

Surname(s)		First Name(s)	
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WILL INSTRUCTION FORM

Please send completed instructions to Goodwills Legal Services Ltd, 3rd Floor, Premier House, Lurke Street, Bedford, MK40 3HU or by email to 'info@goodwills.net'

Please make sure that client(s) sign and date the client declaration at the rear of this form

In the interest of the environment, please print this form 'double-sided'

Please tick / circle the appropriate options throughout and leave blank those that do not apply

Ensure that the Testator(s) reads the instruction before the declaration is signed

Please ensure correct ID is submitted in accordance with the final page

Where the terms 'T1' and 'T2' are used, this refers to the first and second Testators

SERVICES	✓	FEE
SINGLE WILL		
MIRROR WILLS		
LASTING POWER OF ATTORNEY (LPA(S))		
ADDITIONAL GIFTS & LEGACIES		
ADDITIONAL / RESERVE BENEFICIARIES		
EXCLUSION / REDUCED PROVISION FORM		
BUSINESS CONTINUATION		
PROPERTY PROTECTIVE TRUST (PPT)		
FLEXIBLE LIFE INTEREST TRUST (FLIT)		
SINGLE PERSON'S DISCRETIONARY TRUST (SPDT)		
DISCRETIONARY TRUST (DT)		

SERVICES	✓	FEE
CHILDREN'S PROTECTIVE TRUST (CPT)		
VULNERABLE PERSON'S DISCRETIONARY TRUST (VPDT)		
NIL RATE BAND DISCRETIONARY TRUST (NRBDT)		
HOME PROTECTION TRUST (HPT)		
TRANSFER OF EQUITY (TOE)		
ADVANCED DECISION (AD)		
FUTURE PROOF MEMBERSHIP (FULL)		
FUTURE PROOF MEMBERSHIP (MONTHLY)		
STORAGE & UPDATES MEMBERSHIP (FULL)		
STORAGE & UPDATES MEMBERSHIP (MONTHLY)		
STORAGE & AMENDMENTS (YEARLY)		

SEND DOCUMENTS TO	CONSULTANT / TESTATOR(S)
CONSULTANT'S NAME	

Providing Estate Planning Services since 2000

Wills | LPAs | Advance Decisions | Tax Planning | Trusts | Document Storage | Probate & Estate Administration

Address: Third Floor, Premier House, Lurke Street, Bedford, MK40 3HU | **Telephone:** 0345 222 0022 | **Email:** info@goodwills.net
Web: www.goodwills.net

SECTION 1 – PERSONAL DETAILS

T1				
Title		Full Name		
Date of Birth	/ /	Marital Status		Telephone
Email Address				
Domicile		Occupation		

T2				
Title		Full Name		
Date of Birth	/ /	Marital Status		Telephone
Email Address				
Domicile		Occupation		

Full Address	
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	Yes	No
Are these Wills Being Written in Contemplation of Marriage / Civil Partnership? (if drafting a single Will, please provide partner's full name in notes below)		

	Yes	No		Yes	No
Has T1 Previously Made a Will?			Has T2 Previously Made a Will?		
Does T1 Hold Assets Outside of England & Wales? (if 'yes' which country, provide notes below)			Does T2 Hold Assets Outside of England & Wales? (if 'yes' which country, provide notes below)		
Does T1 Hold Assets in Any Other Names? (if 'yes' please provide notes)			Does T2 Hold Assets in Any Other Names? (if 'yes' please provide notes)		
Is T1 a Beneficiary Under a Current Trust?			Is T2 a Beneficiary Under a Current Trust?		
Is T1 Able to Read the Will? (if 'no' please provide notes)			Is T2 Able to Read the Will? (if 'no' please provide notes)		
Is T1 Able to Sign the Will? (if 'no' please provide notes)			Is T2 Able to Sign the Will? (if 'no' please provide notes)		
Does T1 Own a Business (if 'yes' consider business continuation)			Does T2 Own a Business (if 'yes' consider business continuation)		

	Please Input Below		Please Input Below
How Many Individual Children does T1 have?		How Many Individual Children does T2 have?	
How Many Individual Grandchildren does T1 have?		How Many Individual Grandchildren does T2 have?	
How Many Joint Children do Testators Have?			
How Many Joint Grandchildren do Testators Have?			

<i>Notes:</i>

SECTION 2 – EXECUTORS

An Executor is the individual responsible for administering your Estate in accordance with your Will. Your Executors will automatically act as your Trustees unless Trustees are specifically appointed elsewhere.

	Yes	No
Sole Professional Executors		
Joint Professional Executors		
Reserve Professional Executors		

Is Your Spouse / Partner to Act as Executor? (please circle)	Yes Solely	Yes Jointly	No	N/A
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DETAILS OF EXECUTORS:

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Executor to Act	Sole	Joint		Reserve

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Executor to Act	Sole	Joint		Reserve

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Executor to Act	Sole	Joint		Reserve

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Executor to Act	Sole	Joint		Reserve

	Yes	No
Ensuring your Executors have access to professional guidance is crucial. If you haven't designated professional Executors, Goodwills Legal Services Limited can assist and provide support. Additionally, we offer a comprehensive Probate service if needed. Would you like Goodwills Legal Service Limited to serve as the probate advisers for your estate if needed by your Executors / Trustees?		

