

Client Surname		First Names	
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**7 day notice?
YES / NO**

If YES, give details in notes, email to info@goodwills.net or fax direct to Premier House on 0845 222 0023 and post original with payment

Mirror Will Instruction Form v 0715 con
Wills and Trusts prepared by:
Goodwills Legal Services Ltd
Please send completed instruction to:
Goodwills Legal Services Ltd. · 3rd Floor ·
Premier House · Lurke Street · Bedford · Beds ·
MK40 3HU
Tel: 0845 222 00 22 Fax: 0845 222 00 23

Notes:

- * Please complete in Block Capitals and do not use abbreviations
- * Please circle the appropriate options and strike through those that do not apply
- * Ensure that the testators agree with the instruction before they sign and date the declaration
- * The concessionary price is for a simple standard Will only; complex situations require additional payment

Services Included in Instruction

✓	Service Required	Client £	GW £	✓	Service Required	Client £	GW £
	Simple Mirror Wills				Total Calamity Supp. (13)		
	Business Will Supp. (1)				Exclusion Supplement (14)		
	IHT Loan Trust Supp (4)				LPA Supplement (16)		
	Asset Pres. Trust Supp. (4a)				LPA Registration (16)		
	Gifts & Legacies Supp. (5)				AMD Supplement (17)		
	Property Trust Supp. (6)				Storage Supplement (20)	£	
	Transfer of Equity Supp. (7)				Funeral Plans	£	
	Children's Trust Supp. (8)				Remote Checking Service		
	Family Trust Supp. (9)				Life Assurance Supp. (22)		
	Disabled Trust Supp. (10)				Home Protection Trust		
	Res. Beneficiaries Supp. (11)				Other		

Send Documents to:	Consultant / Testator
Consultant's Name	
Client fee	£ : :

Documents Sent fax back Supplement (21)	
Source Newspaper/Own IFA/GW IFA/Referral etc.	
Payment Method	

Goodwills Legal Services Ltd Fee	£ : :	VAT	£ : :
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TOTAL	£ : :
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For office use only

Date Received by Goodwills Legal Services Limited	
Date Standing Order Sent	

Date Will Completed	
Date Scanned to File	

Section 1 – Personal Details

First Testator	Title											Second Testator	Title										
Surname											Surname												
Forename											Forename												
Other Name											Other Name												
Alias, if any											Alias, if any												
Address																							
												Postcode											
Email					Phone																		
Date of Birth								Date of Birth															
Occupation					Occupation																		
Domicile					Domicile																		
Single/Married/CP/Divorced/Separated/Widowed					Single/Married/CP/Divorced/Separated/Widowed																		
Are the Wills made in contemplation of Marriage or Civil Partnership?													Yes/No										
Have you previously made a Will for your assets in England and Wales?					Yes/No		Have you previously made a Will for your assets in England and Wales?					Yes/No											
Do you have a foreign Will or foreign assets?					Yes/No		Do you have a foreign Will or foreign assets?					Yes/No											
If yes, which country?							If yes, which country?																
Does Testator 1 hold assets in any other name(s) i.e. accounts, investments, property etc.?													Yes/No										
If YES – please state which name																							
Does Testator 2 hold assets in any other name(s) i.e. accounts, investments, property etc.?													Yes/No										
If YES – please state which name																							
How many children do you have?			First Testator			Second Testator			Joint														
Are you a beneficiary under a current trust?					Yes/No		Are you a beneficiary under a current trust?					Yes/No											
Are you able to read your Will					Yes/No		Are you able to read your Will					Yes/No											
Are you able to sign your Will					Yes/No		Are you able to sign your Will					Yes/No											
If you cannot sign, who will sign for you?																							
Do you own a business?			Yes / No		If yes – you may need to complete Supplement 1																		

If you own a business, do you wish for us to recommend a Company and Commercial Solicitor that we have dealt with in the past to give you a free compliance check?	YES / NO / N/A
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Section 2 – Executors (Your executors will also act as your trustees)

Appointing professional Executors is not a requirement but should be considered, and especially where there are complex or unusual circumstances.

