



(For office use only)
Our Ref:
Date Rec'd:

Premier Solicitors
STRICTLY PRIVATE AND CONFIDENTIAL
WILL QUESTIONNAIRE

Please insert your **full details**:

Surname: _____ Forename(s): _____ Post Code: _____
 Address: _____
 Telephone No(s): _____ Work: _____ Home: _____
 Mobile: _____ Email: _____
 Date of birth: _____ Occupation: _____
 Are you an existing client of Premier Solicitors? Yes (ref: _____) /No

If not, where did you hear about our Services)? (please circle
Newspaper – Beds on Sunday/Bedford Times & Citizen/Milton Keynes Citizen/Leighton Buzzard
 Observer/Stevenage Comet/Hitchin Comet/Letchworth Comet/Baldock Comet/Luton Herald & Post/Luton
 News & Gazette/Dunstable Gazette/Leighton Buzzard Citizen/Biggleswade Chronicle/Hunts Post/Royston
 Crow/Cambs Times/Ely Standard/OVL/Other.....
Internet – Google/Yellow Pages/Bing/Premier Solicitors' website/Other.....
Recommended by..... **Charity**.....
Leaflet..... **Other**.....

QUESTIONS

REPLIES

<p>1. Your marital status.</p> <p>(a) Please tick any one or more boxes which apply</p> <p>(b) Please state the full names and date of birth of your husband/wife/partner</p> <p>(c) Date of marriage if married</p>	<p>1.</p> <p>(a) single <input type="checkbox"/></p> <p>engaged / intending to marry <input type="checkbox"/></p> <p>married / civil partnership <input type="checkbox"/></p> <p>separated <input type="checkbox"/></p> <p>divorced <input type="checkbox"/></p> <p>widowed <input type="checkbox"/></p> <p>partner/ common law spouse <input type="checkbox"/></p> <p>(b)</p> <p>(c)</p>
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2. (a) Is there **anyone** who is financially dependent on you that you **DO NOT** want to benefit from your Will (e.g. your former husband/wife, partner or your children, or the children of your husband/wife/partner). (a)
- (b) Is there **anyone** who you think might have a claim on your estate whom you **do not** want to benefit from your Will? (b)

3. (a) Please state the **full names and addresses** including postcodes, and dates of birth of **all your** children, if any 3. (a)
- (b) Does your husband/wife/partner have **any other** children? If so please state their **full names and addresses** and dates of birth (b)

4. Please state the **full names and addresses** including postcodes of the persons who are to be your Executors, i.e. who will be responsible for administering your estate (if you only wish one person please name a substitute in case he/she dies before you). Most clients like to have one **professional Executor**, such as Premier Solicitors, acting alongside family members(s).

4. **Main Executor**
- i. Premier Solicitors ('PS') on their own
 - ii. PS alongside your spouse/partner
 - iii. PS alongside another
 - iv. Another on their own
- (if you have ticked iii or iv, give details)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

This can also be your husband/wife/partner and/or children (if over age 18), or own personal friends or other relatives. Please state the **relationship** (if any) to you of the person/s concerned.

- Substitute Executor**
- i. Premier Solicitors ('PS') on their own
 - ii. PS alongside another
 - iii. Another on their own
- (if you have ticked ii or iii, give details)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Have they agreed to act? Yes/No

5. If you and your husband/wife or partner die before your youngest child is aged 18, then please state the **full names and addresses** including postcodes of the person(s) to act as guardian(s). 5.
- Have they agreed to act? Yes/No

6. If you wish to make cash gifts, in Your Will, please state the amount and **full names and addresses** including postcodes of the person(s) (and their relationship to you) or Charity(ies) to receive these (please use a separate sheet if necessary)*.

7. If you wish to leave any specific items of personal belongings then please give a full description of the item/items, so that they can be identified. Please give the **full names and addresses** including postcodes of the person(s) (and their relationship to you) to receive them. *If you wish to include a large number of gifts, a small additional fee may be payable, but we will provide you with a quote before drafting your Will.

