

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	

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

Address	
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	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	
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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

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

Relationship to T1	Relationship to T2
---------------------------	---------------------------

Beneficiary Name	
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Address	
----------------	--

	Postcode		At Age		Share
--	-----------------	--	---------------	--	--------------

Relationship to T1	Relationship to T2
---------------------------	---------------------------

Beneficiary Name	
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Address	
----------------	--

	Postcode		At Age		Share
--	-----------------	--	---------------	--	--------------

Relationship to T1	Relationship to T2
---------------------------	---------------------------

Beneficiary Name	
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Address	
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	Postcode		At Age		Share
--	-----------------	--	---------------	--	--------------

Relationship to T1	Relationship to T2
---------------------------	---------------------------

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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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.

THE DATA PROTECTION ACT 2018 The information recorded in this document may be retained physically or electronically for reference purposes and will be held in accordance with the Data Protection Act 2018 (or in accordance with any subsequent amendments to the legislation or superseding legislation). The information may also be used by Goodwills Legal Services Ltd and its Appointed Representatives to provide you with the details of services suitable to your requirements and to keep you informed of any changes in legislation and practices. Goodwills Legal Services Ltd will NEVER pass your details to any third parties without your authority.

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

SIGNED BY SECOND TESTATOR

Date

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

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

--

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.