trusts/Investment Bonds			
Business Assets			
Bank/Building Society Savings			
Other: House Contents (Chattels)			
Car(s)			
<b>Total Estate Value</b>	£	£	£

**Less Liabilities**

	JOINT	TESTATOR	SPOUSE/PARTNER
Mortgage			
Loans (incl Credit & Store Cards)			
Other			
TOTAL ESTATE VALUE	£	£	£
LESS TOTAL LIABILITIES	£	£	£
<b>Net Value of Estate</b>	£	£	£

These calculations are estimates only. They are for illustration purposes only and have been calculated on approximate figures supplied by the client(s). They do not take into account any tax allowances that may be in place.

Please ensure that this form is submitted with the testamentary instruction form.

## (1) TESTATORS -

- \* The Testator is the person making the Will. Write in your FULL NAMES (surname last) include any other names by which you are Also Known As (i.e. Albert John Smith Also Known As John Smith).
- \* Write your address in FULL with no abbreviations
- \* Mirror Wills refer to TWO people (husband/wife/partner/fiancé(e)) according to the relationship

Instructions for preparing a single Will (First Testator only)

Instructions for preparing 'mirror Wills' ( First Testator & Spouse/Partner)

Full Name of First Testator (Surname Last)		Date of Birth
	MALE / FEMALE	
Address in Full including Post Code		Are you Blind or Physically Infirm? <input type="checkbox"/>
POST CODE		Telephone Number :
Spouse / Partner / Fiancé(e) (Surname Last)		Date of Birth
	MALE / FEMALE	
Relationship : <b>SPOUSE / PARTNER / CIVIL PARTNER</b>	Are you Blind or Physically Infirm? <input type="checkbox"/>	
Are you about to marry or enter into a Civil Partnership? - <b>YES / NO</b> .... If YES what is the wedding date :		

## (2) EXECUTORS

- \* Executors do the work of administering your estate and carrying out your instructions in your Will
- \* Appoint people you trust to comply with your wishes
- \* If a spouse or partner is appointed as sole executor, you may appoint others to act if your spouse/partner cannot act
- \* Executors are also appointed as 'Trustees' which may involve long term management of your estate e.g. looking after money (In Trust) for minor children
- \* Executors may also be beneficiaries - but they cannot charge for their work - (unless they are a solicitor, accountant or a Trust Corporation)

**Do you wish your spouse / partner to be an executor ?**

**Yes solely / Yes jointly with executors listed below / No / Not applicable**

Executor Name (1)	Relationship to :	
	First Testator	Second Testator
Executor Address (1) :		
Executor Name (2)	First Testator	Second Testator
Executor Address (2) :		
Executor Name (3)	First Testator	Second Testator
Executor Address (3) :		

### (3) GUARDIANS

- \* Appoint people who are willing to look after minor children (under 18) in the event of the death of both partners.
- \* Choose people who are acceptable to both sides of your families and to the children
- \* It is recommended that at least one of your appointed guardians be appointed an Executor and Trustee of the estate (see section 2)
- \* It is important that you have obtained the consent of the proposed guardian before making the appointment

Relationship to :

Full Name of Guardian (1)	First Testator	Second Testator

Guardian Address (1)

Relationship to :

Full Name of Guardian (2)	First Testator	Second Testator

Guardian Address (2)

Are 2nd Guardians to act jointly or are they reserve : **JOINT / RESERVE**

You may appoint 'reserve' Guardians to act should the first Guardians be unable to act

### (4) LEGACIES

- \* Legacies or gifts are in the main either 'Specific' that is a gift of items or a particular item or 'Pecuniary' that is gifts of money.

#### 4A SPECIFIC GIFTS

- \* Identify items as carefully as possible - e.g. my gold ring set with five diamonds
- \* If the gift is general which may change regularly e.g. a car - write as 'I own at the date of my death'
- \* Please state if the gift is to take effect on the death of the first or second testator.
- \* If necessary continue on a separate sheet

<b>FROM FIRST TESTATOR</b>	<b>FROM SECOND TESTATOR</b>
----------------------------	-----------------------------

Full Name of Beneficiary and Relationship	Full Name of Beneficiary and Relationship

Full Description of Gift	Full Description of Gift
Give only after second death <input type="checkbox"/>	Give only after second death <input type="checkbox"/>

Full Name of Beneficiary and Relationship	Full Name of Beneficiary and Relationship

Full Description of Gift	Full Description of Gift
Give only after second death <input type="checkbox"/>	Give only after second death <input type="checkbox"/>



## 4D PROPERTY TRUST

\* Trustees should be nominated for the Property Trust of at least 2 in number (this may include either spouse or partner)

**TRUSTEES DETAILS:** Are the Trustees of The Property Trust the same as your Executors?: **YES / NO**  
**IF NO**, enter details of the Trustees (giving their full names and relationship if applicable)

1.

