

SPOFFORTHS WILL WRITING SERVICE

Spofforths Private Client Services LLP
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SPOFFORTHS WILL WRITING SERVICE

Thank you for expressing an interest in the Spofforths Will Writing Service.

Making or up-dating a Will is one of the most important steps all our clients are encouraged to take. We aim to make the process as straight-forward and easy to follow as possible.

We take great pride in the service that we provide and we look forward to helping you to complete your Will.

Your next step is to complete and return this form to us by post or, if you prefer, please bring it along to your Will meeting.

If you would like any help completing this form please contact us at:

Spofforths Private Client Services LLP

Springfield House Springfield Road Horsham West Sussex RH12 2RG

Tel 01403 253 282

E-mail philiplansberry@spofforths.co.uk / kaileilee@spofforths.co.uk

We are here to help you and would be pleased to answer any queries you may have or to offer guidance.

Personal Details

So that we can ensure that your Will gives full expression to your wishes and that no unnecessary tax liability will arise, please answer the questions relevant to you.

In some cases it may be desirable to supplement your replies by a discussion before your Will is drafted. If you would prefer not to answer this questionnaire at all, and to come and see us instead, you are more than welcome to do so.

Please tick one box to indicate the service you require					lirror Wills for you and our spouse/partner			
	You						Your Spouse/Partner	
Title (Mr/Mrs/ Miss etc):			Mis	e (Mr/ s etc):		/		
Forename:			For	ename	:			
Middle name/s:			Mid	ldle na	me/	s:		
Surname:			Sur	name:				
Full Address:			Ful	l Addre	ess:			
Tel No (Home):	Postcode:		Tel	No (H	ome	١٠	Postcode:	
						_		
(Work/Mobile):			(W	ork/M	obile	e):		
E-mail:			E-n	nail:				
Date of Birth:			Dat	te of Bi	irth:			
Current Marital	Single			Single				
Status: (please tick	Separated			Separa	ated			
appropriate box)	Widowed			Widow	ved			
	Married/Civil Part	nership *		Marrie	d/Civ	/il Pa	artnership *	
	Divorced			Divorc	ed			
	Co-habiting			Co-hal	biting]		
Previous Marital Status:	If you have ever	been widowed	d, ple	ase tick	k the	box	(

^{*} All references to marriage, spouse, divorce, widow etc refer to Civil Partnerships as well as marriage.

Responsibilities

You are free to leave your estate to anyone you choose, but please be aware that the law does confer rights on people who have been wholly or partly maintained by you or those to whom you have made a binding promise to leave them something. If you do not provide for someone that is financially dependent on you at the date of your death then he/she may be able to make a claim against your estate. This can apply to your spouse or other relative and also to children whether they are your own or those of your spouse/civil partner whom you have treated as your own. It is up to the Courts to decide the validity of any claims but we can advise you if needs be.

	You		Your Spous	e/Partner
Please tick	Yes	No	Yes	No
Are you paying maintenance for a child?				
Are you paying maintenance to a spouse by a previous marriage?				
Are you maintaining or responsible for a parent or someone else?				
Is any member of your family disabled or financially vulnerable or have any other special problems or needs?				
Have you signed a pre-nuptial or co-habitation agreement?				
Have you signed a Power of Attorney of any kind, e.g. Ordinary, Enduring or Lasting?				

If you have answered "yes" to any of the above questions, please provide brief details below.

Inheritance Tax

If you are domiciled in the UK, inheritance tax is the tax payable on your estate when you die and on certain lifetime gifts. Wills can be written to reduce your potential liability to inheritance tax. If you want to know more about inheritance tax and how it might affect you, please refer to our website for general information. For advice and guidance on your personal inheritance tax position, please refer to your Spofforths Private Client Services adviser. Remember, anything you leave to a surviving spouse, civil partner or a charity will be exempt from inheritance tax.

