

Questionnaire for Wills for Thursfields Clients

| <i>Section A : ABOUT YOU (this Section must be completed in all cases)</i> | | |
|--|---|---|
| 1 | Your Surname : | |
| 2 | Your Forenames : | |
| 3 | Title : Mr Mrs Miss M/s Other | |
| 4 | Address (including your Post Code please) : | |
| | | |
| | | |
| 5 | Telephones - (A) Daytime : | |
| | (B) Evening : | |
| | (C) Mobile phone : | |
| 6 | E-mail address - (A) work : | |
| | (B) home : | |
| 7 | Date of Birth : | |
| 8 | (A) Domicile of birth? | Was this in the UK? If not please give the name of the country where you were born ... |
| | (B) Domicile of choice? | You can change your domicile from the country of your birth so if this applies to you please confirm the name of the country which is, now, your domicile of choice |
| 9 | Are you resident in the UK for Tax purposes? | Yes/No. If No please explain more ... |
| 10 | Occupation : | |
| 11 | National Insurance Number : | |
| 8 | Marital Status (please tick as appropriate) : | Married |
| | | Single |
| | | Widowed |
| | | Divorced |
| | | Civil Partnership |
| | | Other - Please specify |
| 9 | If you already have a Will, please say who prepared it and where it is held : | |

PLEASE READ THE NOTES ON THE NEXT PAGE BEFORE YOU COMPLETE THE WILL QUESTIONNAIRE

PLEASE READ THIS SECTION BEFORE YOU COMPLETE THE WILL QUESTIONNAIRE

What your Will cannot do

Your Will can provide what is to happen to your estate when you die, that is the point of your Will.

However, your Will **cannot** say what is to happen to any of the following:-

- **JOINT PROPERTY:-** Property which is in your own and someone else's joint names and which is regarded under the law as "**joint property**" (for example, the property in which you and your Partner live or joint bank or building society accounts may be regarded as "joint property"). In such cases the property may pass on your death to the surviving joint owner(s) of the property in question.
- **PENSION BENEFITS:-** Certain benefits payable under pension policies may pass to persons nominated by you in a separate letter of nomination.
Note: Please ask about our advice on Pension Nominations and IHT Saving.
- **TRUSTS:-** Property held for you under certain types of trust will not pass under your Will on your death, but will be distributed in accordance with the terms of the trust document.
- **LIFE POLICIES:-** The proceeds under life policies written in trust for the benefit of named individuals will pass to those individuals, regardless of the terms of your Will.
- **NOMINATIONS:-** Property which is the subject of a nomination (for example, money in a friendly society or under a pension scheme) will pass to the nominated beneficiary.

Inheritance Tax ("IHT") *Note: See Thursfields Client Guide on IHT for more information*

If:-

- The value of your estate at the date of your death, **AND**
- the value of any Trust Fund in which you have a life interest at the date of your death (or within seven years before your death), **AND**
- the value of any gifts you make in the seven years (usually) up to, or prior to, the date of your death

do **not** exceed **£300,000 (from 6/4/2007)** (increased from £285,000) then there is unlikely to be any IHT payable. *It is proposed that this sum (the Nil Rate Band) will increase to £312,000 from 6/4/2008 and to £325,000 from 6/4/2009 and to £350,000 from 6/4/2010*

If the total value **does** exceed **£300,000** there are various ways we can suggest how you can reduce or eliminate the IHT liability. If you think that IHT is likely to apply to you we recommend that you discuss it further with **Thursfields**.

If you wish to make a Will with a **Nil Rate Band Discretionary Trust (NRDT)** then **please also complete the additional NRDT Wills Questionnaire**

Reminder as to Thursfields Client Guides

Thursfields have available a number of Client Guides which you may find useful when completing this Wills Questionnaire and when you are thinking about your Will and relating matters these are:-

- **Making Your Will**
- **Wills with a Nil Rate Band Discretionary Trust**
- **Living Wills**
- **Inheritance Tax**
- **Trusts, Planning points & the Tax Treatment (of Trusts)**
- **Enduring Powers of Attorney**

Please ask us if you would a copy of any of these Client Guides if we have not already sent you a copy. Please note that our Client Guides can be downloaded from our Web Site which is www.thursfields.com