2.

**PROPERTY DETAILS:** please circle

1. How is your property currently owned?: **SINGLE NAMES / JOINT NAMES / TENANTS IN COMMON (TIC)**
2. Is the property subject to a mortgage?: **YES / NO** (if **YES** enter details of lender below)
3. If owned in single name then conveyancing the property into TIC will need to be completed and subject to additional costs ( Legal Costs, Search Fees, Land Registry fees, and current Lenders fees for the withdrawal of Title Deeds) A full quotation will be provided before you agree to proceed.

### FOR PROPERTY HELD AS SOLE OWNER OR AS 'TENANTS IN COMMON' ONLY

\* Do you wish to leave your share to other than spouse—if YES give full names and shares below:

<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>
<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>
<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>
<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>

**MORTGAGE DETAILS:**  
**NAME AND ADDRESS OF LENDER:**

**ACCOUNT REFERENCE:**

**IF NO MORTGAGE GIVE DETAILS OF WHERE THE DEEDS TO YOUR PROPERTY ARE HELD:**

## 4E INHERITANCE TAX

\* Before completing this section make sure that you have fully completed the Estate Valuation on page 2

Circle **YES** only from **ONE** of the following:

Include simple 2 year Discretionary Trust in favour of spouse and children: **YES / NO**

Include a Full Term (80 year) Nil Rate Band Discretionary Trust in favour of spouse, issue (children) and remoter issue (grandchildren and great grandchildren: **YES / NO**

Include an IOU debt/charge scheme Trust with Full Term Nil Rate Discretionary Trust and tenancy held as Tenants in Common, in favour of spouse, issue and remoter issue: **YES / NO**

Entire Residue in Discretionary Trust for surviving spouse to make decision over distribution after first death: **YES / NO**

**(5) RESIDUE**

- \* The Residue is everything left in your estate after debts and any legacies have been paid
- \* You can leave everything to your spouse/partner but if they do not survive you by 30 clear days your Estate can pass to your children and grandchildren or to other named beneficiaries.
- \* A 'standard' family Will often only requires 'YES' to be circled in the first two choices on this page

<b>RESIDUE OF ESTATE TO PASS FIRSTLY TO SPOUSE / PARTNER</b>
<b>YES / NO / NOT APPLICABLE</b>

<b>AND/OR THEN TO PASS ONTO CHILDREN AND GRANDCHILDREN</b> INCLUDING THOSE NOT YET BORN
<b>YES.....COMPLETE SECTION 5A</b> - ENSURE THAT YOU GIVE FULL NAMES AND PRECISE RELATIONSHIP
<b>NO .....COMPLETE SECTION 5B</b> - ESTATE TO PASS TO NAMED BENEFICIARIES
<b>NO FURTHER BENEFICIARIES</b> ..... TURN TO SECTION 6

**5A CHILDREN**

- \* If you have young children leave the child name boxes BLANK to allow for further children being born, if however you do not expect to increase your family then name all children below, HOWEVER;
- \* If the children in your family have come from more than one partnership it is necessary to name them to indicate who is to be included and to state their relationships (e.g. 'son' 'stepson') to each partner

CHILD NAME	Relationship to :	
	First Testator	Second Testator
(1)		
(2)		
(3)		
(4)		

ARE ALL CHILDREN OVER THE AGE OF 18 YEARS	<b>YES / NO</b>	AT WHAT AGE DO YOU WISH YOUR CHILDREN TO INHERIT ?	<b>18 / 21 / 25 YEARS</b>
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**5B NAMED BENEFICIARIES**

- \* If you are single, do not have children or wish your Estate to pass to other friends and family, ignore section 5A and complete this section instead.
- \* The share they receive can be shown as 50% or 1/2 etc. if no shares are shown all will receive an equal share of your estate

NAMED BENEFICIARIES	SHARE	Relationship to :	
		First Testator	Second Testator
(1)			
(2)			
(3)			
(4)			

