



Date of Instructions / /

Adviser

Client

Terms of Business

Definitions:

The Term, 'the Company', shall mean The Will Company

The Term, 'the Agent', shall mean the Instruction Taker

The Term, 'the Client' shall mean you; the term 'you' and 'your' shall mean 'the Client'

The Term, 'the Society' shall mean The Society of Will Writers and Estate Planning Practitioners

For the purposes herein, Will or Wills shall include any other document as is prepared in accordance with your instructions.

1. Procedures

(a) On the initial appointment, the Agent shall take your detailed instructions and give appropriate information on matters relating to the preparation of your Will(s). Any queries or questions will be answered and a full explanation given on the contents and terminology used in the drafting of your Will(s).

2. The Company undertakes to:

- a)** To provide you and the Agent with support on matters relating to the preparation of your Will(s).
- b)** To dispatch your draft Will(s), to the Agent, within 5 days of receiving your initial instructions from the Agent. However, where circumstances occur which are outside of the Company's control which will result in a delay beyond this period, the Agent will be given a full written explanation and the documents produced as soon as is possible.
- c)** To maintain the strictest confidentiality and not to pass on your name or details to any other organisation without your express written permission. The Company is registered under the Data Protection Act 1984, and therefore all information disclosed to us will remain totally confidential.
- d)** The Company undertakes to refund any money paid in respect of the preparation of your Will(s) to the Agent or you, should you change your mind within 10 days from the date of receiving your instructions. However, the Company reserves the right to charge you for any work already carried out on your behalf and in accordance with your signed instructions.
- e)** The signing of your Will(s) (the Execution) must be carried out according to the law of England and Wales in order for your Will(s) to be valid. All Will(s) will be supplied to you with full written instructions of how these should be completed.
- f)** Where the Company offers a Will Storage service, the Company does not accept any liability or obligation to advise you of any changes in legislation or taxation which may affect you either directly or indirectly and may necessitate a review of your Will(s). Any Will should be reviewed every three years and on the occasion of any material change in your circumstances, such as divorce, marriage, the birth of children, or the inheritance of a large sum of money etc.

3. Your Obligations are:

- a)** In order for the Company to provide accurate advice and to produce an effective legal document you are required to disclose to the Agent all relevant facts and answers to all questions asked. The Company shall not accept liability in respect of information which was not disclosed, and therefore not documented by the Agent, and which comes to light at a later date as being of relevance and which may effect the validity or content of your Will(s), or advice given.
- b)** To read through your Will(s), and other documents provided, to confirm that the Will(s) correctly reflects your wishes as to the distribution of your estate and that the names and addresses of the persons mentioned in your Will(s) are correct, adding any missing data not supplied at the time of taking your instructions.
- c)** It is your responsibility to return the documents together with any amendments to the Company within ten days of receipt. If you fail to return the documents to the Company, the Company shall accept no liability for the Will(s).
- d)** The Company shall not be responsible for any delay due to your failure to comply with the above.
- e)** To notify the Company if you do not receive your Will(s) within two weeks of the first appointment, unless otherwise agreed.
- f)** To pay the Will Writing fee in full on the date of the first appointment. The fees for other services may, by agreement, be paid on completion.

4. Client Care

- a)** The Company is committed to providing you with a high quality service. An essential part of that service is that we will communicate effectively with you and that you are kept informed of progress.
- b)** The Company operates a full Customer Care Service of which all our staff are fully aware and the Company maintains a full complaints procedure to which any complaint should first of all be addressed. If the matter is unable to be resolved to your satisfaction you may refer it, in writing, to The Director General, The Society of Will Writers, Ground Floor Chambers, Newland House, The Point, Weaver Road, Lincoln LN6 3QN.
- c)** The Company complies with the Society's Code of Practice of which a copy is available upon request.

Will Questionnaire

The information you provide on this form constitutes the basis of our instruction for drafting a Will.

PLEASE READ THE QUESTIONS AND ACCOMPANYING NOTES CAREFULLY BEFORE ANSWERING.