Section B : ABOUT YOUR PARTNER

(This section must be completed if you are living with someone in a permanent relationship)

| | | | |
|-----|---|---|--|
| 1 A | Your Partner's full name : | | |
| 1 B | Your Partner's date of birth : | | |
| 1 C | Your Partner's Occupation : | | |
| 1 D | Your Partner's Domicile of birth? | Was this in the UK? If not please give the name of the country where you were born ... | |
| 1 E | Your Partner's Domicile of choice : | You can change your domicile from the country of your birth so if this applies to you please confirm the name of the country which is, now, your domicile of choice | |
| 1 F | Is your Partner resident in the UK for Tax purposes? | Yes/No. If No please explain more ... | |
| 1 G | Your Partner's National Insurance Number? | | |
| 1 D | If your Partner already has a Will, please say who prepared it and where it is held : | | |
| 2 | Are you married? | Yes/No | |
| 3 | If you are <u>not</u> married are you likely to get married in the foreseeable future : | Yes/No If Yes - when is it likely? | |
| 4 | Has your Partner been married before? | Yes/No | |
| 5 | Does your Partner have children by a previous relationship? If so please complete the following. Continue on a separate sheet if necessary. Please give their address if this is <u>not</u> your own. | | |
| 5 A | Full Name : | | |
| | Address : | | |
| | Age : | | |
| 5 B | Full Name : | | |
| | Address : | | |
| | Age : | | |
| 5 C | Full Name : | | |
| | Address : | | |
| | Age : | | |
| 5 D | Full Name : | | |
| | Address : | | |
| | Age : | | |
| 5 E | Full Name : | | |

Section B : ABOUT YOUR PARTNER

(This section must be completed if you are living with someone in a permanent relationship)

| | | |
|---|---|--|
| | Address : | |
| | | |
| | Age : | |
| 6 | Which of these children (if any) do you or your Partner financially support? Even if none please confirm :- | |
| | | |

Section C : ABOUT YOUR OWN CHILDREN

(Please complete the following for each child. Continue on a separate sheet of paper if necessary - Do include any child(ren) that has/have been adopted by you). Please give their address if this is not your own.

| | | |
|---|-------------|--|
| A | Full Name : | |
| | Address : | |
| | | |
| | Age : | |
| B | Full Name : | |
| | Address : | |
| | | |
| | Age : | |
| C | Full Name : | |
| | Address : | |
| | | |
| | Age : | |
| D | Full Name : | |
| | Address : | |
| | | |
| | Age : | |
| E | Full Name : | |
| | Address : | |
| | | |
| | Age : | |

Section D : ABOUT YOUR ESTATE (Your Assets)

| | | | | |
|---|---|--|--------------------------------------|--|
| 1 | A | Do you own your own House ? | Yes/No If Yes please give details | |
| | B | Is it jointly with another person? | Yes/No If Yes please give details | |
| | C | What is its approximate value? | £ | |
| | D | Is it mortgaged? | Yes/No If Yes please give details | |
| | E | How will the mortgage be paid off in the event of your death? Please provide full details : | | |
| | | | | |
| | | | | |
| 2 | A | Are you self employed or a private company shareholder? If Yes, please provide full details : | | |
| | | | | |
| | | | | |
| 2 | B | Do you have other business interests? (Please include any farming interests) If Yes, please provide full details : | | |
| | | | | |
| | | | | |
| 3 | Please give details of any property you own abroad and/or any "time share" interests you may own? | | | |
| | | | | |
| | | | | |
| 4 | Please give the total of any investments you own abroad (including any "off shore") | | | |
| | | | | |
| | | | | |
| | | | | |
| 5 | Are you <u>or</u> your husband/wife/partner the beneficiary under any Trust (including a Will Trust)? If so please provide full details : | | | |
| | | | | |
| | | | | |
| 6 | Have you promised to leave any asset(s) to anyone? If so please provide full details : | | | |
| | | | | |
| 7 | A | Please <i>estimate</i> the size of your <u>estate</u> | £ | |
| | B | Please <i>estimate</i> the size of your <u>husband/wife/partner's estate</u> | £ | |
| | C | Please <i>estimate</i> the size of <u>the estate of the estate of both you and your husband/wife/partner</u> | £ | |