<b>5C IN CASE ALL YOUR ABOVE NAMED BENEFICIARIES FAIL TO SURVIVE YOU, RESERVE BENEFICIARIES CAN BE NAMED HERE</b>			

## (6) EXCLUSIONS

- \* Have you deliberately excluded any one who may have a possible claim on your estate ?
- \* If YES, a short explanation written in your own handwriting and this should be stored with the Will
- \* At this stage it is a good idea to review who you have named as your beneficiaries - in particular have you made adequate provision for those who are financially dependent on you
- \* Make sure that this exclusion (if any) is agreeable to both of you

Full Name and Relationship of person(s) to be excluded

(1)

(2)

## (7) BUSINESS INTERESTS

- \* Sole Traders, Partnerships and Family run Limited Companies which may be continued by the beneficiaries should be noted so that Trustees are aware of their existence and can take the necessary steps to continue them.
- \* Shares in Limited Companies and PLC's should be given as legacies (see section 4B)

Do you have any business interests which form part of your estate ? **YES / NO**

First Testator - Name of Business and Type

Second Testator - Name of Business and Type

## (8) MEDICAL DONATION

- \* If you wish your organs to be used for transplant this can be mentioned in your Will.
- \* To reinforce your wishes you should carry a Donor Card

First Testator

Do you wish your organs to be used for transplant purposes ? **YES / NO**

Are there any organs which you specifically DO NOT WANT used for transplant purposes? (circle below these exclusions)

**EYES / HEART / KIDNEYS / LIVER / OTHER** (please state)

## (9) YOUR FUNERAL WISHES

- \* These requests can be recorded in your Will and it is recommended that you inform friends and family separately of your wishes

DO YOU WISH TO SPECIFY YOUR FUNERAL ARRANGEMENTS **YES / NO**

**To be included in the Wills of: First Testator / Second Testator / Both**

Do you wish to be: **BURIED / CREMATED**

If buried: Name of Church:

If cremated: would you like your ashes scattered or buried? If YES where?

Would you like donations made to charity in lieu of flowers? **YES / NO**

if YES, name, address and Reg.No (if known) of charity:

Funeral Expenses to be paid by : **Estate / Funeral Plan / Relatives / Other**

**(10) Enduring Power of Attorney**

FIRST DONOR			SECOND DONOR		
NAME			NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		
Date of Birth			Date of Birth		

If the Attorneys are to be different in both EPA's list on separate sheet—If the attorney is to be solely the spouse or partner just enter spouse / partner.

FIRST ATTORNEY			SECOND ATTORNEY		
NAME			NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		
RELATIONSHIP			RELATIONSHIP		

**IF APPOINTING MORE THAN ONE ATTORNEY ARE THEY TO ACT:** JOINTLY    JOINT & SEVERALY

**Is the client aware of the differences between the above?    YES / NO**

IF APPOINTING MORE THAN TWO ATTORNEYS (max 4) CONTINUE ON SEPARATE SHEET

**ATTORNEY'S AUTHORITY—in both A & B only one selection may be made. One selection MUST be DELETED in each**

<b>A. Is the Attorney to have:</b>	(A) General Authority to act on my behalf; or
	(B) with authority to do the following on my behalf
Details if B selected	
<b>B. Is this authority in relation to:</b>	(A) All my authority and affairs; or
	(B) the following property and affairs
Details if B selected	

**RESTRICTIONS AND CONDITIONS—Only one selection from A or B may be made—one MUST be DELETED**

Is the power of Attorney subject to any restrictions, if YES state conditions below:

Details			
A. Is this power to become effective immediately? or	<b>YES</b>	<b>NO</b>	
B. Is this power to become effective 'only when I become mentally incapable of handling my affairs?'	<b>YES</b>	<b>NO</b>	

**TRUST PROPERTY—property owned jointly by spouses is held on Trust**

Does the Donor hold : Any Trusteeships    **Y / N**    Any property jointly with others (other than spouse):    **Y / N**

NOTE: If the Donor holds property jointly with a sole attorney, another independent Attorney should be appointed

If YES, as an alternative does the Donor wish to execute separate EPA's?:		
One in respect of Trust Property and one in respect of property and affairs generally?	<b>YES</b>	<b>NO</b>

## (11) Advance Medical Directive (Living Will)

There is currently no legislation covering Advance Medical Statements but it is clear in common law, that competent, informed adults have a legal right to refuse medical procedures in advance and that an unambiguous and informed Advance Directive (refusal) can be as valid as a contemporaneous decision. However, health professionals may be legally liable if they disregard the terms of an Advance Directive if the directive is known to them and that it is clear, unambiguous and is applicable to the circumstances.

