

Will Questionnaire

Personal Details

	You	Spouse/Partner/Civil Partner
Full Name		
Address		
Post Code		
Tel number		
Email address		
Date of birth		
Occupation		
Nationality/ Domicile		
Already have an existing will?	(If yes please provide a copy)	(If yes please provide a copy)
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Civil Partners <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting <input type="checkbox"/> Civil Partners <input type="checkbox"/>
Disposal of body Special directions	Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> No preference <input type="checkbox"/> Donation for medical research <input type="checkbox"/>	Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> No preference <input type="checkbox"/> Donation for medical research <input type="checkbox"/>

Pensions

Do you have a private pension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details and an approximation of the fund value		
Have you nominated someone to receive your pension in the event of your death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please indicate who?		

Assets

Asset	You (£)	Spouse/Partner (£)	Joint (£)
Main residence			
<i>Mortgage on above (-)</i>			
Life cover/endowment policy linked to above mortgage			
Business property			
Agricultural property			
Other land/buildings			
<i>Mortgage on any above (-)</i>			
Life cover/endowment policy linked to above mortgages			
Own/family business			
Bank/building society accounts			
<i>Bank overdrafts (-)</i>			
Quoted shares			
Unquoted shares			
Unit trusts/investment trusts			
ISA's			
Insurance policies Life Pension Investment			
Other savings/investments			
Chattels (inc. jewellery & vehicles)			
<i>Major debts, or other liabilities (-)</i>			
Overseas assets			
Property in trusts under which you are a beneficiary			
Lifetime gifts made by you (please give dates)			
Other			
Total			

Children

Full Name	Address	Date of birth	Status*

* Please indicate whether the child is natural, adopted or a stepchild

Grandchildren

Full name	Address	Date of birth	Name of parent

Is there anyone who may expect to benefit from your will who you do not wish to leave anything to?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details.	

The rest of your estate

Please indicate how you would like to distribute the remainder of your estate.

Amount/ proportion	Full name of beneficiary	Address of beneficiary	Relationship to you	Date of birth (if under 18)

If one of your beneficiaries dies, do you want the gift to pass to their children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How did you hear about Warners?

Do you have any specific visual, communication or mobility requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have an Enduring or Lasting Power of Attorney?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If not, would you like more information about Powers of Attorney?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have an Independent Financial Advisor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Would you like us to recommend one?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have an Accountant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Would you like us to recommend one?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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