

Surname(s)		First Name(s)	
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HOME PROTECTION TRUST (HPT) 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'

Ensure that the settlor(s) sign on every applicable entry section 7a and always sign and date 7b

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

Please note if clients have a mortgage on their property, we cannot prepare an HPT

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

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

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

Where the terms 'S1' and 'S2' are used, this refers to the first and second settlors

SERVICES	✓	FEE
HPT ONE SETTLOR		
HPT TWO SETTLORS		
FIRST REGISTRATION		
HOME INSURANCE		

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

Providing Estate Planning Services since 2000

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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

S1				
Title		Full Name		
Date of Birth	/ /	Marital Status		Telephone
Email Address				

S2				
Title		Full Name		
Date of Birth	/ /	Marital Status		Telephone
Email Address				

Full Address	
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	Yes	No		Yes	No
Is S1 in Reasonably Good Health? (if 'no' please provide notes)			Is S2 in Reasonably Good Health? (if 'no' please provide notes)		
Does S1 Receive any Level of Community Care? (if 'yes' please provide notes)			Does S2 Receive any Level of Community Care? (if 'yes' please provide notes)		
Does S1 have Mental Capacity? (if 'no' we cannot proceed)			Does S2 have Mental Capacity? (if 'no' we cannot proceed)		
Is S1 Providing Instructions? (if 'no' we cannot proceed)			Is S2 Providing Instructions? (if 'no' we cannot proceed)		
Is S1 Able to Read the HPT? (if 'no' please provide notes)			Is S2 Able to Read the HPT? (if 'no' please provide notes)		
Is S1 Able to Sign the HPT? (if 'no' please provide notes)			Is S2 Able to Sign the HPT? (if 'no' please provide notes)		
Has S1 Established other Trusts During Their Lifetime? (if 'yes' please provide notes)			Has S2 Established other Trusts During Their Lifetime? (if 'yes' please provide notes)		

	Please Input Below		Please Input Below
How Many Individual Children does S1 have?		How Many Individual Children does S2 have?	
How Many Individual Grandchildren does S1 have?		How Many Individual Grandchildren does S2 have?	
How Many Joint Children do Settlers Have?			
How Many Joint Grandchildren do Settlers Have?			

	Please Input Below		Please Input Below
S1 HMRC Tax Office / Reference Number		S2 HMRC Tax Office / Reference Number	
S1 National Insurance Number		S2 National Insurance Number	
S1 GP Name		S2 GP Name	
S1 GP Surgery Name		S2 GP Surgery Name	
S1 GP Surgery Address			
S2 GP Surgery Address			
Was Anybody Else Present at Instruction Taking? (if 'yes' please provide notes)			

SECTION 2 – TRUSTEES

	Please Tick ✓	
Are Settlor(s) to Act as Trustees?	Settlor 1: <input type="checkbox"/>	Settlor 2: <input type="checkbox"/>

DETAILS OF TRUSTEES:

Full Name			Telephone	
Relationship to S1		Relationship to S2		
Full Address				
Trustee to Act (please circle)	Joint		Reserve	

Full Name			Telephone	
Relationship to S1		Relationship to S2		
Full Address				
Trustee to Act (please circle)	Joint		Reserve	

Full Name			Telephone	
Relationship to S1		Relationship to S2		
Full Address				
Trustee to Act (please circle)	Joint		Reserve	

Full Name			Telephone	
Relationship to S1		Relationship to S2		
Full Address				
Trustee to Act (please circle)	Joint		Reserve	

Are All of Settlor(s) Adult Children Trustees? (if 'no' please provide notes)	
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Explain why not all adult children of the Settlor(s) are appointed as Trustees and provide any additional notes on Trustee selection here:

SECTION 3 – ESTATE VALUATION (MUST BE COMPLETED)

<u>Asset Description</u>	<u>S1</u>	<u>S2</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	£	£	£

Please note, we cannot prepare an HPT for a property valued in excess of the Settlor’s available Nil Rate Band (NRB)

	Yes	No
If preparing an HPT for a single Settlor, is the property value over £325,000?		
If preparing an HPT for mirror Settlers, is the property value over £650,000?		

	Please Tick ✓	
If the property is valued in excess of the available NRB, is the HPT to be limited to:	The available NRB: <input type="text"/>	Another amount (please specify in £): <input type="text"/>

SECTION 4 – HOUSE INSURANCE

	Yes	No
When your house is transferred to the Trustees, you’ll need to update your home insurance policy to include both you and the trustees as joint policyholders. Goodwills can help you find a new insurance policy that aligns with the trust’s establishment, potentially saving you money. Would you like Goodwills to provide a home insurance quote? If yes, please include your insurance schedule.		

