

Questionnaire

A basic Will is suitable for individuals who wish to have a simple Will in place to ensure that their assets pass to whom they wish.

By preparing a basic Will, you can choose who you wish to appoint as your executors and guardians of children under 18. You can also make specific gifts of money or property and decide who is to receive the remainder of your estate.

It may be that you have an existing Will in place already, but that your personal circumstances have changed and you need to update your existing Will.

Please note that if you are married or co-habiting or in a civil partnership, you may prefer to make basic Mirror Wills so that your spouse or partner's assets are provided for too. If you would prefer to make Mirror Wills, please contact us to request a Mirror Will questionnaire or, alternatively, this can be down-loaded from the Labour Legal Services website.

Your Details – please use capitals

Full name including middle names:

Date of birth:

Place of birth:

Are you permanently resident in England or Wales?

Yes No

Address:

Telephone numbers:

Home:

Work:

Mobile:

Marital status (please circle):

married / single / cohabiting / divorced / separated /
widowed / engaged / registered civil partnership

Email address:

Your Personal Circumstances

1. If you are unmarried, do you intend to marry or enter into a civil partnership in the near future?

Yes

No

2. If you are intending to marry or enter into a civil partnership in the near future, is the Will to be effective only after the marriage/civil partnership takes place?

Yes

No

3. If the Will is to take effect prior to and continue to be effective after the marriage/civil partnership, must the marriage/civil partnership occur within a particular time?

Yes. By what date

No

4. Please give the name of your future spouse/
civil partner.

Your Personal Circumstances continued

Please complete where relevant:

5. Have you ever been divorced or dissolved a Civil Partnership?	<input type="checkbox"/> Yes	Former spouse / partner's name: _____
	<input type="checkbox"/> No	Date of divorce / dissolution _____

6. Are you intending to be divorced or intending to dissolve a civil partnership in the near future?	<input type="checkbox"/> Yes	Spouse / partner's name _____
	<input type="checkbox"/> No	

7. Are you separated, legally or otherwise from your spouse/civil partner or are you intending to become separated in the near future?	<input type="checkbox"/> Yes	Spouse / partner's name _____
	<input type="checkbox"/> No	

Please answer the following questions:

1. Is your estate worth more than £312,000 (Inheritance Tax threshold for tax year 2008-2009)?	<input type="checkbox"/> Yes (please provide details of your assets on page 11)
	<input type="checkbox"/> No

2. Are you a director of a company or a partner in a firm?	<input type="checkbox"/> Yes (please provide details on page 11)
	<input type="checkbox"/> No

3. Are you a beneficiary of a trust, whether or not you receive income from it?	<input type="checkbox"/> Yes (please provide details on page 11)
	<input type="checkbox"/> No

4. Do you have any foreign assets (including property and bank accounts)?	<input type="checkbox"/> Yes (please provide details on page 11)
	<input type="checkbox"/> No

5. Do you have any agricultural assets?	<input type="checkbox"/> Yes (please provide details on page 11)
	<input type="checkbox"/> No

Please answer the following questions: continued

6. How do you own your home? Sole owner
 Joint owner with someone else
Names of all owners: _____
Property held as: Joint tenants (where the property automatically passes to the surviving joint tenants)
 Tenants-in-common (where you each own an individual share in the property)
 Don't know
 Rented

7. Have you ever made a Will before? No
 Yes (please state below where it is kept)

Children & Dependants

1. Please provide details of your children:

Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ _____

2. Please provide details of any children from previous relationships:

Name: _____ DOB: _____ Male/Female	Address: _____ _____ Name of mother: _____ Name of father: _____
Name: _____ DOB: _____ Male/Female	Address: _____ _____ Name of mother: _____ Name of father: _____

Children & Dependants continued

3. Certain dependants may be able to make a claim against your estate in the event that you make little or no provision for them in your Will

Do you have a spouse/former spouse who has not remarried/
common law spouse/civil partner/child/or a person who is
dependant upon you who will not be included in your Will? Yes
 No

Do you pay towards the maintenance of any person
who will not benefit under your Will? Yes
 No

If the answer to either of the above is 'yes' please give details and reasons below:

Executors

Executors are the people who you appoint to deal with your estate after your death. They may include family members (over the age of 18), solicitors or even your bank (although professional executors may charge). It is possible to appoint up to four executors and at least two are recommended if you are leaving money to children under 18 years of age. Beneficiaries in your Will can also be appointed as executors.