	You		Your Spous	e/Partner
Please tick	Yes	No	Yes	No
Is the total value of all you own, less all you owe, more than £325,000?				
)	es e		No
If you are widowed, did you inherit everything under your late spouse's Will?				
Do you own an interest in a family business, partnership or agricultural property of any nature?				
Are you non-UK domiciled or do you own any assets outside the UK, especially land?				
Have you made a foreign Will?				
Are you a beneficiary of a Trust or have you ever set up a Trust?				

If you reply "yes" to any of these questions, please complete our Estate Planning Questionnaire at the end of this form. By completing this additional short questionnaire we will be able to calculate the amount of Inheritance Tax due on your estate. If you wish, we will also be in a position to advise you on how you might reduce your inheritance tax bill by making a tax saving Will.

Marriage			
A marriage or remarriage revokes (cancels) any Will made beforehand unto avoid being revoked by marriage. On the other hand, divorce treats a or she had predeceased you so that the appointment of a former spouse take effect and a gift to a former spouse/partner would lapse unless to avoid this from happening.	n former spou e/partner as e	se/partner executor wo	as if he ould not
	Please ti	ck Yes	No
Do you plan to marry or enter into a civil partnership in the near future?			
If yes, do you wish your new Will to remain valid after you are married?			
If yes, please write in the full names of the person you intend to i	,		
Future Changes			
	Please tie		No
After one of you has died would you be happy for the survivor to be able Will changing the way your estate is shared out on their death?			
If you reply "no" to this question we will advise you on the variou from happening.	ıs ways you	can preve	ent this
Worldwide Will			
Your Will covers all your worldwide assets unless you have foreign asset laws of the country in question or will pass under a foreign Will. If you we countries because you have an existing Will made in that country (or a state below the countries to be excluded.	vish your Will	to exclude	certain
Countries to be excluded Please tick	You	Your Spouse/F	Partner
Previous Will			
If you have made a Will before, where is this document kept?			

House Deeds	
Where are the title deeds to your property?	

Information about your Children Please give details of any children from your present re	elationship:				
, , ,	te of Birth				
r di Harrie	ic or bireit				
Please give details of any children from any previous n	narriage or re	elations	hip:		
Full Name Date	te of Birth			You / Your	
		Pa	artner? Pl	ease indicat	te
Funeral Wishes					
uneral Wishes					
You only need to complete this section if you would	ld like to inc	clude d	letails of	your intende	d fune
arrangements in your Will. Please note that funeral c					
estate and will be paid by your Executor from the I	monies in yo	ur esta	ate unless	s you have a	pre-pa
funeral expenses plan.					
raneral expenses plant					
Please indicate your preference:		You		Your	
Please indicate your preference:	Please tick		No	Spouse/	
Please indicate your preference:	Please tick	You Yes	No		/Partn
Please indicate your preference:	Please tick		No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan	Please tick		No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation	Please tick		No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial	Please tick		No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant		Yes	No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research		Yes	No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research		Yes	No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research		Yes	No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in		Yes	No	Spouse/	
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in		Yes	No	Spouse/	No
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in		Yes	No	Spouse/ Yes	No
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in		Yes	No	Spouse/ Yes	No
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in Instructions concerning Pets Please indicate your preference: To be re-homed by a charity		Yes	No	Spouse/ Yes	No
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in Please indicate your preference: To be re-homed by a charity Give to a friend or relative to keep or re-home Your Executors are requested to re-home	esert details l	Yes		Spouse/ Yes	No
Please indicate your preference: I have a pre-paid funeral plan Cremation Burial Donate your organs for transplant Donate your body for medical research If you have any other specific funeral wishes, please in Please indicate your preference: To be re-homed by a charity Give to a friend or relative to keep or re-home	esert details l	Yes		Spouse/ Yes	No

Executors & Trustees

Your Executors and Trustees administer your estate and any trusts created by your Will after your death and ensure that your wishes are carried out. This involves valuing your assets and liabilities at the date of your death, paying any Inheritance Tax due, obtaining a Grant of Probate, paying any debts and liabilities and distributing your remaining estate to the beneficiaries named in your Will.