Do you wish to appoint professional Executors on their own?	YES / NO
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Do you wish to appoint professional Executors alongside another? Please provide details below	YES / NO
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Do you wish to appoint professional Executors as your reserve Executors?	YES / NO
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Is your spouse / partner to act as Executor?	NO / YES SOLELY / YES JOINTLY
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Executor	JOINT / RESERVE
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Address

Introduction Letter	Yes/No
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Postcode	Phone
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Relationship to T1	Relationship to T2
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Executor	JOINT / RESERVE
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Address

Introduction Letter	Yes/No
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Postcode	Phone
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Relationship to T1	Relationship to T2
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Executor	JOINT / RESERVE
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Address

Introduction Letter	Yes/No
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Postcode	Phone
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Relationship to T1	Relationship to T2
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Section 3 – Guardians

Do you have children under the age of 18 who therefore require Guardians?	YES / NO
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If YES – please complete this section

If unmarried, is the natural father to be guardian of yours / his children?	YES / NO
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If YES – please give father’s details

Name of Father

Name

Address

Introduction Letter Yes/No

Postcode Phone

Is the father to act solely or jointly with the guardian(s) named below? Solely / Jointly

Guardian 1

Address

Introduction Letter Yes/No

Postcode Phone

Relationship to T1 Relationship to T2

Guardian 2

Address

Introduction Letter Yes/No

Postcode Phone

Relationship to T1 Relationship to T2

Section 4 – Estate Valuation (Must be completed)

Asset Description	Testator 1	Testator 2	Joint
Property	£	£	£
Investments and Savings	£	£	£
Death in Service	£	£	£
Life Insurance	£	£	£
Other – cars, chattels, etc.	£	£	£
SUB TOTAL	£	£	£
Less – Debts & Mortgages	£	£	£
NET ESTATE VALUE	£	£	£
Expected Inheritance	£	£	£

Are your Life Policies in Trust? YES / NO Mortgage Protection Policy in force? YES / NO

Is IHT Nil Rate Band Discretionary Trust required (Unmarried couples and non CPs only)? If YES to IHT NRB Discretionary Trust complete Supplement 4 YES / NO

Is an Asset Preservation Trust (Immediate Post Death Interest Trust) to be included? If YES to APT complete Supplement 4a YES / NO

Is Transfer of Equity required? – If YES, complete Supplement 7 YES / NO

Is a Life Interest Trust required? YES / NO

Would you like our sister company to quote for your Life Insurance or Mortgage Protection to see if you can save money on your premiums? Additionally, they can offer advice on Inheritance Tax and investment opportunities. If YES, complete Supplement 22 YES / NO

Section 5 – Gifts and Legacies

Do you wish to make specific gifts, for example, a house, jewellery, family heirlooms, sums of money, stocks and shares, etc.? (maximum of 5 gifts excluding property, otherwise additional charges apply)* YES / NO

If YES, please note the following:

- All gifts shall be stated to be free of any taxes unless you state otherwise - please state in office notes
- If a gift is made to a charity, you must quote the charity number
- If the gift is the content of a bank or building society account, a share portfolio or an investment, you must quote the account/policy numbers.
- If any of your beneficiaries in this section die before you, your Will will be drafted so that such gift shall form part of your residuary estate, unless you state otherwise (e.g. if you wish for the gift to pass to the beneficiary's issue per stirpes) – please state in office notes
- If more than five gifts are made and/or a gift of property is required, please use Supplement 5 and please agree additional charges

Description of Gift

Beneficiary Name

Address

Postcode

Relationship to T1 Relationship to T2

Gift to pass on death of: 1st Testator / 2nd Testator / After both deaths Under 18? YES / NO

Description of Gift

Beneficiary Name

Address

Postcode

Relationship to T1 Relationship to T2

Gift to pass on death of: 1st Testator / 2nd Testator / After both deaths Under 18? YES / NO

