

Your Personal Details

Please complete this form in **BLOCK CAPITALS**

Self

Spouse

Title: Mr / Mrs / Miss / Ms / Other

Title: Mr / Mrs / Miss / Ms / Other

1. Full Name

2. Full Address

Postcode:

Postcode:

3. Date of Birth

4. Telephone Number

5. Email Address

6. Marital Status

Please tick appropriate box(es)

Single

Married

Civil Partnership

Separated

Divorced

Widowed

Partner/Common Law Spouse

Single

Married

Civil Partnership

Separated

Divorced

Widowed

Partner/Common Law Spouse

7. If applicable, date of marriage or civil partnership

Divorce or Later Marriage or Civil Partnership

Generally divorce treats a former spouse as if he or she had predeceased you so that no gift will pass to them nor can they act as Executors even if named as such. In other respects however, the rest of the will remains valid.

If you have made a will and then marry or remarry, or enter a civil partnership, the will may be cancelled and the rules of intestacy would apply. However, a valid will can be made taking into account a planned marriage, remarriage or civil partnership, which you should indicate below if appropriate.

8. Notwithstanding the above, do you have any financial dependants whom you **DO NOT** wish to benefit under your will (e.g. spouse, former spouse, partner or children)?

If yes, please provide details

9. Do you intend to marry or enter into a civil partnership?

Yes No

10. Would you like your new will to take this into account?

Yes No

11. Is your permanent home in England or Wales?

Yes No

Yes No

If no, please state which country?

12. Is your ability to read and sign your will affected by any condition?

Yes No

Yes No

If yes, please provide details

Information about your children

Please complete this form in BLOCK CAPITALS

13. Please give the **full names** and dates of birth of any children from your **present relationship**

Please also indicate whether your child is male or female

Full Name	Gender	Date of Birth

14. Please give the **full names** and dates of birth of any children from any **previous marriage or relationship**

Please also indicate whether your child is male or female

Self

Full Name	Gender	Date of Birth

Spouse/Partner

Full Name	Gender	Date of Birth

Your Assets

15. Do you have any assets outside England and Wales? If so, please give full details including where situated.

Self

Spouse/Partner

Some Assets may fall outside your will:
 Pension fund trustees usually have discretion to distribute the pension scheme death benefits and your wishes should be notified to the trustees.
 Similar consideration may apply to death in service schemes. The proceeds of a Life Assurance Policy written in trust are payable to the person named.
 Jointly owned assets may pass to the surviving owner(s).

Your Funeral Wishes

Please complete this form in BLOCK CAPITALS

16. Do you wish to leave your body for medical research?

Yes No

Yes No

17. Do you wish to donate your organs for transplantation?

Yes No

Yes No

18. If yes, do you wish to donate all of your body?

Yes No

Yes No

19. If no, please specify which parts of your body you do wish to donate.

20. Is it your wish to be buried or cremated? Please specify.

Buried
 Cremated
 No Preference

Buried
 Cremated
 No Preference

21. Please indicate any specific funeral instructions.

Executors are persons whom you appoint in your will to carry out your wishes and administer your Estate. You may consider appointing your spouse/partner with additional or substitute Executors. This is a responsible position with some duties imposed by law and you may therefore consider appointing a professional Executor such as an accountant.

As a firm, we would be pleased to accept an appointment solely or with other persons and can offer full services for the efficient administration of your Estate.

An executor can be a beneficiary under your will.

22. Whom do you wish to appoint as Executor(s)?

Please tick the appropriate statement from the list below:

Give the full names and addresses of all persons named below.
Please state their relationship to you. (i.e my sister, brother-in-law, friend, etc.)

Self

Spouse/Partner

A. I wish to appoint my spouse/partner to act as my Sole Executor, but if he or she dies before me, then I appoint the person(s) named to the right.

Full Name:
Address:
Postcode:
Relationship:

Full Name:
Address:
Postcode:
Relationship:

B. I wish to appoint my spouse/partner WITH the person(s) named to the right.

Full Name:
Address:
Postcode:
Relationship:

Full Name:
Address:
Postcode:
Relationship:

C. I wish to appoint my spouse/partner WITH Perrys Accountants Limited

Full Name:
Address:
Postcode:
Relationship:

Full Name:
Address:
Postcode:
Relationship:

D. I wish to appoint Perrys Accountants Limited as my Sole Executor.

Full Name:
Address:
Postcode:
Relationship:

Full Name:
Address:
Postcode:
Relationship:

E. I wish to appoint the person(s) named to the right.

Full Name:
Address:
Postcode:
Relationship:

Full Name:
Address:
Postcode:
Relationship:

Appointment of Guardians *(if you have children)*

If you have any surviving children under the age of 18, you should consider appointing at least one guardian. When one parent dies, the surviving parent normally becomes the legal guardian, but it is of course possible that both parents may die together or you may be a single parent. Where a man is not married to the mother of his children he will not automatically become their guardian on the death of their mother. Please indicate if you require further advice.