Please indicate here if you wish this to be an Individual or two Mirror Wills

Individual/Mirror*

Please answer in BLOCK CAPITALS. Include FULL NAMES throughout this questionnaire (i.e. First names, middle names and surnames). All questions need to be answered (write NO, NONE or NOT APPLICABLE if appropriate)

Do the clients have full capacity to read and sign their Wills?

Yes No

SECTION 1 — Personal Details

Surname

Full Forenames including middle names

Any other name by which the client is known

Sex

Male/Female*

Address

Post Code

Telephone Number

Date of Birth

Marital status

Single, Married, Divorced, Widowed, Civil Partnership*

Do you own a business?

Yes/No*

Name of Business

Is it Ltd? Yes/No*

SECTION 2 — Details of Spouse/partner

(write "NOT APPLICABLE" if appropriate)

Surname

Full Forenames including middle names

Any other name by which the client is known

Sex

Male/Female*

Address

Post Code

Date of Birth

Do you own a business?

Yes/No*

Name of Business

Is it Ltd? Yes/No*

Do the clients expect to marry or enter into a civil partnership in the near future?

Yes/No/Not Applicable*

If Yes, please provide the date - / /

*Delete as appropriate

SECTION 3 — Details of Children
 (write “NOT APPLICABLE” if appropriate)

Number of Children

Full Name	Address	Date of Birth	Male or Female	Mr, Mrs or Both

SECTION 4 — Other Dependents

Are there any persons other than those mentioned in Sections 2 and 3 who might consider themselves to be dependants? Yes No

If Yes, please provide details

Full Name	Address	Relationship

If you have any queries when completing this questionnaire please refer to our Notes and Instructions booklet available separately. Alternatively, you can contact us on the helpline number [0845 260 2670](tel:08452602670).

SECTION 5 — Executors

Does the client wish to appoint their spouse/partner as one of their Executors? Yes No Not Applicable

'When choosing an Executor, please consider their suitability in terms of location, ability to handle paperwork, experience with money and investing as well as age. For a list of an Executors duties please refer to our leaflet 'Duties of Executors and Guardians'

Please enter the full names and addresses of those they wish to appoint as Executors to act jointly with the surviving spouse/partner if applicable.

Name	Address	
Relationship to whom	Post Code	Tel No.

Name	Address	
Relationship to whom	Post Code	Tel No.

Reserve Executors

If any of the above die before the client, or are unable or unwilling to act as Executors when they die, who do they wish to appoint as substitutes in their place? The following will only act as Executors in substitution and in order of priority.

1st Reserve

Name	Address	
Relationship to whom	Post Code	Tel No.

2nd Reserve/Joint Executor*

*Delete as appropriate

Name	Address	
Relationship to whom	Post Code	Tel No.

SECTION 6 — Guardians of Minor Children

Does the client wish to appoint guardians? Yes No Not Applicable

Name	Address	
Relationship to whom	Post Code	Tel No.

Name	Address	
Relationship to whom	Post Code	Tel No.

SECTION 7 — Specific Legacies

Does the client wish to give any specific legacies

Yes No

Do they wish these to take effect only if their spouse/partner does not survive them? ie. only after the 2nd death.

Yes No Not Applicable

Full description of item being given	Name and Address of Beneficiary	Relationship to whom	Whose Will? ie: both, Mr or Mrs
Eg. My: Collection of China Dolls	Joe Someone at Anywhere House, Somewhere Lane, Nowhere	Cousin of Mr	Mr
(1) My:			
(2) My:			
(3) My:			
(4) My:			

SECTION 8 — Cash Legacies

Does the client wish to give any cash legacies?

Yes No

Do they wish these to take effect only if their spouse/partner does not survive them? ie. only after the 2nd death.