Description of Gift

Beneficiary Name

Address

Postcode

Relationship to T1 Relationship to T2

Gift to pass on death of:	1st Testator / 2nd Testator / After both deaths	Under 18?	YES / NO
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Description of Gift	
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Beneficiary Name																				
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Address																				
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Relationship to T1		Relationship to T2	
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Gift to pass on death of:	1st Testator / 2nd Testator / After both deaths	Under 18?	YES / NO
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Description of Gift	
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Beneficiary Name																				
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Address																				
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																					Postcode																
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Relationship to T1		Relationship to T2	
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Gift to pass on death of:	1st Testator / 2nd Testator / After both deaths	Under 18?	YES / NO
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Section 6 – Property Trust

If you are making Wills as a couple, is it a concern that your spouse/partner could change their Will after your death, i.e. in the event of (re)marriage? If so, we would recommend that you have Property Protective Trust Wills drawn up to safeguard against this.

Is anyone to be granted the right to occupy a property owned by you, after your death? – If YES, please complete Supplement 6	YES / NO
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Section 7 – Transfer of Equity

Is Transfer of Equity required? – If YES, complete Supplement 7	YES / NO
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Section 8 – Children’s Protective Trust

Is a Children’s Protective Trust required? – If YES, complete Supplement 8	YES / NO
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Section 9 – Family Trust

Is a Family Trust required? – If YES, complete Supplement 9	YES / NO
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Section 10 – Disabled Trust

Is a Disabled Trust required? – If YES, complete Supplement 10	YES / NO
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Section 11 – Residue of the Estate

The Residue is the remainder of your estate after debts, liabilities and previously stated gifts

- If a gift is made to a charity, please quote the charity number

Is the Residue to pass firstly to your Spouse / Partner? (If YES) and then to pass to the following named below: (If NO) to pass directly to the following named below:	YES / NO
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In Equal Shares (If NO, please specify shares in either percentage or fractions)	YES / NO
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Beneficiary Name	
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Address	
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	Postcode		At Age		Share
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Relationship to T1	Relationship to T2
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Beneficiary Name	
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Address	
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	Postcode		At Age		Share
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Relationship to T1	Relationship to T2
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Beneficiary Name	
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Address	
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	Postcode		At Age		Share
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Relationship to T1	Relationship to T2
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Beneficiary Name	
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Address	
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	Postcode		At Age		Share
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Relationship to T1	Relationship to T2
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Beneficiary Name	
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Address	
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	Postcode		At Age		Share
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Relationship to T1	Relationship to T2
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If necessary, please list additional residual beneficiaries using Supplement 11

Section 12 – Substitution of Issue

If any Residual / Total Calamity / Default beneficiaries die prior to benefiting, do you wish their issue per stirpes to benefit?	YES / NO
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If Yes, at what age should the substituted beneficiaries benefit?	(between 18 and 25)
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If NO, is that share to pass to the surviving beneficiaries in the proportion those shares bear to each other?	YES / NO
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If NO, who will benefit from that share?																				
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Relationship to T1	
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Relationship to T2	
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Where appropriate, a cross-accruer clause will be inserted into your Will, so that if any beneficiary dies in your lifetime or before attaining a vested interest or within 30 days of your death (and, if applicable, their issue have also died before you, and/or you have not made further provision), then their share will pass to the surviving beneficiaries in the same proportions, to avoid that share failing and passing under the intestacy rules.