	Please Input Below
Current Home Insurance Provider	
Current Level of Cover	
Expiry Date of Current Policy	
Premium of Current Policy	

Notes on Home Insurance:

SECTION 5 – TITLE DEEDS TO PROPERTY

	Yes	No
Do you have the Title Deeds to your property? (if 'yes' please forward them to Goodwills with this instruction – if 'no' please provide details below of where they are kept)		

		Please Input Below
Location of Title Deeds:		
Name(s) of Owner(s):		
Full Address:		

SECTION 6a – BENEFICIARIES

	Yes	No
The Settlor(s) will be automatically nominated as beneficiaries of the Trust, are the other Beneficiaries to be the same as the Settlor(s) Will(s) (if 'yes' please attach a copy of Settlor(s) Will(s))		

If no, or Settlor(s) do not have a valid English Will then please list Beneficiaries' details below:

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)	_____	

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)	_____	

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)	_____	

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)	_____	

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)	_____	

If necessary, please list additional beneficiaries on an additional sheet

SECTION 6b – RESERVE BENEFICIARIES

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)		_____

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)		_____

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)		_____

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)		_____

Full Name		Full Address			
Relationship to S1		Relationship to S2			
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)		_____

If necessary, please list additional beneficiaries on an additional sheet

SECTION 6d – EXCLUSIONS & VULNERABLE BENEFICIARIES

	Yes	No
Do you want to exclude anyone with a potential claim on your estate from benefiting from the trust? If 'yes', please provide notes below		
Are any of the beneficiaries of the trust mentally or physically disabled or vulnerable persons? If 'yes', please provide notes below		

Please provide details of Excluded person(s) and why, and details of vulnerable beneficiaries:

SECTION 7a – DECLARATION

Reasons for the Trust	Please Sign the Applicable Boxes
To ensure your home passes to the persons you wish to benefit, when you want them to benefit.	S1.....
	S2.....
To ensure no Probate delay; your property will be in trust for immediate beneficiary access post-death.	S1.....
	S2.....
To ensure if you become ill or unable to deal with your own affairs, your Trustee(s) can quickly manage property without delays if you're unable to do so.	S1.....
	S2.....
To ensure if you have a vulnerable or disabled beneficiary the Trust allows the property to be looked after for their benefit, without passing the control to them.	S1.....
	S2.....
Any other reasons? (Please detail below):	S1.....
	S2.....

SECTION 7b – DECLARATION

I CONFIRM that I am over 18 years of age, I am of sound mind, I have heard these instructions read to me and acknowledge they represent my intentions as to the establishment of the Goodwills Legal Services Ltd Home Protection ('the Trust').

I UNDERSTAND the information contained in these instructions will be sent by Goodwills Legal Services Ltd to Premier Solicitors (Bedford) Ltd (a Solicitors practice associated with and appointed by Goodwills Legal Services Ltd) for them to establish the Trust. **I UNDERSTAND AND HEREBY AUTHORISE** Premier Solicitors (Bedford) Ltd to act on my behalf in relation to the establishment of the Trust. **I UNDERSTAND** that in due course Premier Solicitors (Bedford) Ltd will contact me and provide their terms of business regarding the establishment of the Trust.

I UNDERSTAND that advice given by Goodwills Legal Services Ltd is based on their understanding of HMRC 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 the Trust shall be liable if changes in HMRC practices affect any liability to tax or duty.

I UNDERSTAND the establishment of the Trust is not guaranteed to protect my estate from any future creditors of mine and have been informed of such by Goodwills Legal Services Ltd.

I UNDERSTAND 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 the Trust shall be liable if I have withheld or provided inaccurate information relevant to the drafting of the Trust.

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 any later modification of it). 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 party unrelated to the establishment of this Trust.

SIGNED BY SETTLOR 1

Date	

SIGNED BY SETTLOR 2

Date	

Home Protection Trust Mental Capacity Assessment Checklist

In some circumstances, it is necessary for the capacity of clients to be verified by a qualified medical professional so as to avoid and / or protect against contention of the trust. For example, we'd ask for this form to be completed where clients are aged over 85.

Client Name: _____

Is the client able to understand the information relevant to the decision? This includes an understanding that a Home Protection Trust is a transfer of the legal ownership of their house into Trust but so that they remain as 'Life Tenant' of the property, with various additional rights, with the property finally to pass to their chosen beneficiaries.	
Is the client able to retain that information?	
Is the client able to use or weigh that information as part of the process of making a decision?	
Is the client able to communicate his / her decision?	
Does the client broadly understand the overall extent of their assets (house(s), bank account(s) etc.?)	
Does the client have any diagnosis, such as dementia or Alzheimer's, that suggests that they may not have the mental capacity to make such a decision? Is the client taking any medication that may affect their ability to make such a decision?	
Do you have any concerns regarding the client's mental capacity or their capability to give Home Protection Trust instructions?	

Signed: _____

Name: _____

Position: _____

Date: _____

Notes (please record any specific purposes / intentions behind the establishment of the HPT)

Home Protection Trust Requirements

FOR CONSULTANT USE ONLY

- Completed & Signed HPT Instruction Form (as previous);
- Three forms of identification from each Settlor & Trustee (as below); and.
- Proof of name change (if applicable).

One document (original or certified copy) from List A and List B **AND** one additional document from either list A or B

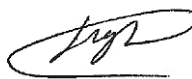
A **Proof of Identity**

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

B **Proof of 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)
- Local Authority rent card or tenancy agreement.
- Mortgage statement
- Solicitors letter confirming recent house purchase or land registry confirmation of address
- Benefit book or original notification letter from Benefits Agency (but not if used as evidence of ID)
- Inland Revenue self-assessment or tax demand
- Electoral Register entry
- NHS Medical card

If you intend to supply certified copies, please certify each form of identification with the appropriate wording (below) to confirm it is a true copy of the original. Please then sign, date it, and print your name. Please see below an example:

<p>I hereby certify this to be a true and exact copy of the original Goodwillus legal services  08/08/2023</p>