Yes No Not Applicable

Amount in words	Name and Address of Beneficiary	Relationship to whom	Whose Will? ie: both, Mr or Mrs
Eg. Two Thousand Pound	Joe Someone at Anywhere House, Somewhere Lane, Nowhere	Cousin of Mr	Mr

SECTION 9 — Gift of Residuary Estate

Who do they wish to leave their Residuary Estate to? (Please pick one option)

Option 1

To spouse/partner

Then to children,
in equal shares

At what age?

Option 2

To children,
in equal shares

At what age?

Option 3 - To those listed below

Name	Address	Relationship to whom	At what age	Share**

** Please ensure that the shares total 1.

If spouse/partner has children from a previous relationship, is it preferred that they benefit equally also? Yes No

In the event of anyone mentioned in Section 9 pre-deceasing the client, do they wish that the beneficiaries share go to their children? Yes No Not Applicable

If 'Yes', at what age?

SECTION 10 — The Ultimate Gift Over Clause

In the event of none of the persons you have specified in Section 9 surviving the client, who do they wish their Residuary Estate to go to? Please quote a registered charity number for any charities stated.

Name	Address	Relationship to whom	Share*
1.			
2.			
3.			

*Please ensure that the shares total 1.

MENTAL COMPETENCE

To be completed by the Instruction Taker

The Banks -v- Goodfellow Test

The classic exposition of the degree of mental competence required to make a Will in English law is contained in Banks v Goodfellow (1870):

...As to the testator's capacity, he must, in the language of the law, have a sound and disposing mind and memory. In other words, he ought to be capable of making his Will with an understanding of the nature of the business in which he is engaged, a recollection of the property he means to dispose of, and of the persons who are the object of his bounty, and the manner in which it is to be distributed between them.

Questions for the Instruction Taker.

Does the Testator/Testatrix understand that they are giving instructions from which their Will shall be drafted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the Testator/Testatrix recollect in general terms what is owned by them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the Testator/Testatrix aware of who might be considered to have a moral claim on their estate - whether friends or relatives - even if they choose them not to benefit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the Testator/Testatrix broadly aware of how the estate will be shared out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was there a discussion about earlier Wills? If so, please detail the discussion in the notes section.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How long have you known the Testator/Testatrix?	<hr/>			
Have Wills previously been prepared for the Testator/Testatrix and are copies available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was the meeting face to face?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were there any signs of confusion or memory loss?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have there been any recent bereavements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Storing Your Will

Independent storage of your client's Will is very important. We recommend that for security and peace of mind clients make use of the storage facilities available through The Will Company.

The Will Company uses its own storage company, Store Safe, to ensure safe storage of your client's Will. Once their Will is stored with us we will provide your client with a Certificate of Deposit detailing their unique reference number. To retrieve their Will they need to telephone our office and provide proof of identity and we will post their Will to them. Upon their death, their Executors can contact us for retrieval, providing proof of identity and a copy of the death certificate.

Storing their Will(s) with Store Safe entitles clients to re-write their Will(s) as many times as they like for no extra cost allowing them to keep their Will(s) up-to-date. Upgraded Wills are charged for the upgrade.

IMPORTANT NOTE

The Executors need to be kept informed of the whereabouts of the Will.

The Will Company storage facility simplifies this and all they need to tell them is the unique reference number provided upon completion.

If they keep their Will at home they run the risk of fire, flood or theft destroying their Will. More importantly, a person who would be better off if there was no Will may be the first to find it and might destroy it.

The cost of storage is £10 per annum per person.

This questionnaire remains the property of The Will Company at all times.

We offer document storage for all clients needs, please feel free to ask for a quotation.

Instructions for Lasting Power of Attorney - Client 1

Property & Affairs

Health & Welfare

Both

SECTION 1 - Attorneys Details

Donor's Full Name and Title: _____ Date of Birth: _____

Chosen Attorney (1) Minimum of one required.

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Chosen Attorney (2)

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Chosen Attorney (3)

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Chosen Attorney (4) Maximum of four attorneys.

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Do you wish to appoint a Trust Company as an Attorney?