Section 13 – Total Calamity / Default Beneficiaries (additional charges apply)*

Do you wish to appoint reserve beneficiaries to benefit if all the beneficiaries listed in section 11 and 12 die prior to benefiting? (An option relevant to young families only). If YES – Complete Supplement 13	YES / NO
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Section 14 – Exclusions or inadequate provision (additional charges apply)*

Do you wish to exclude a person from your Will who may have a potential claim on your estate (e.g. a spouse, former spouse not remarried, children, co-habitants or a dependent)? If YES – Complete Supplement 14	YES / NO
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If NO – Have you omitted someone from your Will, who you now understand, may make a claim on your Estate but have declined to specifically exclude them? If YES – Please note details below and make an appropriate office note	YES / NO
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Name																				
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Relationship to T1	
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Relationship to T2	
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Section 15 – Funeral Wishes

1 st Testator	Burial/Cremation/No Preference
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2 nd Testator	Burial/Cremation/No Preference
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Do you have a funeral plan in place?	YES / NO
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Do you have a funeral plan in place?	YES / NO
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If Yes, details please	
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If Yes, details please	
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If NO – are you interested in further information regarding Funeral Plans?	YES / NO
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Other Funeral Wishes

Other Funeral Wishes

Section 16 – Power of Attorney

Is a power of attorney required?

Testator 1 If YES – Complete Supplement 16	YES / NO
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Testator 2 If YES – Complete Supplement 16	YES / NO
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Section 17 – Advance Decision (previously Advance Medical Directive / Living Will)

Is an Advance Decision required?

Testator 1
If YES – Complete Supplement 17 YES / NO

Testator 2
If YES – Complete Supplement 17 YES / NO

Section 18 – Appointment of Advisers

Do you wish to appoint a Financial Adviser from whom your Executors / Trustees should seek professional financial advice? If YES – Please provide details below YES / NO

Adviser’s Name

Company Name

Address

Introduction Letter Yes/No

Postcode Phone

If you do not have a Financial Adviser, would you like us to recommend a Financial Adviser that we have dealt with in the past and we know will offer you good advice? YES / NO

It is important that your executors have access to professional advice; if you have not appointed professional executors, Goodwills Legal Services Limited can still provide support to your executors and we can also offer a full Probate service if required. Would you like Goodwills Legal Service Limited to be the probate advisers to your estate? YES / NO

Section 19 – Declaration by Testators

WE CONFIRM that we are over 18 years of age and are of sound mind and that we have read these instructions and supplements thereto or have heard these instructions and supplements thereto read to me and acknowledge and confirm that they represent my intentions as to the disposal of my estate. **WE CONFIRM** that the spelling of all names and addresses is correct.

WE CONFIRM our general instruction in our Wills and we agree to my Executors and Trustees having normal powers to aid the administration of our estate. We do not know of any other trusts / restraints which would prevent our estate being distributed as we have requested.

WE UNDERSTAND that if we change our instructions, Goodwills Legal Services Ltd reserve the right to charge additionally for such work.

WE CONFIRM that the financial arrangements relating to this matter have been provided to us by the advisor and that we are happy with these.

WE UNDERSTAND that it is our choice whether or not we would like Goodwills Legal Services Ltd to provide their drafting service to us and confirm that we would like them to act.

WE UNDERSTAND that by virtue of Section 9, Wills Act 1837, our Wills must be signed by us before two witnesses who are both present when we sign our Wills and **WE FURTHER UNDERSTAND** that instructions relating to the attestation of our Wills shall be sent to us with our Wills in due course. **WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our Wills shall be liable if our Wills are incorrectly attested (signed). We have received details of Goodwills Legal Services Ltd attestation services and if we have declined this service, we have done so in the full knowledge that we are taking full responsibility for the correct attestation of our Wills.

WE UNDERSTAND that advice given by Goodwills Legal Services Ltd is based on their understanding of Inland Revenue practices at the time the advice is given. **WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our Wills shall be liable if changes in Inland Revenue practices affect any liability to tax or duty.

WE UNDERSTAND that the advice is based on the information that we have supplied. **WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our Wills shall be liable if we have withheld information or provided inaccurate information relevant to the drafting of our Wills.

GENERAL DATA PROTECTION REGULATION The information recorded in this document may be retained electronically for reference purposes and will be held in accordance with the General Data Protection Regulation Act 2016 (or in accordance with any subsequent amendments to the legislation or superseding legislation). The information may also be used by Goodwills Legal Services Ltd. to provide you with information and details of products relevant and suitable to your requirements. Your details will **NEVER** be passed to any other agency or organisation.