Your Executors may need to hold money or property, as Trustees, for other people (usually children) until a trust comes to an end (usually when the children reach their age of entitlement).

Your Executors and Trustees should, therefore, be over 18 years and willing and able to act. An Executor can be a beneficiary under your Will. If you have infant children, your Executors will automatically become their Trustees.

Where appropriate, we recommend your spouse/partner act as your sole Executor if he/she survives you or after his/her death two other Executors. Spofforths would be pleased to act as one of your Executors if you wish. Our appointment can be very helpful to speed up what can be a very time-consuming job and to relieve stress. If you would like to know more about our Executor and Trustee Service please ask for our brochure.

If your spouse/partner survives you, please indicate below which of the following you wish

to appoint as your E	xecutor.	
	Please tick	Yes
Your spouse/partner		
Spofforths		
Your spouse/partner ar	nd Spofforths jointly	
Your spouse/partner ar	nd the person or persons named below jointly	
Spofforths and the pers	sons named below jointly	
The persons named be	low jointly	
Your spouse/partne	r's details (if not already stated)	
Full name:		
Full Addresses		
Full Address:		
	Postcode:	
Relationship to you:	Spouse / Partner	
If you are single or Executors.	your spouse/partner does not survive you, please indicate alte	rnative
	Please tick	Yes
Spofforths		
Spofforths and the pers	sons named below jointly	
The persons named be	low jointly	

Executor 1	
Forename:	
Middle name/s:	
Surname:	
Full Address:	
	Postcode:
Relationship to you: (if any)	
Executor 2	
Forename:	
Middle name/s:	
Surname:	
Full Address:	
	Postcode:
Relationship to you: (if any)	

Guardians

If you have children under the age of 18 years, then your Will should appoint a guardian or guardians to look after them should both you and your spouse/partner die. **If a man is not married to the mother of his children then he will not automatically become their guardian on the mother's death.** The guardians are responsible for the welfare and upbringing of your children. We advise you to obtain confirmation from the guardians that they are willing to act. We will provide in your Will for your Executors to have power to make capital and/or income payments to your guardians to cover the costs of bringing up your children and for your children's general benefit. Should you appoint two guardians who do not live together, then it is advisable to express in writing where your children are to live. There is space below for you to appoint first choice guardians and then, if you wish, substitutional guardians.

First Choice Guard	ian(s)
Guardian 1	
Full name:	
Full Address:	
	Postcode:
Relationship to	
you: (if any)	
Guardian 2	
Full name:	
Full Address:	
	Postcode:
	Postcode.
Relationship to	
you: (if any)	
Davida asses and Coran	d!(-)
Replacement Guar	dian(s)
Guardian 1	
Full name:	
i uli lialile.	
Full Address:	
	Postcode:
Relationship to	
you: (if any)	
Guardian 2	
Full name:	
Full Address:	
	Postcode:
Relationship to	·
you: (if any)	

Legacies				
Personal Effects				
	ru.	a	., ,	, , .
Specific gifts of personal effects can either be included in your W separate note you leave with your Will. By leaving a separate note				
a new note at any time to be placed with your Will without having				
describe the items accurately to avoid confusion later on. A gir				
recipient dies before you (unless you nominate substitute beneficia				
your residuary estate and be disposed of in accordance with your w	ishes (s	see "Resid	duary Estate	?").
	You		Your	
			e/Partner	
Please tick	Yes	No	Yes	No
Do you wish to leave such a note				
·				
If you plants lat yo have details have				
If yes, please let us have details here:				

Legacy of Cash

my spouse/partner survives me.

Cash gifts can be made to individuals, charities or organisations. If you would like to make any cash gifts please complete the section below. As above, the gift will not take effect if the intended recipient dies before you. If you have a spouse/partner, we will assume the legacies are to be paid after you and your spouse/partner have both died. If this is not the case, please tick the box as appropriate to indicate the contrary.

