MAKING YOUR WILL WITH BANNER JONES

Please read the notes carefully as you complete this form – they are there to help ensure you provide all the information we need

* Your Will comes into effect on the date of your death and can only give away property you actually own at that date.
* It is a secret document during your lifetime but becomes public after your death.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. YOUR DETAILS** |  |  |  | | | | | |  |
|  |  | You | Your spouse/partner | | | | | |  |
| Title *(Mr/Mrs etc)* |  | individual\_title | partner\_title | | | | | |  |
| Full Name |  | individual\_forename individual\_surname | partner\_forename partner\_surname | | | | | |  |
| Address  *(With postcode)* |  | individual\_address\_line\_1  individual\_address\_line\_2  individual\_city  individual\_postcode | partner\_address\_line\_1  partner\_address\_line\_2  partner\_city  partner\_postcode | | | | | |  |
| Email |  | individual\_email\_address | | | | | | |  |
| Dates of birth |  | individual\_date\_of\_birth | partner\_date\_of\_birth | | | | | |  |
|  |  |  |  | | | | | |  |
| Telephone: Home |  | individual\_home\_telephone | partner\_home\_telephone | | | | | |  |
| Mobile |  | individual\_mobile\_telephone | partner\_mobile\_telephone | | | | | |  |
| Work |  | individual\_work\_telephone | partner\_work\_telephone | | | | | |  |
| Fax |  | individual\_fax\_number | partner\_fax\_number | | | | | |  |
|  |  |  |  | | | | | |  |
| NI Number |  | individual\_national\_insurance\_number | partner\_national\_insurance\_number | | | | | |  |
| Occupation |  | individual\_occupation | partner\_occupation | | | | | |  |
|  |  |  |  | | | | | |  |
| Are you domiciled in England and Wales for tax purposes? | | | Yes | individual\_domiciled\_in\_england\_or\_wales\_true | | No | individual\_domiciled\_in\_england\_or\_wales\_false | |  |
|  |  |  |  | | | | | |  |
| If no, please specify country of domicile |  | individual\_domicile\_country | | | | | | |  |
|  |  |  |  | | | | | |  |
| Marital Status |  | individual\_martial\_status | partner\_martial\_status | | | | | |  |
|  |  |  |  | | | | | |  |
| If you are not married, are you getting married soon? | | | Yes | | individual\_getting\_married\_soon\_true | No | | individual\_getting\_divorced\_soon\_true |  |
| If you are married, are you getting divorced soon? | | | Yes | | individual\_getting\_married\_soon\_false | No | | individual\_getting\_divorced\_soon\_false |  |
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| Notes about marriage, civil partnerships and divorce  * As a general rule, entering into marriage or a registered Civil Partnership will cancel a Will. * If you get divorced (or similarly end a registered Civil Partnership), any gifts to your ex-spouse and their appointment as an executor or trustee will be cancelled. It is best to make a new Will as soon as the marriage or Civil Partnership starts to break down. | | | | | | | |  |
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| **2. CHILDREN** | |  |  |  | | | |  |
|  | |  |  |  | | | |  |
| Please provide full names, addresses, and dates of birth of all your children from your current and previous relationships (whether you intend for them to inherit under your Will or not.) If your spouse/partner is not the other parent, please give their name as well. | | | | | | | |  |
|  | |  |  |  | | | |  |
|  | children\_information | | | | | | |  |
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| **3. OTHER DEPENDANTS** | | | |  | | | |  |
|  | |  |  |  | | | |  |
| Do you look after an elderly or disabled person? | | | | Yes | dependant\_support\_look\_after\_disabled\_or\_elderly\_person\_true | No | dependant\_support\_look\_after\_disabled\_or\_elderly\_person\_false |  |
| Are you supporting anyone through college/university? | | | | Yes | dependant\_support\_supporting\_anyone\_through\_college\_or\_university\_true | No | dependant\_support\_supporting\_anyone\_through\_college\_or\_university\_false |  |
| Is anyone else financially dependent on you? | | | | Yes | dependant\_support\_financial\_dependents\_true | No | dependant\_support\_financial\_dependents\_false |  |
|  | |  |  |  | | | |  |
| If yes, give details | |  | dependant\_support\_financial\_dependents\_information |  | | | |  |
|  | |  |  |  | | | |  |
| **4. YOUR ASSETS** | |  |  |  | | | |  |
|  | |  |  |  | | | |  |
| Do your assets (or combined assets, if married) come to more than £325,000? | | | | Yes | further\_detail\_assets\_over\_amount\_true | No | further\_detail\_assets\_over\_amount\_false |  |
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| If yes, please list all your assets and their approximate value. Please note by each one whether it is owned solely or jointly. | | | | | | | |  |
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|  | dependant\_support\_financial\_dependents\_information | | | | | | |  |
|  | |  |  |  | | | |  |
| Do you own assets abroad (e.g. timeshare or holiday villa)? | | | | Yes | further\_detail\_assets\_abroad\_true | No | further\_detail\_assets\_abroad\_false |  |