If you should choose not to receive information from Goodwills Legal Services Limited you should indicate this decision by ticking this box.

SIGNED BY FIRST TESTATOR

Date	<input type="text"/>
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SIGNED BY SECOND TESTATOR

Date	<input type="text"/>
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Section 20 – Will Storage and Maintenance

Do you wish to secure your Wills and documents with Goodwills Legal Services Limited and take advantage of our free update service? If YES – Complete Supplement 20	YES / NO
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Appropriate Office Notes Relating to the Case:

Goodwills Legal Services Limited Ltd.
Verification of Customer Identity and Address

Evidence of Identity

Document	Reference Number			
Current full signed passport		Place of Birth	Date of Birth / /	Expiry date / /
** Current UK/EU Full Driving Licence				Expiry date / /
Firearms Certificate		Issuing Authority:		Issue date / /
** State Pension or Benefit Book		Issuing Authority:		Issue date / /
Inland Revenue tax notification		Type: P45 / P60 / Notice of coding		Issue date / /
Other acceptable evidence of identity		Details		Issue date / /

Evidence of Address

Document	Reference Number		Circle YES or NO	
Home Visit			Premises Entered YES / NO	Date of Visit / /
Most recent Mortgage Statement		Name of Lender	Address Current YES / NO	Issue date / /
Bank/Building Soc. Statement or passbook		Name of Issuer	Address Current YES / NO	Issue date / /
Utility Bill (not mobile phone)		Name of Utility Company	Address Current YES / NO	Issue date / /
** Current UK/EU Full Driving Licence			Address Current YES / NO	Issue date / /
** State Pension or Benefit Book		Issuing Authority:	Address Current YES / NO	Issue date / /

**** Items can be used for either evidence of name or address but not both**

Applicants Details

Name	Address	Date of Birth
		/ /

I confirm that I have verified the identity of the client and have:

- a) seen the original documents
- b) checked that documents requiring a signature were pre-signed
- c) confirmed that any associated photograph is a good likeness of the client

Tick

--

This certificate should be signed by the person who has seen the original evidence

Signed			
Name			
Position		Date	

N.B. A separate form must be used for each client.

Goodwills Legal Services Limited Ltd.
Verification of Customer Identity and Address

Evidence of Identity

Document	Reference Number			
Current full signed passport		Place of Birth	Date of Birth / /	Expiry date / /
** Current UK/EU Full Driving Licence				Expiry date / /
Firearms Certificate		Issuing Authority:		Issue date / /
** State Pension or Benefit Book		Issuing Authority:		Issue date / /
Inland Revenue tax notification		Type: P45 / P60 / Notice of coding		Issue date / /
Other acceptable evidence of identity		Details		Issue date / /

Evidence of Address

Document	Reference Number		Circle YES or NO	
Home Visit			Premises Entered YES / NO	Date of Visit / /
Most recent Mortgage Statement		Name of Lender	Address Current YES / NO	Issue date / /
Bank/Building Soc. Statement or passbook		Name of Issuer	Address Current YES / NO	Issue date / /
Utility Bill (not mobile phone)		Name of Utility Company	Address Current YES / NO	Issue date / /
** Current UK/EU Full Driving Licence			Address Current YES / NO	Issue date / /
** State Pension or Benefit Book		Issuing Authority:	Address Current YES / NO	Issue date / /

**** Items can be used for either evidence of name or address but not both**

Applicants Details

Name	Address	Date of Birth
		/ /

I confirm that I have verified the identity of the client and have:

- d) seen the original documents
- e) checked that documents requiring a signature were pre-signed
- f) confirmed that any associated photograph is a good likeness of the client

Tick

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This certificate should be signed by the person who has seen the original evidence

Signed			
Name			
Position		Date	

N.B. A separate form must be used for each client.