

Will Instruction Form

1

Instruction taker

Title	Forenames	Surname	Instruction takers Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client Details

Client 1 Details

Title	Forenames	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the client known by any other name

Gender

Date of Birth / /

Address Line 1

Town / City

County

Postcode

Country

Telephone

Email

Marriage Planned Yes No

Client 2 Details

Title	Forenames	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the client known by any other name

Gender

Date of Birth / /

If no please specify

Telephone

Email

Relationship to Client 1

Partner fiancé fiancée
 Husband Wife

Mirror order Yes No

Appointments

Appoint Countrywide Tax & Trust Corporation as professional executors

Yes No

Appointment 1

Title	Forenames	Surname
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Address Line 1		<input type="text"/>
Town / City		<input type="text"/>
County		<input type="text"/>
Postcode		<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Relationship		<input type="text"/>
Appoint the role of		
<input type="checkbox"/> Executor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Reserve Guardian

Appointment 2

Title	Forenames	Surname
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Address Line 1		<input type="text"/>
Town / City		<input type="text"/>
County		<input type="text"/>
Postcode		<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Relationship		<input type="text"/>
Appoint the role of		
<input type="checkbox"/> Executor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Reserve Guardian

Appointment 3

Title	Forenames	Surname
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Address Line 1		<input type="text"/>
Town / City		<input type="text"/>
County		<input type="text"/>
Postcode		<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Relationship		<input type="text"/>
Appoint the role of		
<input type="checkbox"/> Executor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Reserve Guardian

Appointment 4

Title	Forenames	Surname
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Address Line 1		<input type="text"/>
Town / City		<input type="text"/>
County		<input type="text"/>
Postcode		<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Relationship		<input type="text"/>
Appoint the role of		
<input type="checkbox"/> Executor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Reserve Guardian

Gift 1

Title Full-name / Charity / Class

Relationship / Registered Charity No.

Gift type Specific Monetary

Sum / Item

Pay this legacy On first death On second death

Gift 2

Title Full-name / Charity / Class

Relationship / Registered Charity No.

Gift type Specific Monetary

Sum / Item

Pay this legacy On first death On second death

Gift 3

Title Full-name / Charity / Class

Relationship / Registered Charity No.

Gift type Specific Monetary

Sum / Item

Pay this legacy On first death On second death

Gift 4

Title Full-name / Charity / Class

Relationship / Registered Charity No.

Gift type Specific Monetary

Sum / Item

Pay this legacy On first death On second death

Notes

Beneficiaries

Appoint Client 2 as First Priority Yes No

Minimum age for children to inherit

No Yes (Please specify below)

Beneficiary 1

Title Forenames Surname

Date of Birth / /

Relationship

Share

Beneficiary 2

Title Forenames Surname

Date of Birth / /

Relationship

Share

Beneficiary 3

Title Forenames Surname

Date of Birth / /

Relationship

Share

Beneficiary 4

Title Forenames Surname

Date of Birth / /

Relationship

Share

Reserve Beneficiaries

Appoint Client 2 as a Reserve Beneficiary Yes No

Reserve Beneficiary 1

Title Forenames Surname

Date of Birth / /

Relationship

Share

Reserve Beneficiary 2

Title Forenames Surname

Date of Birth / /

Relationship

Share

Reserve Beneficiary 3

Title Forenames Surname

Date of Birth / /

Relationship

Share

Reserve Beneficiary 4

Title Forenames Surname

Date of Birth / /

Relationship

Share

Requests and Wishes

Complete the section below if the Will needs to account for either business or agricultural assets.

Funeral Plans

Do you want a Burial or a Cremation

Burial Cremation None

If the Client has a Prepaid Funeral Plan write their name below

Notes

Other requests

Exclusions

Whilst the client wishes to Exclude somebody, you should also ensure that they write a letter explaining their reasons and this letter should be kept with the Will to be used as evidence of a reason for excluding somebody in the event of that person making a claim.

Exclusion 1

Title	Forenames	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship		<input type="text"/>

Exclusion 2

Title	Forenames	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship		<input type="text"/>

Notes

Signatures

Client 1 Signature

Date / /

Client 2 Signature

Date / /