SECTION 3 – GUARDIANSHIP

Guardians are appointed in Wills to look after children whom you have a parental responsibility for at the time of your death. Please note Guardianship appointment within Wills does not override parental responsibility.

	Yes	No
Do You Have Children Under the Age of 18 Who Therefore Require Guardians?		

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Guardian to Act	Sole	Joint	Reserve	

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Guardian to Act	Sole	Joint	Reserve	

Full Name			Telephone	
Relationship to T1		Relationship to T2		
Full Address				
Guardian to Act	Sole	Joint	Reserve	

SECTION 4 – ESTATE VALUATION (MUST BE COMPLETED, APPROXIMATE VALUES ARE SUFFICIENT)

<u>Asset Description</u>	<u>T1</u>	<u>T2</u>	<u>Joint</u>
Residential Property	£	£	£
Other Properties	£	£	£
Current Account	£	£	£
Savings & Investments	£	£	£
Pensions	£	£	£
Death in Service	£	£	£
Life Insurance	£	£	£
Other – cars, chattels, etc.	£	£	£
SUB TOTAL	£	£	£
Less – Debts & Mortgages	£	£	£
NET ESTATE VALUE	£	£	£
Expected Inheritance	£	£	£

SECTION 5 – GIFTS & LEGACIES

If a gift is made to a charity, please quote the charity number. Please ensure relevant descriptions are supplied (i.e. if gifting property please provide the address, if gifting bank account please provide the account number, etc). Please use the Additional Gifts & Legacies supplement if more than 6 gifts are required.

Description:						
Full Name			Full Address			
Relationship to T1				Relationship to T2		
Gift to Pass on Death of (please circle)		T1	T2	T1 & T2	Age to Inherit (18-25)	
If Gifting Money, is it to be Index Linked? (please circle)		Yes	No	Is the Gift Free of Tax? (please circle)		Yes No
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)		_____

Description:						
Full Name			Full Address			
Relationship to T1				Relationship to T2		
Gift to Pass on Death of (please circle)		T1	T2	T1 & T2	Age to Inherit (18-25)	
If Gifting Money, is it to be Index Linked? (please circle)		Yes	No	Is the Gift Free of Tax? (please circle)		Yes No
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)		_____

Description:						
Full Name			Full Address			
Relationship to T1				Relationship to T2		
Gift to Pass on Death of (please circle)		T1	T2	T1 & T2	Age to Inherit (18-25)	
If Gifting Money, is it to be Index Linked? (please circle)		Yes	No	Is the Gift Free of Tax? (please circle)		Yes No
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)		_____

Description:						
Full Name			Full Address			
Relationship to T1				Relationship to T2		
Gift to Pass on Death of (please circle)		T1	T2	T1 & T2	Age to Inherit (18-25)	
If Gifting Money, is it to be Index Linked? (please circle)		Yes	No	Is the Gift Free of Tax? (please circle)		Yes No
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)		_____

Description:							
Full Name			Full Address				
Relationship to T1				Relationship to T2			
Gift to Pass on Death of (please circle)		T1	T2	T1 & T2	Age to Inherit (18-25)		
If Gifting Money, is it to be Index Linked? (please circle)		Yes	No	Is the Gift Free of Tax? (please circle)		Yes	No
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)			

Description:							
Full Name			Full Address				
Relationship to T1				Relationship to T2			
Gift to Pass on Death of (please circle)		T1	T2	T1 & T2	Age to Inherit (18-25)		
If Gifting Money, is it to be Index Linked? (please circle)		Yes	No	Is the Gift Free of Tax? (please circle)		Yes	No
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)			

SECTION 6 – RESIDUARY ESTATE

Your Residuary Estate is the remainder of your estate after debts, liabilities, gifts and funeral costs have been settled. If a gift is made to a charity, please quote the charity number. Please use the Additional Beneficiaries / Total Calamity supplement if more than 6 Beneficiaries are required.

	Yes	No	N/A
Is the Residuary Estate to Pass Firstly to the Survivor and Then to Pass to the Following Beneficiaries?			
If Multiple Beneficiaries, is Residuary Estate to Pass in Equal Shares?			