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| **5. FUNERAL WISHES** | | |  |  | | | |  |
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| If you wish, you can state in your Will whether you would prefer to be buried or cremated. You can also specify other wishes such as where you would like to be buried or where you would like your ashes to be scattered etc. Please set out any funeral wishes you have below: | | | | | | | |  |
|  | |  |  |  | | | |  |
|  | further\_detail\_funeral\_wishes | | | | | | |  |
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| **6. YOUR EXECUTORS** | | | |  | | | |  |
|  | |  |  |  | | | |  |
| * Your executor will deal with your estate following your death * An executor must be someone you trust who is over 18 and is of sound mind * You may appoint more than one executor, although we would suggest no more than four * An executor may also be a beneficiary under the Will | | | | | | | |  |
|  | |  |  |  | | | |  |
| Would you like to appoint your spouse/partner to be your executor? | | | | Yes | further\_detail\_appoint\_partner\_as\_executor\_true | No | further\_detail\_appoint\_partner\_as\_executor\_false |  |
|  | |  |  |  | | | |  |
| Who would you like to act if your spouse/partner has died before you? | | | | | | | |  |
|  | |  |  |  | | | |  |
|  | further\_detail\_appoint\_others\_as\_executor | | | | | | |  |
|  | |  |  |  | | | |  |
| If there is no-one you can think of amongst your family or friends, would you like Banner Jones to act as executor? | | | | Yes | further\_detail\_appoint\_banner\_jones\_as\_executor\_true | No | further\_detail\_appoint\_banner\_jones\_as\_executor\_false |  |
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| **7. GUARDIANS FOR YOUR CHILDREN** | | | | | | | |  |
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| * If you have one or more children under 18, you should provide for who is to look after them if you and their other parent were to die * It is usually better to appoint the spouse of whoever you wish to appoint as well, so your children will feel part of the family * You must obtain the proposed guardians’ agreement to this appointment – they will be taking on a huge responsibility | | | | | | | |  |
|  | |  |  | | | | |  |
| Please give the full names and addresses of who you would like to appoint as guardians | | | | | | | |  |
|  | |  |  |  | | | |  |
|  | further\_detail\_guardians\_for\_children | | | | | | |  |
|  | |  |  | | | | |  |
| If these people died before you, who would you like to appoint instead? | | | | | | | |  |
|  | |  |  |  | | | |  |
|  | further\_detail\_guardians\_for\_children\_alternatives | | | | | | |  |
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| **8. YOUR PETS** | |  |  | | | | |  |
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| If you would like to make sure your pets are looked after following your death, please set out the details below. Include the type of pet (e.g. dog, cat), the full name and address of whoever you would like to take care of the pet and whether you wish to leave an amount of money for the pet’s ongoing care: | | | | | | | |  |
|  | |  |  | | | | |  |
|  | further\_detail\_pet\_information | | | | | | |  |
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| **9. YOUR PERSONAL BELONGINGS** | | | | | | | |  |
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| Rather than listing your personal belongings in your Will, you could leave a side letter for your executors setting out who you would like to have what. Unlike your Will, this side letter will not become a public document after your death and you can change it at any time without having to make a new Will. We can provide a skeleton of this side letter for you to fill in as and when you are ready. | | | | | | | |  |
| Would you like a side letter to deal with your personal  belongings? | | | | Yes | further\_detail\_perrsonal\_belongings\_side\_letter\_true | No | further\_detail\_perrsonal\_belongings\_side\_letter\_false |  |
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| If you would rather list specific items in your Will, please set out below what the items are and the full names and addresses of who you would like them to pass to: | | | | | | | | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
|  | further\_detail\_personal\_belongings\_list | | | | | | | | | | | | | | | | |  |
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| **10. GIFTS OF CASH** | | | | |  | | | | | | | | | | | | |  |
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| If you would like to leave set amounts of cash to any individuals or charities, please set out below the full names and addresses of the beneficiaries, together with the amounts you would like them to receive. Please also indicate whether these gifts are only to take effect if your spouse/partner has died before you. | | | | | | | | | | | | | | | | | |  |
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|  | further\_detail\_gifts\_of\_cash | | | | | | | | | | | | | | | | |  |
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| **11. GIFTS TO CHARITIES** | | | | | | | | | | | | | | | | | |  |