Yes No

If 'Yes' please provide the company name and address:

Attorneys may act:
(Delete two options)

- 1: Together
- 2: Together and independently
- 3: Together in some matters and together and independently in others

Details of Option 3 for clarification: _____

Replacement Attorney (1) (optional) Maximum of two.

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Replacement Attorney (2)

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Replacement Attorneys may act
(Delete two options)

- 1: Together
- 2: Together and independently
- 3: Together in some matters and together and independently in others

Details of Option 3 for clarification: _____

Are there any **restrictions** you wish to impose on any attorney appointed?

If chosen these would be legally binding.

Do you wish this Lasting Power of Attorney to only be used when you lack capacity?

Yes No

Please confirm anything you want the attorney(s) to do to confirm that you lack capacity to make the decision or any other restrictions you wish to make that **must** be followed by the attorney(s).

Please confirm any **guidance** you wish your attorney(s) to consider.
If chosen these would not be legally binding.

Have you agreed to pay any fees to your chosen attorney(s)?

Yes No

Do you have any additional guidance regarding fees?

Yes No

SECTION 2 - People to be told

The following are people you wish to be notified when an application to register your Lasting Power of Attorney is made. Up to five can be listed. Minimum required is one. **Notifiable people cannot be attorneys or replacement attorneys.**

Notifiable Person (1) Minimum of one required.

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Notifiable Person (2)

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Notifiable Person (3)

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Notifiable Person (4)

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Instructions for Lasting Power of Attorney - Client 2

Property & Affairs Health & Welfare Both

SECTION 1 - Attorneys Details

Donor's Full Name and Title: _____ Date of Birth: _____

Chosen Attorney (1) Minimum of one required.

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Chosen Attorney (2)

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Chosen Attorney (3)

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Chosen Attorney (4) Maximum of four attorneys.

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Do you wish to appoint a Trust Company as an Attorney?

Yes No

If 'Yes' please provide the company name and address:

Attorneys may act:
(Delete two options)

- 1: Together
- 2: Together and independently
- 3: Together in some matters and together and independently in others

Details of Option 3 for clarification: _____

Replacement Attorney (1) (optional) Maximum of two.

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Replacement Attorney (2)

Full Name and Title	
Date of Birth	
Address	
Post Code	
Telephone Number	

Replacement Attorneys may act
(Delete two options)

- 1: Together
- 2: Together and independently
- 3: Together in some matters and together and independently in others

Details of Option 3 for clarification: _____

Are there any **restrictions** you wish to impose on any attorney appointed?

If chosen these would be legally binding.

Do you wish this Lasting Power of Attorney to only be used when you lack capacity?

Yes No

Please confirm anything you want the attorney(s) to do to confirm that you lack capacity to make the decision or any other restrictions you wish to make that **must** be followed by the attorney(s).

Please confirm any **guidance** you wish your attorney(s) to consider.
If chosen these would not be legally binding.

Have you agreed to pay any fees to your chosen attorney(s)?

Yes No

Do you have any additional guidance regarding fees?

Yes No

SECTION 2 - People to be told

The following are people you wish to be notified when an application to register your Lasting Power of Attorney is made. Up to five can be listed. Minimum required is one. **Notifiable people cannot be attorneys or replacement attorneys.**

Notifiable Person (1) Minimum of one required.

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Notifiable Person (2)

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Notifiable Person (3)

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Notifiable Person (4)

Title and Full Name	
Address	
Post Code	
Telephone Number	
Email Address	

Certificate Providers Statement - for Client 1

Declaration - to be signed by whoever completes the Lasting Power of Attorney instruction.

I hereby declare that, in my opinion, the Donor has the capacity to create a Lasting Power of Attorney in accordance with S.2 and S.3 of the MCA 2005 and with reference to Banks Vs Goodfellow 1870.

Signature _____ Name _____ Date _____

First Donors Declaration

I confirm that I understand that the information requested in this form is required for the purpose of preparing my Lasting Powers of Attorney and to ensure my Lasting Powers of Attorney correctly reflect my wishes.