Full Name			Full Address			
Relationship to T1				Relationship to T2		
Age to Inherit (18-25)				Share (%)		%
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)		
To Inherit (please circle)	Solely		Jointly		As Reserve	

Full Name			Full Address			
Relationship to T1				Relationship to T2		
Age to Inherit (18-25)				Share (%)		%
If Gift Fails, is Gift to pass to Issue? (please circle)		Yes	No	If Yes, Age to Inherit (18-25)		
To Inherit (please circle)	Jointly			As Reserve		

Full Name		Full Address			
Relationship to T1		Relationship to T2			
Age to Inherit (18-25)	_____		Share (%)	_____ %	
If Gift Fails, is Gift to pass to Issue? (please circle)	Yes	No	If Yes, Age to Inherit (18-25)	_____	
To Inherit (please circle)	Jointly		As Reserve		

Full Name		Full Address			
Relationship to T1		Relationship to T2			
Age to Inherit (18-25)	_____		Share (%)	_____ %	
If Gift Fails, is Gift to pass to Issue? (please circle)	Yes	No	If Yes, Age to Inherit (18-25)	_____	
To Inherit (please circle)	Jointly		As Reserve		

Full Name		Full Address			
Relationship to T1		Relationship to T2			
Age to Inherit (18-25)	_____		Share (%)	_____ %	
If Gift Fails, is Gift to pass to Issue? (please circle)	Yes	No	If Yes, Age to Inherit (18-25)	_____	
To Inherit (please circle)	Jointly		As Reserve		

If a further level of distribution is required, please use the Additional Beneficiaries / Total Calamity supplement.

SECTION 7 – EXCLUSION / REDUCED PROVISIONS

Please indicate below whether one or more of the following persons is to be excluded, only partially provided for, or subject to unequal provision compared to beneficiaries within the same class. The below listed parties have a potential claim toward your estate.

- Your Spouse / Civil Partner
- Your children (legitimate, illegitimate, adopted or yet to be born)
- A co-habitee (living as a Spouse / Civil Partner) for at least two years prior to death
- Former Spouse / Civil Partner who has not remarried
- A person (not your child) who has been treated as a child
- A person who has been financially maintained by you, immediately prior to your death

		Yes	No
A	Are you Making Exclusions or Reduced Provision For a Party with a Potential Claim?		
B	If 'Yes' to 'A', Do you Wish to Take Advantage of Goodwills' Exclusion or Reduced Provision Form Service?		
C	If 'No' to 'B', Have you Made Reduced or no Provision For Someone Who you Now Understand May Make a Claim Toward your Estate?		

Full Name		(If Known) Full Address			
Relationship to T1		Relationship to T2			

Full Name		(If Known) Full Address			
Relationship to T1		Relationship to T2			

SECTION 8 – FUNERAL WISHES

T1 (please circle)	Burial	Cremation	Medical Donation	No Preference
T2 (please circle)	Burial	Cremation	Medical Donation	No Preference

Does T1 Have a Funeral Plan? (please circle)	Yes	No	Does T2 Have a Funeral Plan? (please circle)	Yes	No
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	Plan Provider	Plan Number		Plan Provider	Plan Number
T1, If Yes, Please Complete	_____	_____	T2, If Yes, Please Complete	_____	_____

T1, Any Other Funeral Wishes?	T2, Any Other Funeral Wishes?

SECTION 9 – APPOINTMENT OF ADVISERS

	Yes	No
Do you Wish to Appoint a Financial Advisor for your Executors / Trustees to seek advice from if needed? (if 'Yes' please complete below)		

Full Name	Full Address
Company Name	

SECTION 10 – DECLARATION

I CONFIRM that I am over 18 years of age, I am of sound mind, 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 are 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 we are 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.

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 TESTATOR 1

Date

SIGNED BY TESTATOR 2

Date

SECTION 11 – IDENTITY VERIFICATION

T1		
Full Name	Full Address	Date of Birth
		/ /

T2		
Full Name	Full Address	Date of Birth
		/ /

Acceptable Identity Documents

- Current signed passport
- Current photographic driving licence
- Armed Forces ID card/Police warrant card
- UK residence card
- Benefit book or original notification letter from Benefits Agency
- Birth certificate
- Full old-style driving licence (paper)
- Identity card
- Firearms certificate
- Photographic registration cards for self-employed individuals in the construction industry - CIS4

Acceptable Proofs of Address

- Visit to client’s home address
- Confirmation from the electoral register
- Recent utility bill or bank statement, not more than 3 months old
- Council Tax demand or statement
- Current UK driving licence (but only if not used as evidence of ID)
- NHS Medical card
- Local Authority rent card or tenancy agreement.
- Mortgage statement
- Solicitors letter confirming recent house purchase or copy title deed
- Benefit book or original notification letter from Benefits Agency (but not if used as evidence of ID)
- Inland Revenue self-assessment or tax demand

T1 Identity			T2 Identity		
Document Seen	Reference	Issue / Expiry Date	Document Seen	Reference	Issue / Expiry Date
_____	_____	_____	_____	_____	_____
T1 Proof of Address			T2 Proof of Address		
Document Seen	Reference	Issue / Expiry Date	Document Seen	Reference	Issue / Expiry Date
_____	_____	_____	_____	_____	_____

EPP/IFA Declaration

I confirm that I have verified the identity and proof of address of the client(s) and have:

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

Signed	
Full Name	
Position	
Date	

Notes