

<b>Client Surname</b>		<b>First Names</b>	
-----------------------	--	--------------------	--

# 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

Single Will Instruction Form v 0715 con  
Wills and Trusts prepared by:

## **Goodwills Legal Services Ltd**

Please send completed instruction to:  
Goodwills Legal Services Ltd. · 3<sup>rd</sup> 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 Will				Exclusion Supplement (14)		
	Business Will Supp. (1)				LPA Supplement (16)		
	Gifts & Legacies Supp. (5)				LPA Registration (16)		
	Property Trust Supp. (6)				AMD Supplement (17)		
	Transfer of Equity Supp. (7)				Storage Supplement (20)	£	
	Children's Trust Supp. (8)				Funeral Plans	£	
	Family Trust Supp. (9)				Remote Checking Service		
	Disabled Trust Supp. (10)				Life Assurance Supp. (22)		
	Res. Beneficiaries Supp. (11)				Home Protection Trust		
	Total Calamity Supp. (13)				Other		

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

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

<b>Goodwills Fee</b>	£ :
----------------------	-----

<b>VAT</b>	£ :
------------	-----

<b>TOTAL</b>	£ :
--------------	-----

**For office use only**

<b>Date Received by Goodwills Legal Services Limited</b>	
<b>Date Standing Order Sent</b>	

<b>Date Will Completed</b>	
<b>Date Scanned to File</b>	

**Section 1 – Personal Details**

<b>Title</b>		<b>Surname</b>	
--------------	--	----------------	--

<b>Forenames</b>	
------------------	--

<b>Alias, if any</b>	
----------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>	
--	-----------------	--

<b>Email</b>		<b>Phone</b>	
--------------	--	--------------	--

<b>Date of Birth</b>								<b>Single/Married/CP/Divorced/Separated/Widowed</b>
----------------------	--	--	--	--	--	--	--	---

<b>Occupation</b>		<b>Domicile</b>	
-------------------	--	-----------------	--

<b>Is your Will being made in contemplation of Marriage or Civil Partnership Agreement?</b>	<b>YES / NO</b>
---	-----------------

<b>If YES – Please give the following Details</b>
---

<b>Partner's Name</b>	
-----------------------	--

<b>Address</b>	
----------------	--

--	--

<b>Postcode</b>	<b>Phone</b>	
-----------------	--------------	--

<b>Have you previously made a Will for your assets in England and Wales?</b>	<b>YES / NO</b>
--	-----------------

<b>Do you have a foreign Will or foreign assets?</b>	<b>YES / NO</b>	<b>If YES – In which country?</b>	
--	-----------------	-----------------------------------	--

<b>Do you hold assets in any other name(s) i.e. accounts, investments, property, etc.?</b>	<b>YES / NO</b>
--	-----------------

<b>If YES – please state which name</b>	
---	--

<b>Are you a beneficiary under a current trust?</b>	<b>YES / NO</b>
---	-----------------

<b>How many children do you have?</b>	
---------------------------------------	--

<b>Are you able to read your Will?</b>	<b>YES / NO</b>	<b>Are you able to sign your Will?</b>	<b>YES / NO</b>
--	-----------------	--	-----------------

<b>If NO – Who will sign on Testators Behalf?</b>	
---	--

<b>Do you own a business?</b>	<b>YES / NO</b>	<b>If yes – you may need to complete Supplement 1</b>
-------------------------------	-----------------	---

<b>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?</b>	<b>YES / NO / N/A</b>
---	-----------------------

**Section 2 – Executors**

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
---	----------

Do you wish to appoint professional Executors alongside another? Please provide details below	YES / NO
---	----------

Do you wish to appoint professional Executors as your reserve Executors?	YES / NO
--	----------

Executor 1	SOLE/JOINT	Relationship	
------------	------------	--------------	--

Name	
------	--

Address	
---------	--

	Introduction Letter	Yes/No
--	---------------------	--------

Postcode		Phone	
----------	--	-------	--

Executor 2	JOINT/RESERVE	Relationship	
------------	---------------	--------------	--

Name	
------	--

Address	
---------	--

	Introduction Letter	Yes/No
--	---------------------	--------

Postcode		Phone	
----------	--	-------	--

Executor 3	JOINT/RESERVE	Relationship	
------------	---------------	--------------	--

Name	
------	--

Address	
---------	--

	Introduction Letter	Yes/No
--	---------------------	--------

Postcode		Phone	
----------	--	-------	--

**Section 3 – Guardians**

Do you have children under the age of 18 and therefore require Guardians?	YES / NO
---	----------

If unmarried, is the natural father to be guardian of yours/his children?	YES / NO / NA
---	---------------

If YES – please give father’s details

Name of Father	
----------------	--

Name	
------	--

Address	
---------	--

	Introduction Letter	Yes/No
--	---------------------	--------

Postcode		Phone	
----------	--	-------	--

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

<b>Guardian 1</b>	<b>SOLE/JOINT</b>	<b>Relationship</b>	
-------------------	-------------------	---------------------	--

<b>Name</b>	
-------------	--

<b>Address</b>	
----------------	--

	<b>Introduction Letter</b>	<b>Yes/No</b>
--	----------------------------	---------------

<b>Postcode</b>		<b>Phone</b>	
-----------------	--	--------------	--

<b>Guardian 2</b>	<b>JOINT/RESERVE</b>	<b>Relationship</b>	
-------------------	----------------------	---------------------	--

<b>Name</b>	
-------------	--

<b>Address</b>	
----------------	--

	<b>Introduction Letter</b>	<b>Yes/No</b>
--	----------------------------	---------------