Advance statements expressing preferences about treatment decisions or requesting certain treatments are not legally binding. In England and Wales, views expressed by a third party about medical care are also not binding on health professionals. The British Medical Association believes however, that wherever possible such statements should be taken into account in deciding on the patients best interests. In all circumstances, a contemporaneous decision by a competent individual overrides previously expressed statements by that person.

**NOTE:** An Advance Directive cannot authorise unlawful procedures, such as euthanasia, nor can they insist on futile or inappropriate treatment. Nor can they be used to refuse the provision of 'basic care'. This includes the administration of medication or any procedure primarily to provide comfort to the patient or to alleviate that person's pain or distress.

FIRST TESTATOR			SECOND TESTATOR		
FULL NAME			FULL NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		
TELEPHONE	Home	Work	TELEPHONE	Home	Work

### DOCTORS DETAILS-a copy will be supplied for filing on your medical record held by your GP

FIRST TESTATOR			SECOND TESTATOR			
NAME			NAME			
ADDRESS			ADDRESS			
POST CODE			POST CODE			
Have you discussed this Advance Directive with your GP?					YES	NO

### HOSPITAL DETAILS— a copy will be supplied for your local hospital to file with your medical records

NAME		
ADDRESS		
POST CODE		

### PERSONAL REQUEST-list here anyone who you would especially like present or in the case of confusion

FIRST TESTATOR			SECOND TESTATOR		
NAME			NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		
RELATIONSHIP			RELATIONSHIP		
TELEPHONE	Home	Work	TELEPHONE	Home	Work

# The WillPack Service Limited

## DECLARATION

I/WE hereby agree that I/WE will not hold **The WillPack Service Ltd** nor their associated Consultants/Financial Advisers, responsible or liable in any way for any events arising from MY/OUR failure to avail MYSELF/OURSELVES of the following options.

Those options that I/WE wish to take up are indicated by a circled YES.

Those options that I/WE do NOT wish to take up are indicated by a circled NO.

I/WE understand that it is in line with their duty of care, that **The WillPack Service Ltd** and their associated Consultants/Financial Advisers have explained to ME/US the relevance of the following options and how they apply to MY/OUR personal situation

The full implications of failing to take any options that are applicable to MY/OUR CURRENT situation have been explained to ME/US, and I/WE ACCEPT personal responsibility for subsequent events arising due to MY/OUR choosing not to take any particular option.

I/WE declare that I/WE have had explained to us how to correctly Attest MY/OUR Will/s. That by virtue of **s9 Wills Act 1837** MY/OUR Wills must be signed by ME/US before two independent witnesses who are joint and present when I/WE sign MY/OUR Wills.

I/WE further understand that informative instructions will be sent to ME/US by **The WillPack Service** together with MY/OUR Wills in due course.

**I/WE THEREFORE AGREE** that **The WillPack Service** shall not be liable if MY/OUR Will/s is incorrectly executed (signed and witnessed)

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**Options (Please Circle either Yes or No)**

Wills	<b>Yes / No</b>
Property Trust	<b>Yes / No</b>
IHT Discretionary Trust	<b>Yes / No</b>
IHT IOU debt/charge Loan Trust	<b>Yes / No</b>
Disabled Discretionary Trust	<b>Yes / No</b>
Enduring Power of Attorney	<b>Yes / No</b>
Advanced Directive	<b>Yes / No</b>
Annual Safe Custody of Wills	<b>Yes / No</b>
Annual 'Living Box' Safe Custody	<b>Yes / No</b>
Deed of Re-assignment (Life Policies)	<b>Yes / No</b>
Partnership Agreements	<b>Yes / No</b>
Co-habitation Agreement	<b>Yes / No</b>

**Bullet Point Explanation of Options Recommended and/or Declined by Client/s**

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Signed by Testator in agreement with the stated  
Options chosen or declined by Testator;

\_\_\_\_\_

Signed in agreement by Spouse/Partner;

\_\_\_\_\_

Signed and Witnessed by Consultant or  
Financial Adviser;

\_\_\_\_\_

Date Signed and Witnessed;

\_\_\_\_\_