THE FOLLOWING SECTIONS RELATE TO YOUR WILL

Even in the case of a simple Will:-

- You should appoint **Executors** (and **Guardians**, if you have children under 18 years old). It is advisable to name at least **two** Executors (but you cannot have more than four).
- You may wish to give cash sums or specific items to named people (relations, friends or charities).
- You should then say who is/are to inherit the remainder of your estate (the "**residue**").
- You should then say who is/are to inherit if all the people mentioned in paragraph 3 die in your lifetime. The same comments also apply if the Will says that the people who benefit under paragraph 3 have to survive and reach, say, 21. **But** whilst they may survive you what is to happen if they die before reaching 21.

Section E: For Your Will - Part A (Only complete if you have a husband/wife/partner)

| | | | |
|---|---|---|--------|
| 1 | | If your husband/wife/partner survives you | |
| | A | Do you wish to leave <u>all your</u> estate to him/her? | Yes/No |
| | B | If the answer to 1 A is NO please say what you do wish to leave to your husband/wife/partner | |
| | | | |
| | | | |
| | | | |
| 2 | | If your husband/wife/partner survives you please tick which of the following alternatives is correct : | |
| | A | I wish my husband/wife/partner to act as my <u>only</u> executor | Yes/No |
| | B | I wish my husband/wife/partner to act as my <u>jointly</u> with another executor. If so please give his/her/their details in <i>Section F</i> below. | Yes/No |
| 2 | C | I do <u>not</u> wish my husband/wife/partner to act as my executor. If this is so then please give the details of the Executors you require in <i>Section F</i> below. | Yes/No |

Section F: For Your Will : YOUR EXECUTORS - Part B

N. B. Even if you have ticked paragraph 2 A in Section E above you will still have to name Executors in case your husband/wife/partner dies before you or is unable, for whatever reason, to act as your Executor. Please note that you cannot have more than four (4) Executors. Usually two (2) Executors is the right number. A beneficiary can also be an Executor.

| | | |
|---|--|--------|
| 1 | First Executor's Full Names : | |
| | Address: | |
| | | |
| | Occupation : | |
| 2 | Second Executor's Full Names : | |
| | Address: | |
| | | |
| | Occupation : | |
| 3 | Third Executor's Full Names : | |
| | Address: | |
| | | |
| | Occupation : | |
| 4 | Fourth Executor's Full Names : | |
| | Address: | |
| | | |
| | Occupation : | |
| 5 | Relationship to you or your husband/wife/partner : | |
| | | |
| | | |
| | | |
| 5 | If you do not have any suggestions for Executors do you wish one or more of Thursfields Partners to be your Executors? | Yes/No |

Space for Notes:-

Section G : For Your Will : YOUR GUARDIANS etc - Part C
TO BE COMPLETED IF YOU HAVE CHILDREN

Note : If you have children under the age of 18 (especially young children), you should consider carefully appointing guardian(s) to look after them in case you die leaving no surviving parent to look after them. If you wish to appoint guardian(s) then please complete the following. Thursfields suggest that as the appointment to look after your child(ren) as guardian(s) carries a lot of responsibility that you first of all discuss carefully with the suggested guardian(s) this suggested appointment. It is often sensible to appoint as the second guardian the husband or wife of the first guardian. Often only one guardian is appointed which can be easier when decisions concerning your child(ren)'s welfare are required.

| | | | |
|-----|---|--------|---|
| 1 | First Guardian's Full Names : | | |
| | Address: | | |
| | Occupation : | | |
| | Relationship to you <u>or</u> your husband/wife/partner : | | |
| 2 | Second Guardian's Full Names : | | |
| | Address: | | |
| | Occupation : | | |
| | Relationship to you <u>or</u> your husband/wife/partner : | | |
| | Relationship (if any) to your <u>first</u> Guardian : | | |
| 3 | Are your child(ren) to share your Estate equally? | Yes/No | |
| 4 | At what age are your child(ren) to receive their benefits? (Note : if you do not specify an age this will be 18) | | |
| 5 | If your child(ren) do not survive you is their share to go onto their own child(ren) equally? | Yes/No | |
| 6 | If your child(ren) are <u>not</u> to share <u>equally</u> in your Estate then please complete the following : | | |
| 6 A | First child's full names : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |
| 6 B | Second child's full names : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |
| 6 C | Third child's full names : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |
| 6 D | Fourth child's full names : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |
| 6 E | Fifth child's full names : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |

Section H: For Your Will : SPECIFIC GIFTS and GIFTS OF THE RESIDUE - Part D
TO BE COMPLETED IN ALL CASES

| | | | |
|-----|--|--|----------------------------|
| 1 | Please list any specific gifts, whether a sum of money or a personal item (eg jewellery), to be given to a named person(s) or charities. | | |
| | | Details of those who are to receive a gift : | Details of gift required : |
| 1 A | Full Names : | | |
| | Address : | | |
| | Relationship to you or your husband/wife/partner: | | |
| 1 B | Full Names : | | |
| | Address : | | |
| | Relationship to you or your husband/wife/partner: | | |
| 1 C | Full Names : | | |
| | Address : | | |
| | Relationship to you or your husband/wife/partner: | | |
| 1 D | Full Names : | | |
| | Address : | | |
| | Relationship to you or your husband/wife/partner: | | |
| 1 E | Full Names : | | |
| | Address : | | |
| | Relationship to you or your husband/wife/partner: | | |
| 2 | <p>After <u>all</u> your debts, liabilities, taxes (including IHT) have been paid and the gifts mentioned in <i>paragraph 1</i> of this <i>Section H</i> have been handed to the person(s) mentioned what is left over is the residue, or your residuary estate. In <i>paragraph 1 A</i> of <i>Section E</i> you may have indicated that your husband/wife/partner is to receive everything but in case he/she dies before you (or in the same accident) or in case you have no husband/wife/partner it will be necessary in <u>all</u> cases to say who is to share in your residuary estate. Similarly you may have gone on to say in <i>paragraph 2</i> of <i>Section G</i> the percentages to be left to children, but it may also be the case that all of those provisions do not work either, so again it would be necessary to say who is to share in your residuary estate. If more than one person is to share in your residuary estate please indicate the percentage share each person is to receive.</p> | | |
| 2 A | First Residuary Beneficiary's full names : | | |
| | Address : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |
| 2 B | Second Residuary Beneficiary's full names : | | |
| | Address : | | |
| | Relationship to you : | | |
| | Share (in percentages please) : | | % |

Section H: For Your Will : SPECIFIC GIFTS and GIFTS OF THE RESIDUE - Part D
TO BE COMPLETED IN ALL CASES

| | | |
|-----|--|--------|
| 2 C | Third Residuary Beneficiary's full names : | |
| | Address : | |
| | | |
| | Relationship to you : | |
| | Share (in percentages please) : | % |
| 2 D | Fourth Residuary Beneficiary's full names : | |
| | Address : | |
| | | |
| | Relationship to you : | |
| | Share (in percentages please) : | % |
| 2 E | Fifth Residuary Beneficiary's full names : | |
| | Address : | |
| | | |
| | Relationship to you : | |
| | Share (in percentages please) : | % |
| 3 | If any of the above Residuary Beneficiaries also do not survive you is their share to go onto their own child(ren) equally? | Yes/No |
| 4 | At what age are the Residuary Beneficiaries child(ren) to receive their benefits? (Note : if you do not specify an age this will be 18) | |
| 5 | If any of the above Residuary Beneficiaries also do not survive you is their share(s) INSTEAD to go onto another Residuary Beneficiary? | Yes/No |
| 6 | If so to who or whom and in what percentages? | |
| 7 | Do you wish to be cremated or buried ? | |
| 8 | Please use the remaining space for any additional comments or notes :- | |
| | | |
| | | |
| | | |

| | | |
|-------------------------------------|--|-----------------------|
| Completed by (please sign):- | | On _____ day of _____ |
| Completed by (please sign):- | | On _____ day of _____ |

Final Note: Remember to keep a photocopy of this Wills Questionnaire for your own records.