



Bird Belderbos
& Mee Solicitors

WILL REVIEW QUESTIONNAIRE

Your Name:

Date of Completion:

Please contact Victoria Lee on 01664 498 991 or victoria@bbmlegal.co.uk to make an appointment to discuss this form and your wishes.

The completion of this form will enable us to advise you more effectively, and will provide you with some important points to consider in relation to your wishes for your estate.

Please provide values wherever possible so that we may give you advice on your inheritance and capital gains tax exposure.

1. Personal information

| | Client 1 Name: | Client 2 Name: |
|---|---|---|
| <u>Title:</u> (please circle) | Mr/Mrs/Ms/Miss | Mr/Mrs/Ms/Miss |
| <u>Forenames:</u> | | |
| <u>Surname:</u> | | |
| Any former/maiden names or aliases: | | |
| <u>Address:</u> | | |
| <u>Email address:</u> | | |
| <u>Telephone Numbers:</u> | Home: Mobile: | Home: Mobile: |
| <u>Date of Birth:</u> | | |
| <u>Occupation:</u> (if retired previous occupation) | | |
| <u>Nationality:</u> | | |
| If you have not always lived in the UK, please provide details and dates: | | |
| <u>Marital status:</u> (please circle) | Married/Civil Partner/ Separated/Widow(er)/ Divorced/Single/Cohabitee | Married/Civil Partner/ Separated/Widow(er)/ Divorced/Single/Cohabitee |
| <u>Date of Marriage/civil Partnership:</u> | | |
| Have you entered any Cohabitation, Prenuptial or Postnuptial Agreements? (Please circle) | Yes / No Cohabitation/Prenuptial/Postnuptial Agreements | Yes / No Cohabitation/Prenuptial/Postnuptial Agreements |

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| <p><u>Grandchildren:</u> If required please use the continuation sheet provided</p> | <p>(1) Full name: Date of Birth: Age: Address:</p> <p>(2) Full name: Date of Birth: Age: Address:</p> <p>(3) Full name: Date of Birth: Age: Address:</p> <p>(4) Full name: Date of Birth: Age: Address:</p> | <p>(1) Full name: Date of Birth: Age: Address:</p> <p>(2) Full name: Date of Birth: Age: Address:</p> <p>(3) Full name: Date of Birth: Age: Address:</p> <p>(4) Full name: Date of Birth: Age: Address:</p> |
| <p>Is there anyone else in your life to whom you provide financial support, or whom you think may have a claim to your estate? i.e. former spouse</p> | <p>Yes / No Details if Yes:</p> | <p>Yes / No Details if Yes:</p> |
| <p><u>Do you have an existing Will?</u> (Please circle)</p> | <p>Yes / No</p> | <p>Yes / No</p> |
| <p>When was your Will made?</p> <p>Where is the original?</p> | <p>Please supply a copy of your Will</p> | <p>Please supply a copy of your Will</p> |

2. Asset Information/Financial review

| Asset | You | Spouse/Partner | Joint |
|---|--|--|--|
| <u>Matrimonial home:</u> Address: | £ | £ | £ |
| Mortgage? | £ | £ | £ |
| Mortgage provider name? | | | |
| Are any other debts secured on your home? (Please circle) | Yes / No £ | Yes / No £ | Yes / No £ |
| Equity amount? | £ | £ | £ |
| Amount of life insurance linked to mortgage | £ | £ | £ |
| How is the matrimonial home held? (Please circle) | Joint tenants / tenants in common / Don't know | Joint tenants / tenants in common / Don't know | Joint tenants / tenants in common / Don't know |
| <i>Please note that for each property listed we will obtain a new copy of the title register from the Land Registry at a cost of £3 per title (unless we already have one on file for you).</i> | | | |
| <u>Other property?</u> (Please circle) | Yes / No £ | Yes / No £ | |
| <u>Mortgage on any above?</u> | £ | £ | |
| <u>Non- UK assets:</u> | | | |
| <u>Cash/liquid assets:</u> | 1) 2) 3) 4) | 1) 2) 3) 4) | |

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| <u>Bank accounts or Building Societies:</u> | 1) 2) 3) | 1) 2) 3) | |
| <u>Business:</u> Business activity? Sole trader or partnership? Ownership of assets used in business? (please bring with you the most recent set of accounts, and the partnership agreement, if any. Please state an approximate value of the business) | | | |
| <u>Private Companies:</u> Business activity? Share structure and other shareholders if material (please bring with you the most recent set of accounts, the Memorandum and Articles of the company and any shareholders agreement. Please state an approximate value of the shares) | | | |
| <u>Investments:</u> i.e. premium bonds, National Savings certificate, share portfolio etc? What is the value? | 1) £ 2) £ 3) £ 4) £ £ | 1) £ 2) £ 3) £ 4) £ £ | 1) £ 2) £ 3) £ 4) £ £ |

