

REQUEST FOR A DRAFT LAST WILL AND TESTAMENT

SECTION A: CLIENT DETAILS

Title and full names:

Smoking status: Smoking: Non-smoking: Highest education:

Identity number: Employment: Permanent Non-permanent

Will language: English: Afrikaans: Monthly income:

Marital status & type: Intermediary:

Contact number: Email Address:

SECTION B: ESTATE VALUES (I.E. TO ESTIMATE THE EXECUTOR & TRUSTEE FEES):

Property(ies) : R .00 Business interests:

Life cover (to Estate): R .00 Cash:

Shares: R .00 Other:

Investments: R .00 Gross liabilities:

Is a Legacy Protection Plan™ required to protect your beneficiaries against Executor, Trustee and Conveyance fees?

SECTION C: WILL TYPE AND PERCENTAGE INHERITANCE OF THE GENERAL OR RESIDUE ESTATE

& % Estate to Spouse, failing Spouse to: Children: None Other

& % Estate to Child, or Children:

& % Estate to other natural person(s) or a legal entity (i.e. Parents or Inter Vivos Trust)

SECTION D: SPECIAL BEQUESTS

Cash: Amount R .00 to: Spouse Child Other

Life cover(s): Payable in terms of my Will to Estate to: Spouse Child Other

Other Specify: to: Spouse Child Other

SECTION E: LAST WISHES

Burial Wish: Cremated Buried Organ Donor Living Will Last wish(es) Yes No

If you have any other wishes or special notes, please specify below in the space provided.

"Its my last wish that

SECTION F: BENEFICIARY NOMINATIONS (ONLY COMPLETE WHERE APPLICABLE & SPECIFY RELATIONSHIPS WHERE NEEDED)

Type	Names	Date of birth / Reg No
Spouse		
Child		
Child		
Other		
Other		

SECTION G: APPOINTMENTS (ONLY COMPLETE WHERE APPLICABLE)

Guardian(s) number: Yes No Alternate Guardian(s): Yes No

Testamentary Trust(s): Yes No Termination age of Trust:

Professional Trustee Capital Legacy: Yes No Other Trustee(s): Yes No

Professional Executor Capital Legacy: Yes No Other Executor(s): Yes No

Type	Names	Date of birth / Reg No
Guardian		
Guardian		
Other Trustee		
Other Trustee		
Other Executor		

SECTION H: OTHER NOTES