<b>Postcode</b>		<b>Phone</b>	
-----------------	--	--------------	--

**Section 4 – Estate Valuation (must be completed)**

<b>Asset Description</b>	<b>Value</b>
<b>Property</b>	£
<b>Life Insurance (details below)</b>	£
<b>Death in Service Benefit</b>	£
<b>Investment / Savings</b>	£
<b>Other – cars, chattels, etc.</b>	£
<b>SUB TOTAL</b>	£
<b>Less – Debts &amp; Mortgages</b>	£
<b>NET ESTATE VALUE</b>	£
<b>Expected Inheritance</b>	£

<b>Are policies in Trust?</b>	<b>YES/NO/NA</b>
-------------------------------	------------------

<b>Do you have a Mortgage?</b>	<b>YES / NO</b>	<b>If YES, is Mortgage Protection Policy in force?</b>	<b>YES / NO</b>
--------------------------------	-----------------	--	-----------------

<b>Would you like a quote for your Life Insurance or Mortgage Protection from a Fairstone IFA to see if you can save money on your premiums? Additionally, they can offer advice on Inheritance Tax and investment opportunities.</b>	<b>YES / NO</b>
---	-----------------

<b>Notes</b>	
--------------	--

**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

<b>Description of Gift</b>	
----------------------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>
--	-----------------

<b>Relationship</b>		<b>Under 18?</b>	<b>YES / NO</b>
---------------------	--	------------------	-----------------

<b>Description of Gift</b>	
----------------------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>
--	-----------------

<b>Relationship</b>		<b>Under 18?</b>	<b>YES / NO</b>
---------------------	--	------------------	-----------------

<b>Description of Gift</b>	
----------------------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>
--	-----------------

<b>Relationship</b>		<b>Under 18?</b>	<b>YES / NO</b>
---------------------	--	------------------	-----------------

<b>Description of Gift</b>	
----------------------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>
--	-----------------

Relationship																			Under 18?	YES / NO
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------	----------

Description of Gift	
---------------------	--

Beneficiary Name																					
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address																					
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

																							Postcode									
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----------	--	--	--	--	--	--	--	--	--

Relationship																								Under 18?	YES / NO
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------	----------

**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 a Property Protective Trust Will 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
---	----------

**Section 7 – Transfer of Equity**

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

Is a Life Interest Trust required?	YES / NO
------------------------------------	----------

**Section 8 – Children’s Protective Trust**

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

**Section 9 – Family Trust**

Is a Family Trust required? – If YES, complete Supplement 9	YES / NO
---	----------

**Section 10 – Disabled Trust**

Is a Disabled Trust required? – If YES, complete Supplement 10	YES / NO
--	----------

**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

<b>In Equal Shares (If NO, please specify shares in either percentage or fractions)</b>	<b>YES / NO</b>
---	-----------------

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>	
--	-----------------	--

<b>Relationship</b>	<b>At Age</b>	<b>Share</b>	
---------------------	---------------	--------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>	
--	-----------------	--

<b>Relationship</b>	<b>At Age</b>	<b>Share</b>	
---------------------	---------------	--------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>	
--	-----------------	--

<b>Relationship</b>	<b>At Age</b>	<b>Share</b>	
---------------------	---------------	--------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>	
--	-----------------	--

<b>Relationship</b>	<b>At Age</b>	<b>Share</b>	
---------------------	---------------	--------------	--

<b>Beneficiary Name</b>	
-------------------------	--

<b>Address</b>	
----------------	--

	<b>Postcode</b>	
--	-----------------	--

<b>Relationship</b>	<b>At Age</b>	<b>Share</b>	
---------------------	---------------	--------------	--

If necessary, please list additional residual beneficiaries using Supplement 11

**Section 12 – Substitution of Issue**

<b>If any Residual / Total Calamity / Default beneficiaries die prior to benefiting, do you wish their issue per stirpes to benefit?</b>	<b>YES / NO</b>
--	-----------------

<b>If Yes, at what age should the substituted beneficiaries benefit?</b>	<b>(between 18 and 25)</b>
--	----------------------------

If NO, is that share to pass to the surviving beneficiaries in the proportion those shares bear to each other? YES / NO

If NO, who will benefit from that share?

Relationship

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

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

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 appropriate office note YES / NO

Name

Relationship

Section 15 – Funeral Wishes

Burial Cremation No Preference

Do you have a Funeral Plan in place? YES / NO

- If YES – please give details of the Plan

If NO – are you interested in further information regarding Funeral Plans? YES / NO

Other Wishes

Section 16 – Power of Attorney

Is a power of attorney required? If YES, complete Supplement 16 YES / NO



**Section 17 – Advance Decision (previously Advance Medical Directive / Living Will)**

**Is an Advance Decision required? 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 Services to be the probate advisers to your estate?**

**YES / NO**

**Section 19 – Declaration by Testators**

**I CONFIRM** that I am over 18 years of age and am of sound mind and that I 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. **I CONFIRM** that the spelling of all names and addresses is correct.

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

**I UNDERSTAND** that if I change my instructions, Goodwills Legal Services Ltd reserve the right to charge additionally for such work.

**I CONFIRM** that the financial arrangements relating to this matter have been provided to me by the advisor and that I am happy with these.

**I UNDERSTAND** that it is my choice whether or not I would like Goodwills Legal Services Ltd to provide their drafting service to me and confirm that I would like them to act.

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

**I 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. **I THEREFORE** agree that no person, company or agent of such company responsible for the drafting of my Will shall be liable if changes in Inland Revenue practices affect any liability to tax or duty.

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

**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 TESTATOR**

Date:

**Section 20 – Will Storage and Maintenance**

<b>Do you wish to secure your Wills and documents with Goodwills Legal Services Limited and take advantage of the free update service? If YES – Complete Supplement 20</b>	<b>YES / NO</b>
--	-----------------

**Appropriate Office Notes Relating to the Case:**

**Goodwills Legal Services 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.**