1. Would you like to appoint your spouse / partner as
your executor? Yes
 No

2. Would you like to appoint this firm as your executors? Yes
 No

3. Would you like to appoint this firm or your spouse /
partner to act with other executors of your choice? Yes
(please provide details below of the other executors of your
choice)
 No

Full name: _____

Relationship: _____

Address: _____

Full name: _____

Relationship: _____

Address: _____

Executors continued

4. If none of the above, please provide details of your chosen executors. You may also wish to appoint back-up executors in the event that your chosen executors are unable or unwilling to act. If so, please fill in their details below and state whether they are to act as your primary or back-up executors.

Full name: _____ Relationship: _____ <input type="checkbox"/> Primary Executor <input type="checkbox"/> Back-up Executor	Address: _____ _____ _____
Full name: _____ Relationship: _____ <input type="checkbox"/> Primary Executor <input type="checkbox"/> Back-up Executor	Address: _____ _____ _____
Full name: _____ Relationship: _____ <input type="checkbox"/> Primary Executor <input type="checkbox"/> Back-up Executor	Address: _____ _____ _____
Full name: _____ Relationship: _____ <input type="checkbox"/> Primary Executor <input type="checkbox"/> Back-up Executor	Address: _____ _____ _____

Guardians of your Children

If you have children under 18 years of age for which you have parental responsibility, it is very important to give consideration to the appointment of guardians.

1. How many guardians do you wish to appoint?	<input type="checkbox"/> 1
	<input type="checkbox"/> 2/more
2. Please name the children you wish to appoint guardians for:	_____ _____ _____
3. Is there anyone else who has parental responsibility for your children e.g Spouse / partner or former spouse / partner?	<input type="checkbox"/> Yes Name: _____ Relationship to you: _____
	<input type="checkbox"/> No

4. Please state the names and addresses of your chosen guardians below:

Full name: _____ Relationship: _____	Address: _____ _____ _____
Full name: _____ Relationship: _____	Address: _____ _____ _____

Guardians of your Children continued

Full name: _____	Address: _____
Relationship: _____	_____

Distribution of your Estate – Gifts of Money/Property

Whilst providing for your family and friends will of course be your priority, we hope that when deciding how to distribute your estate, you will consider leaving a gift to The Labour Party in your Will. You are under no obligation to do so, but if you want your values to live on for the benefit of future generations, by leaving a legacy to The Labour Party you will, in a very special way, extend your support for the party and its policies.

1. Do you wish to leave a cash sum or specific gift to a particular person, The Labour Party or organisation? Yes

No. If no, please go to next page

First gift

Full name of person/organisation: _____	Address: _____

Amount/item to be left: _____	Relationship: _____

If a minor is to benefit, at what age would you like them to receive their legacy? 18 is the legal minimum but this can be increased. <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	

Second gift

Full name of person/organisation: _____	Address: _____

Amount/item to be left: _____	Relationship: _____

If a minor is to benefit, at what age would you like them to receive their legacy? 18 is the legal minimum but this can be increased. <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	

Distribution of your Estate – Gifts of Money/Property continued

Third gift

Full name of person/organisation: _____	Address: _____ _____ _____
Amount/item to be left: _____	Relationship: _____ _____ _____
If a minor is to benefit, at what age would you like them to receive their legacy? 18 is the legal minimum but this can be increased. <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	

Distribution of your Estate – The Residue

Your residuary estate is the balance after all debts, taxes, legacies and specific gifts have been paid.