Legacy 1							
	You				Your Spouse/Part	ner	
Amount:	£			Amount:	£		
Forename:				Forename:			
Middle name/s:				Middle name/s:			
Surname:				Surname:			
Age:				Age:			
Address:				Address:			
	Postcode:				Postcode:		
Relationship to you: (if any)				Relationship to you: (if any)			
	Please tick	Yes	No			Yes	No
To be paid after my	v death even if			To be paid after i	my death even if		

Legacy 2							
	You				Your Spouse/Part	ner	
Amount:	£			Amount:	£		
Forename:				Forename:			
Middle name/s:				Middle name/s:			
Surname:				Surname:			
Age:				Age:			
Address:				Address:			
	Postcode:				Postcode:		
Relationship to you: (if any)				Relationship to you: (if any)			
	Please tick	Yes	No		1	Yes	No
To be paid after m				To be paid after	my death even if		
my spouse/partne	er survives me.			my spouse/partr	ner survives me.		

my spouse/partner survives me.

Legacy 3							
	You				Your Spouse/Part	ner	
Amount:	£			Amount:	£		
Forename:				Forename:			
Middle name/s:				Middle name/s:			
Surname:				Surname:			
Age:				Age:			
Address:				Address:			
	Postcode:				Postcode:		
Relationship to				Relationship to			
you: (if any)				you: (if any)			
	Please tick	Yes	No			Yes	No
To be paid after my	death even if			To be paid after r	ny death even if		
my spouse/partner	survives me.			my spouse/partn	er survives me.		

Legacy 4							
	You				Your Spouse/Parti	ner	
Amount:	£			Amount:	£		
Forename:				Forename:			
Middle name/s:				Middle name/s:			
Surname:				Surname:			
Age:				Age:			
Address:				Address:			
	Postcode:				Postcode:		
Relationship to you: (if any)				Relationship to you: (if any)			
	Please tick	Yes	No			Yes	No
To be paid after m my spouse/partne				To be paid after in my spouse/partr			

Residuary Estate

Your residuary estate is what is left after the payment of debts, funeral expenses (unless pre-paid) and any taxes and legacies.

If you would like to discuss with our estate planning experts the writing of a Will to minimise Inheritance Tax please let us know. A very considerable amount of tax can be saved if a Will is specially prepared with tax saving in mind.

We recommend that you specify reserve beneficiaries in the event that all the named beneficiaries of the residue of your estate die before you. If not, your estate could pass under the laws of intestacy.

Gift to Spouse/Partner

Please tick	Yes	No	N/A
Do you wish your residuary estate to pass to your spouse/partner?			
If 'yes' are you happy for them to do as they please with their inheritance, e.g. spend it all, give it away or change their Will after you have died, so it passes differently to the way you would like it left?			

If 'no' please ask for our advice on the options open to you to ensure your wishes are upheld and not changed after your death

Gift to Children/Grandchildren

Please complete this section if you have children/grandchildren. If not, proceed to "Calamity Clause" on the next page.

Please tick	Yes	No
If you are single or your spouse/partner does not survive you, do you wish your residuary estate to pass to your children/step-children in equal shares?		
Are your children/step-children already old enough to have their inheritance paid straight to them?		
If one of your children/step-children should predecease you, do you wish his/her share to pass to his/her children, i.e. your grandchildren?		

At what age would you like your children/step-children or grandchildren to inherit

Please tick		R Please til		
Age for children	18	Age for grandchildren	18	
	21		21	
	23		23	
	25		25	
	Other		Other	

Calamity Clause			
recommend you name	applies to you or if everyone passes away at the same time or before reserve beneficiaries. You could leave everything to one person/many beneficiaries. If more than one beneficiary is involved, we sug to fixed percentages.	charity o	or share
	Please tick	Yes	No
Do you want to leave details below:	e your estate to one person or to one charity? If so, insert their		
One Person			
Forename:			
Middle name/s:			
Surname:			
Age:			
Address:			
	Postcode:		
Relationship to you: (if any)			
	Please tick	Yes	No
If this person dies before entitlement?	ore you, do you want his/her children to inherit his/her		
One Charity			
Name:			
Address:			
	Postcode:		
Registered Charity Number:			