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|---|--|--|-------------|
| Please provide details of your financial advisor/ accountants if relevant. | | | |
| Do you have any debts? (Please provide details) | £ £ £ | £ £ £ | £ £ £ |
| <u>Life policies:</u> (please circle) Have you named a beneficiary/beneficiaries; if so, who? (If possible, please bring the policies with you and details of the beneficiaries.) Any written in trust? Any charged with debts? Whose life are they on? | Yes / No £ Yes / No Yes / No Yes / No | Yes / No £ Yes / No Yes / No Yes / No | |
| <u>Pensions:</u> | 1) 2) 3) 4) | 1) 2) 3) 4) | |
| <u>Other assets:</u> Do you have any other important assets to consider? Do you have any particularly valuable personal possessions? (i.e. cars, jewellery, antiques etc) What is the approximate value? | | | |
| Are you a beneficiary under any Will or Trust? <i>If so, please bring a copy of the Will or Trust document.</i> | Yes / No | Yes / No | |

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| Please state the approximate value of the trust fund, or expected inheritance. | £ | £ | |
| <u>Pets:</u> Do you have any pets that will require looking after, after your death? (Please circle) | Yes / No | Yes / No | |
| <u>Gifts:</u> Have you made any gifts worth in total over £3000 per year in the last seven years? If Yes, please provide details. | Yes / No £ To: | Yes / No £ To: | |

3. Your Will

| | | |
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| <p><u>Executors:</u> Please state who you would like to be responsible for administering your estate after your death (your Executors).</p> <p>You should consider appointing at least two executors. They can be trusted family members or friends, or if you prefer you can appoint Bird Belderbos & Mee to act as an executor.</p> <p><i>In the event that you only wish one person to act as Executor, please provide a substitute in the event that he/she dies before you. Please indicate 'Substitute' for this executor.</i></p> | <p>1) Name Address Professional / Personal contact</p> <p>2) Name Address Professional / Personal contact</p> | <p>1) Name Address Professional / Personal contact</p> <p>2) Name Address Professional / Personal contact</p> |
|--|---|---|

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|---|---|---|
| <p>Please also state whether they are aware they are to act as Executors?</p> | | |
| <p><u>Minors:</u></p> <p>If you have minor children, please give details of their potential Guardians.</p> <p>If persons under the age of 18 may inherit, then at what age would you wish for them to inherit?</p> | <p>1) Name Address</p> <p>2) Name Address</p> | <p>1) Name Address</p> <p>2) Name Address</p> |
| <p>What is your main purpose for drafting a new Will?</p> <p>Is there any urgency for the Will? I.e health problems etc</p> | | |
| <p><u>Funeral Instructions:</u></p> <p>Please state any wishes you have concerning your burial, cremation or funeral arrangements.</p> | | |
| <p><u>Cash legacies:</u></p> <p>If you wish to make cash legacies in your Will, please state the amount and the full names and addresses of the person/s (and their relationship to you) or the Charity to receive these.</p> | <p>1) Name Address</p> <p>£</p> <p>2) Name Address</p> <p>£</p> | <p>1) Name Address</p> <p>£</p> <p>2) Name Address</p> <p>£</p> |
| <p><u>Specific legacies:</u></p> <p>If you wish to leave any specific items of property (i.e. jewellery or furniture) then please give a full description of the</p> | <p>1) Name Address</p> <p>Item</p> | <p>1) Name Address</p> <p>Item</p> |

| | | |
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| <p>item/items, so that they can be identified. Please give the full name and address of the person/s (and their relationship to you) to receive them.</p> <p>Alternatively, a clause can be included in the Will leaving all of your personal possessions to your executors to distribute in accordance with a letter of wishes. Please state if you would prefer this.</p> | <p>2) Name Address</p> <p>Item</p> <p>Yes / No</p> | <p>2) Name Address</p> <p>Item</p> <p>Yes / No</p> |
| <p><u>Residuary Estate:</u></p> <p>Please state who you would wish to receive the rest of your estate (called your Residuary Estate). Please give full names (and addresses, if not already given above). Please also state the relationship (if any) to you of the person concerned. Please state the fraction/share to each if more than one.</p> <p>If one of your beneficiaries dies, would you like their children to inherit instead?</p> | <p>Yes / No</p> | <p>Yes / No</p> |

4. Lasting Powers of Attorney

We recommend that all clients make a Lasting Power of Attorney, enabling friends or family to look after finances and property in the event that you lose mental capacity. You are also able to make a Lasting Power of Attorney over Health Decisions concerning your care, residence and life sustaining treatment. It is essential to review this whilst reviewing your Will. Please state here whether you have made a Lasting Power of Attorney (or Enduring Power of Attorney) and, if so, who the Attorneys are and whether it has been registered. We would recommend that the LPA is held with us along with your Will.

I confirm the information given in this form is correct and complete

| | |
|----------------------|----------------------|
| Signed: | Signed: |
| Date: | Date: |

Please contact Victoria Lee on 01664 498 991 or victoria@bbmlegal.co.uk to make an appointment to discuss this form and your wishes.