We will provide in your will for your trustees to have power to make payments to the guardians for the maintenance, education and general benefit of your children, unless indicated otherwise

23. If you wish to make a guardianship appointment, please give full details

1st or Sole Guardian

Full Name:	
Address:	
Relationship to you:	Relationship to your spouse/partner:

2nd Joint Guardian
(if appropriate)

Full Name:	
Address:	
Relationship to you:	Relationship to your spouse/partner:

24. If the person(s) named above are unable or unwilling to act, do you wish to make a substitute appointment? *If so, please give full details.*

1st or Sole Substitute Guardian
(if appropriate)

Full Name:	
Address:	
Relationship to you:	Relationship to your spouse/partner:

2nd Substitute Joint Guardian
(if appropriate)

Full Name:	
Address:	
Relationship to you:	Relationship to your spouse/partner:

25. Before dealing with the residue of your Estate are there any specific sums of money which you wish to leave to a particular person or charity?
 If so please give the amount(s) you wish to give and the full name(s) of the recipient(s) together with their address(es) and, if appropriate, relationship(s) to you.

Self

Spouse/Partner

Full Name:
Address:
Postcode:
Relationship:
Amount:

Full Name:
Address:
Postcode:
Relationship:
Amount:

Full Name:
Address:
Postcode:
Relationship:
Amount:

Full Name:
Address:
Postcode:
Relationship:
Amount:

In the event of the person(s) named above dying before you, do you wish the gift to pass to any child or children they may have?

Yes No

Yes No

26. Before dealing with the residue of your Estate are there any specific items (for example, jewellery) which you wish to leave to a particular person? If so please give the descriptions of the item(s) and the full name(s) of the recipient(s) together with their address(es) and relationships(s) to you.

If you wish to leave a number of specific items, we suggest that you provide the full details in a separate list. In turn this list will be referred to in your will. Should you wish to make any changes to the list in the future, you will not have to change your will.

Self

Spouse/Partner

Full Name:
Address:
Postcode:
Relationship:
Description:

Full Name:
Address:
Postcode:
Relationship:
Description:

Full Name:
Address:
Postcode:
Relationship:
Description:

Full Name:
Address:
Postcode:
Relationship:
Description:

In the event of the person(s) named above dying before you, do you wish the gift to pass to any child or children they may have?

Yes No

Yes No

27. Where you are married, or living with a partner, it is usual for your wills to be “mirror images” when dealing with the Residue to ensure that all beneficiaries inherit, particularly if you were to die together. It is common for an Estate to be left to a surviving spouse or partner and on the second death to any surviving children. You may also consider making a third level of bequests (e.g. to parents, brothers, sisters, etc.) in the event of you all dying. Please tick the appropriate box from the statements below:

A. On the first death, we wish the Estate to pass to the survivor of us. If he or she does not survive then we wish the Estate to pass to our child or children named below. <small>NOTE: If it is possible that your family may increase, we would advise that your will should refer to “my child or children” which will avoid you having to make a new will in these circumstances. If this is appropriate to you please tick here. <input type="checkbox"/></small> <small>Alternatively, you should give full names of your child or children below.</small>	<input type="checkbox"/>
B. On the first death, we wish the Estate to pass to the survivor of us. If he or she does not survive then we wish the Estate to pass to the beneficiary(ies) below.	<input type="checkbox"/>
C. On the first death, we do not wish the Estate to pass to the survivor but instead to pass to the beneficiary(ies) named below.	<input type="checkbox"/>

Full Name:	Address:	Relationship:	%

28. If all of the above named beneficiaries die before the survivor of us, we wish the Estate to pass to the beneficiary(ies) named below.

Full Name:	Address:	Relationship:	%

29. Please state at what age you would wish any minor beneficiary to inherit if other than 18 (e.g. 21, 25, etc).

30. Are any beneficiaries or potential beneficiaries mentally or physically handicapped? If so please give details.

Please return to Tunbridge Wells

Our Offices

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