8. (a) If you have a spouse/partner do you wish them to receive the rest of your estate?
Yes No N/A

8. (b) Who is to receive the rest of your estate if you do not have a spouse/partner or if they have died before you? (Please give full names and addresses and postcodes, if not already given. Please use a separate sheet if necessary)
(i) My children equally (ii) My grandchildren equally (iii) Other

Please use this space to give details. If you ticked "other" please give name(s), address(s) & relationship(s) to you, & if more than one the % they are each to receive:
.....
.....

8. (c) If you are making Wills as a couple, is it a concern that your spouse/partner could change their Will after your death, i.e. in the event of (re)marriage? If so, we would recommend that you have Life Interest Trust Wills drawn up to safeguard against this. We will contact you to discuss and let you know the fees if you require these.
Yes No N/A

8. (d) If any of the person(s) at **8(b)** above die before you, would you like their share to pass equally to their own children that are living at the date of your death (even if they do not currently have / plan to have children) ?
Yes No

8. (e) If you have ticked "No" to **8(d)**, then who would you like to inherit? (Optional)
.....
.....
.....

9. Are there any particular circumstances, e.g. a handicap or learning difficulties, affecting any of the beneficiaries referred to above which should be considered in preparing your Will?

10. (a) Have you made a Will previously? 10. (a) Yes/No

(b) If yes – Where is the original Will kept? Please forward a copy to us. (b) Enclosed/Not enclosed

(c) We offer free storage of Wills and deeds. Would you like us to store your property deeds alongside your Will for you? (c) Yes/No

11. Do you wish us to send you details of Lasting Powers of Attorney? Yes/No

12. Will you have any problems understanding and signing your Will due to:-

(a) physical incapacity (a) Yes/No

(b) reading or sight difficulties (b) Yes/No

(c) understanding English (c) Yes/No

(d) If yes, please give details (d)

13. Do you wish to arrange a meeting with us, at our Head Office in Bedford, or by telephone if you are not local, to discuss tax planning or trusts? Yes (at Head Office)

Yes (by telephone)

No

I confirm the information given above is correct and complete. I confirm acceptance of the terms of business set out in the accompanying letter and enclosed Terms of Business and that my continuing instructions amount to acceptance of such terms of business.

Signed Date

I have completed my Will Questionnaire, what happens now?

- Return the completed questionnaire to our Head Office (Premier Solicitors, Premier House, Lurke Street, Bedford MK40 3HU).
- Following receipt of your questionnaire we aim to send you a draft version of your Will within 2 weeks.
- Once you receive the draft, simply check that all is in order and call us to approve your draft Will. We will then prepare a final version for you to sign. If you are local we recommend that you pop in to sign your Will in our Bedford office (we are also open Saturdays), or we can post your finalised Will out to you for you to sign at home.

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Premier Solicitors

INHERITANCE TAX RATE - 40%

If you provide us with details of your assets and liabilities, we can carry out our basic free inheritance tax health check and advise you on whether you require a tax planning meeting and advice.

Schedule of Assets and Liabilities

Type of Asset	Value (£)	If jointly owned, with whom and relationship to you	Any comments
House / Flat (Main residence)			
Any other House/Flat			
Contents & Furniture			
Car			
Jewellery			
Cash in accounts			
National Savings / Premium Bonds			
Quoted Stocks & shares			
Business Interest or Partnership Share			
Unquoted shares (in private company)			
Other:			
TOTAL			

Liability Type	Value (£)	If joint liability, with whom and relationship to you	Any comments
Mortgage			
Loans			
Credit Cards			
Other:			
TOTAL			

Life Assurance Policies

Life Insurance Company	Policy Number	Sum Assured	Premiums	Why this was taken out (e.g. protect your mortgage, tax planning)	Is this policy written in trust? Yes / No / Not Known

Pension Death Benefits

Pension Scheme / Policy	Amount of Death Benefit	Amount of Widow's / Widower's Pension	Death Benefit in Trust? Yes / No	Have you made a written request as to whom you wish to benefit on your death? Yes (please give details) / No / Not Known

If you are using a Financial Advisor, Accountant, or Stock Broker then please provide us with their details, as we may need to contact them.

Professional: Financial Advisor / Accountant / Stock Broker (delete as appropriate)

Name:

Address:

Tel:

Email:

Please return this completed form (with completed Will Questionnaire) to:

Premier Solicitors, Premier House, Lurke Street, Bedford, Bedfordshire MK40 3HU