The residue of your estate can be left to one person or organisation, or you can leave a percentage to two or more people and/or organisations. Residuary legacies have the advantage of keeping pace with inflation over specified sums of money or items. They are also a way of helping organisations such as the Labour Party, which you have supported during your lifetime, after ensuring that all your loved ones have been taken care of first.

1a. Do you wish to leave everything to your spouse/partner in the first instance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
1b. If both you and your spouse/partner have died, do you wish to leave everything to your children equally and if so, at what age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 25	
1c. If you are leaving any part of your estate to your children, do you wish to name them individually or refer to “my children”. (The latter is recommended if there is a possibility of you having future children).	<input type="checkbox"/> By name	<input type="checkbox"/> My children				
1d. If any of your children have died before you or your spouse/partner leaving children of their own (ie your grandchildren), would you wish for the deceased child’s share to pass to their children and if so, at what age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> Other

Distribution of your Estate – The Residue continued

2. If none of the above, please set out below who you would like to leave your residuary estate to and in what shares.

First residuary beneficiary

Full name: _____	Address: _____ _____ _____
Share to be left ie 50% etc: _____	Relationship: _____ _____ _____
If under 18, at what age would you like them to inherit? <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	If this person dies before you, would you wish their share to pass onto their children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Second residuary beneficiary

Full name: _____	Address: _____ _____ _____
Share to be left ie 50% etc: _____	Relationship: _____ _____ _____
If under 18, at what age would you like them to inherit? <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	If this person dies before you, would you wish their share to pass onto their children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Third residuary beneficiary

Full name: _____	Address: _____ _____ _____
Share to be left ie 50% etc: _____	Relationship: _____ _____ _____
If under 18, at what age would you like them to inherit? <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 25 <input type="checkbox"/> Other	If this person dies before you, would you wish their share to pass onto their children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Alternative Provisions - Optional

Please use this section to state the names and addresses of those you would like your estate to pass to in the event that all the above have died before you. Please also state what share the alternative beneficiaries are to receive.

Full name of person/organisation: _____

Address: _____

Share to be left ie 50% etc: _____

Relationship: _____

If under 18, at what age would you like them to inherit?

18 21 25 Other

If this person dies before you, would you wish their share to pass onto their children?

Yes No

Full name of person/organisation: _____

Address: _____

Share to be left ie 50% etc: _____

Relationship: _____

If under 18, at what age would you like them to inherit?

18 21 25 Other

If this person dies before you, would you wish their share to pass onto their children?

Yes No

Full name of person/organisation: _____

Address: _____

Share to be left ie 50% etc: _____

Relationship: _____

If under 18, at what age would you like them to inherit?

18 21 25 Other

If this person dies before you, would you wish their share to pass onto their children?

Yes No

Funeral Instructions

Please complete this section if you have any particular preferences.

<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation
Special instructions:	
<hr/>	
<hr/>	
<hr/>	
<hr/>	

Further Information

Please use this space to provide any additional information. Continue on a separate sheet if necessary.

Declaration:

I consent to FB Wills Direct acting on my behalf in order to prepare my Will in accordance with the instructions I have provided herein.

The information I have provided is true and represents my own wishes.

Signed: <hr/>	Full name: <hr/>
	Date: <hr/>

Mandatory:	CLP Region: <input type="text"/>	Membership No: <input type="text"/>
-------------------	----------------------------------	-------------------------------------



INVESTOR IN PEOPLE

St. Michael's Court, St. Michael's Lane, Derby DE1 3HQ

T 01332 254420 **F** 01332 340273 **E** info@fbwillsdirect.com **W** www.fbwillsdirect.com

FB Wills Direct is part of Flint Bishop Solicitors. A list of partners is available to view at our office. Regulated by the Law Society. Authorised and regulated by the Financial Services Authority.