	your estate to more than one person, you have two options. Version suits you best.	Please re	ead both
Option 1			
You wish to divide yo	our estate between a number of different people and/or charities ollowing section of this form. Please continue on a separate sheet in		
Beneficiary 1			
Proportion of	%		
residuary estate:			
Full name/name			
of charity:			
Age:			
Address:			
	Postcode:		
Relationship to			
you: (if any)	Please tick	Yes	No
If Reneficiary 1 dies h	efore you, do you want his/her children to inherit his/her	165	No
entitlement?	erore you, do you want mayner children to inherit mayner		
Beneficiary 2			
Proportion of	%		
residuary estate:			
Full name/name			
of charity:			
Age:			
Address:			
	Postcode:		
Relationship to			
you: (if any)		,	
	Please tick	Yes	No
If Beneficiary 2 dies b entitlement?	efore you, do you want his/her children to inherit his/her		
Beneficiary 3			
Proportion of residuary estate:	%		
Full name/name of charity:			
Age:			
Address:			
	Postcode:		
Relationship to			
you: (if any)			
	Please tick	Yes	No
If Beneficiary 3 dies b entitlement?	efore you, do you want his/her children to inherit his/her		

Option 2						
family or perhaps 90%		50% to my spouse's family and 50% to my charities. If this is how you wish to leave				
Group 1	Group 1					
Proportion of residuary estate:		%				
Please insert details necessary.	of every member of the group below.	Please continue on a separate sheet if				
Full name/name of charity:						
Age:						
Address:						
	П	Postcode:				
Relationship to you: (if any)						
Full name/name						
of charity:						
Age:						
Address:						
	П	Postcode:				
Relationship to you: (if any)						
Full name/name						
of charity:						
Age:						
Address:						
	1	Postcode:				
Relationship to you: (if any)						
Full name/name of charity:						
Age:						
Address:						
		Postcode:				
Relationship to you: (if any)						

Group 2	
Proportion of residuary estate:	%
•	
Please insert details necessary.	of every member of the group below. Please continue on a separate sheet if
,	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	,
7	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	
, , , , ,	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	

Group 3	
Proportion of residuary estate:	%
•	
Please insert details necessary.	of every member of the group below. Please continue on a separate sheet if
,	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	
7	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	
, , , , ,	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	
7.2.	
Full name/name of charity:	
Age:	
Address:	
	Postcode:
Relationship to you: (if any)	

Other General Information
Please insert in the space below any other information you feel it may be useful for us to know when drafting your Will.

ESTATE PLANNING QUESTIONNAIRE

At Spofforths we have considerable experience of advising our clients about estate planning and on the preservation of their wealth. Now, more than ever, this involves taking steps to minimise the impact of Inheritance Tax and Capital Gains Tax.

Our Specialist Team have developed a comprehensive range of tax saving techniques, many of which involve the use of specially drafted Wills and Trusts.

To enable us to advise you on the full range of estate planning opportunities, please complete this short questionnaire (approximate values only are required – **please insert values to nearest £1,000**).

Assets	You	Your Spouse/Partner	Joint
Main residence	£	£	£
Other residential or commercial property	£	£	£
Farmland	£	£	£
Business assets	£	£	£
Building society/Bank accounts	£	£	£
Investments/Bonds	£	£	£
PEPs/ISAs etc	£	£	£
National Savings	£	£	£
Life assurance	£	£	£
Mortgage Protection policy	£	£	£
Foreign assets	£	£	£
Other assets	£	£	£
Total Assets	£	£	£
Liabilities			
Mortgage	£	£	£
Loans	£	£	£
Other liabilities (e.g. credit cards)	£	£	£
Total Liabilities	£	£	£
Total Net Estate (i.e. Total Assets <u>less</u> Total Liabilities)	£	£	£
Death in service benefits	£	£	£
Value of pension funds	£	£	£
Gifts in last 7 years over £3,000 p.a.	£	£	£