



Will & Tax Planning Questionnaire

Please complete as far as possible the following questionnaire. Please continue on a separate sheet if necessary, indicating the section to which the information relates. Copies of existing Wills and other documents should be provided, if possible. If you are a single person, treat yourself as "Person No. 1". If you are a married or cohabiting couple, treat yourselves as "Person No. 1" and "Person No. 2" respectively.

PARTICULARS OF YOU AND YOUR FAMILY

1. Personal Details

	Person No. 1	Person No. 2
Full name		
Address		
Postcode		
Day Time Telephone No.		
Home Telephone No.		
Email Address		
Preferred Method of Communication		
Occupation		
Date and Country of Birth		
Country of Residence		
Nationality		
Marital Status (<i>tick box</i>)	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated



2. Children of Person No. 1 or No. 2

Full Name	Child of Person No. 1 or No. 2 or Both	Address	Date of Birth	Status	✓	Name of Person with Parental Responsibility
				Natural	<input type="checkbox"/>	
				Adopted	<input type="checkbox"/>	
				Step Child	<input type="checkbox"/>	
				Illegitimate	<input type="checkbox"/>	
				Natural	<input type="checkbox"/>	
				Adopted	<input type="checkbox"/>	
				Step Child	<input type="checkbox"/>	
				Illegitimate	<input type="checkbox"/>	
				Natural	<input type="checkbox"/>	
				Adopted	<input type="checkbox"/>	
				Step Child	<input type="checkbox"/>	
				Illegitimate	<input type="checkbox"/>	
				Natural	<input type="checkbox"/>	
				Adopted	<input type="checkbox"/>	
				Step Child	<input type="checkbox"/>	
				Illegitimate	<input type="checkbox"/>	
				Natural	<input type="checkbox"/>	
				Adopted	<input type="checkbox"/>	
				Step Child	<input type="checkbox"/>	
				Illegitimate	<input type="checkbox"/>	

If the address of the individual with parental responsibility differs to the address of the child's stated above, please write it in the space provided below



Appointment of Guardians					
Name of Child	Name of Guardian	Relation (if any)	Guardian's Address	Day Tel No.	Evening Tel No.

3. Details of any grandchildren

Full Name	Date of Birth	Name of Relevant Parent



6. Please indicate if any of the following apply:

	Yes (✓)	No (✓)	Details
Either of you pays maintenance to a former spouse or children of a previous relationship	<input type="checkbox"/>	<input type="checkbox"/>	
Anyone else financially dependent upon you (other than your children)	<input type="checkbox"/>	<input type="checkbox"/>	

7. Disabilities

	Yes (✓)	No (✓)	Details
Are any of your relatives or intended beneficiaries disabled in any way?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any likely to become dependent on you in the foreseeable future?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of your relatives or intended beneficiaries receiving any benefits?	<input type="checkbox"/>	<input type="checkbox"/>	

PARTICULARS OF YOUR FINANCIAL AFFAIRS

8. Details of your Estate

	Brief Details	Approx Value of Assets in Sole Name of Person No. 1	Approx Value of Assets in Sole Name of Person No. 2	Approx Value of Jointly Held Assets
Main residence (show any outstanding mortgage in section 11)				
Stocks and shares				



8. Continued

	Brief Details	Approx Value of Assets in Sole Name of Person No. 1	Approx Value of Assets in Sole Name of Person No. 2	Approx Value of Jointly Held Assets
Loans				
Unit Trusts/ PEPs/ TESSAs, etc				
Building Society accounts				
National Savings accounts				
Life policies				
Business interests				
Agricultural property				
Other UK assets				
Foreign property				
Pensions – self employed, personal or occupational. Brief details of arrangements for nominating death benefits (e.g. letter of wishes)				
Your own long-term care provision?				



9. Trust interests

Details of any trusts (settlements) in which you have any interest	
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10. Gifts

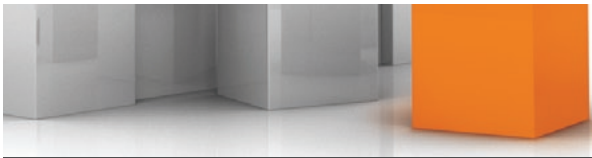
Gifts exceeding £3,000 which either of you has made in the last 14 years	
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11. Liabilities

	Brief Details	Approx Amount of Person No. 1's Sole Liability	Approx Amount of Person No. 2's Sole Liability	Approx Amount of Jointly Held Liabilities
Guarantees given by either of you				
Mortgages				
Other significant long term debts or liabilities				

12. Your other advisers

	Contact, Business Name, Address and Telephone No.	Date Advice Last Received	Nature of Last Advice
Financial adviser			
Accountant			
Stockbroker			



13. Deeds and Documents

	Person No. 1		Person No. 1	
	Yes (✓)	No (✓)	Yes (✓)	No (✓)
Do you already have a Will and if so where is it held?				
If you do not have a mortgage where are the title deeds to your property held?				
Have you signed a power of attorney to cover future incapacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was it an enduring power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is it still appointing the right person(s) as your attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Trusteeships

	Person No. 1		Person No. 2	
	Yes (✓)	No (✓)	Yes (✓)	No (✓)
Are you a trustee of any trust fund? Including e.g. a bank account for a child/grandchild?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. E-commerce

	Person No. 1		Person No. 2	
	Yes (✓)	No (✓)	Yes (✓)	No (✓)
Do you operate any bank accounts, investment portfolios or other aspects of your affairs through the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, are all of them also clearly covered by written papers, which would allow them to be traced easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