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| Would you like to include a cash gift or share of your residue to charily? | | | | | | | | | | Yes | | further\_detail\_charity\_gift\_true | | No | further\_detail\_charity\_gift\_false | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
| If Yes please list the amounts of any cash gifts and the names of the charities. (Any share of the residue should be listed in Section 12 below) | | | | | | | | | | | | | | | | | |  |
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|  | | further\_detail\_charity\_gift\_information | | | | | | | | | | | | | | | |  |
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| **12. THE RESIDUE OF YOUR ESTATE** | | | | | | | | | | | | | | | | | |  |
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| * There are certain types of property that will not be affected by the terms of your Will. These are:   + Property owned as “joint tenants” which will automatically pass to the surviving owner   + Pension benefits payable at the Scheme Trustees’ discretion   + Life insurance policy proceeds where the policy is written in trust   + Property such as National Savings which have been nominated   + Jointly held bank accounts or investments which will automatically pass the surviving owner * We would be happy to provide further advice on this if you wish. | | | | | | | | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
| Do you wish to leave the rest of your estate to your spouse/partner? | | | | | | | | Yes | | | | | further\_detail\_estate\_to\_partner\_true | No | | further\_detail\_estate\_to\_partner\_false | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
| If your spouse/partner dies before you or if you do not have a spouse/partner, please set out who you would like to inherit your estate and in what proportions. Please also state what would happen to each person’s share if they died before you. | | | | | | | | | | | | | | | | | |  |
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| For example:  *50% to my sister SARAH JONES of (Full Address), or if she dies before me to her 3 children equally*  *50% “the RSPCA” to “Ashgate Hospicecare”/“John Eastwood Hospice”/“St Luke’s Hospice”* | | | | | | | | | | | | | | | | | |  |
| Please enter the details in the box below: | | | | | | | | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
|  | further\_detail\_estate\_information | | | | | | | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
| At what age would you like your beneficiaries to inherit | | | | | | | 18 | | further\_detail\_estate\_information\_inherit\_18 | | 21 | | | further\_detail\_estate\_information\_inherit\_21 | 25 | further\_detail\_estate\_information\_inherit\_25 | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
| **IS THERE ANYTHING ELSE WE SHOULD KNOW?** | | | | | | | | | | | | | | | | | |  |
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| For example, are you blind, deaf, housebound or a non-English speaker? Have you been diagnosed with dementia, Alzheimer’s disease or any mental health conditions? | | | | | | | | | | | | | | | | | |  |
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|  | further\_detail\_additional\_information | | | | | | | | | | | | | | | | |  |
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| **WHAT NEXT?** | | | |  |  | | | | | | | | | | | | |  |
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| Please complete the questionnaire and email it to us prior to your telephone appointment. We will use the information you have provided in this form, together with any other details that may arise during our appointment to prepare a draft of your Will. We aim to send out draft Wills within 10 working days of receiving your full instructions and your signed Terms & Conditions. Please also provide us with two forms of ID per person, one to be photographic such as a bank statement or utility bill and one as proof of address issued within the last 3 months.  Checklist:  Completed Will Questionnaire  Terms and Conditions  Identification Documents | | | | | | | | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
| For marketing purposes, please tell us below why you decided to choose Banner Jones to prepare your Will: | | | | | | | | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | |  |
|  | further\_detail\_marketing\_reason\_for\_choosing | | | | | | | | | | | | | | | | |  |
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| Please tick the boxes below to indicate whether you are also interested in discussing any of the following:- | | | | | | | | | | | | | | | | | |  |
|  | | | Powers of Attorney | | | | | | | | | | | | | |  |  |
|  | | | Planning for future long term care fees | | | | | | | | | | | | | |  |  |
|  | | | “Living Wills” | | | | | | | | | | | | | |  |  |
|  | | | Something else (please specify)……………… | | | further\_detail\_marketing\_further\_interests\_information | | | | | | | | | | | |  |
|  | | | |  | | | | | | | | | | | | | |  |
| Thank you for choosing Banner Jones | | | | | | | | | | | | | | | | | |  |
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