I confirm that I am 18 years of age or over and am of sound mind, that the information given on this form is complete and correct as far as I am aware at this time and is to be used as the basis for the preparation of my Lasting Powers of Attorney.

I confirm that I intend to give my attorney(s) authority to make decisions on my behalf, including in circumstances when I lack capacity, subject to any restrictions I have made.

I have read the 'information you must read' or have had it read to me. My attorney(s) was/were not present whilst this LPA was discussed.

I have had MCA 2005 Section 1 'The Key Principles' and Section 4 'Best Interests' explained to me and am aware that this information is available in full to me at www.publicguardian.gov.uk or by writing to the Office of the Public Guardian, Archway Tower, 2 Junction Road, London N19 5SZ or by telephoning 0845 330 2900 and requesting it.

I have chosen _____ to act as my Certificate Provider.

I confirm that my decision to proceed was taken without undue influence.

Client 1 Signature _____ Date _____

Certificate Providers Statement - for Client 2

Declaration - to be signed by whoever completes the Lasting Power of Attorney instruction.

I hereby declare that, in my opinion, the Donor has the capacity to create a Lasting Power of Attorney in accordance with S.2 and S.3 of the MCA 2005 and with reference to Banks Vs Goodfellow 1870.

Signature _____ Name _____ Date _____

Second Donors Declaration

I confirm that I understand that the information requested in this form is required for the purpose of preparing my Lasting Powers of Attorney and to ensure my Lasting Powers of Attorney correctly reflect my wishes.

I confirm that I am 18 years of age or over and am of sound mind, that the information given on this form is complete and correct as far as I am aware at this time and is to be used as the basis for the preparation of my Lasting Powers of Attorney.

I confirm that I intend to give my attorney(s) authority to make decisions on my behalf, including in circumstances when I lack capacity, subject to any restrictions I have made.

I have read the 'information you must read' or have had it read to me. My attorney(s) was/were not present whilst this LPA was discussed.

I have had MCA 2005 Section 1 'The Key Principles' and Section 4 'Best Interests' explained to me and am aware that this information is available in full to me at www.publicguardian.gov.uk or by writing to the Office of the Public Guardian, Archway Tower, 2 Junction Road, London N19 5SZ or by telephoning 0845 330 2900 and requesting it.

I have chosen _____ to act as my Certificate Provider.

I confirm that my decision to proceed was taken without undue influence.

Client 2 Signature _____ Date _____

Eazipay Ltd re Store Safe



Please fill in the whole form using a ball point pen.

Eazipay Ltd re Store Safe Hill House 189 Boughton Green Road Northampton NN2 7AF
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Name(s) of Account Holder(s)

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your Bank or Building Society to pay by Direct Debit

Service User Number

6	9	5	2	6	8
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FOR Eazipay Ltd re Store Safe OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

Instruction to your Bank or Building Society

Please pay Eazipay Ltd re Store Safe Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Eazipay Ltd re Store Safe and if so, debits will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.



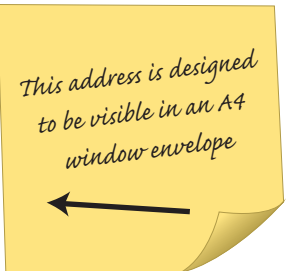
This guarantee should be detached and retained by the Payer.

Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Eazipay Ltd re Store Safe will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Eazipay Ltd re Store Safe or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

The Will Company
FREEPOST MID18862
Northampton
NN2 7BR



Please note FREEPOST is treated the same as second class.
If you require an urgent reply please use First Class post.

Services we offer.

- Wills
- Estate Protection Trust Wills
- Severance of Tenancy
- Powers of Attorney
- Prepaid Funeral Plans
- Probate & Executor Services
- Storage of Wills and Other Valuable Documents
- Lifetime Trusts
- Free Re-writes Available
- Advanced Directives

Once the questionnaire has been completed please return it with payment to the above address.

The Will Company is registered in accordance with the Data Protection Act 1984.

Helpline 0845 260 2670



THE WILL
c o m p a n y

Hill House, 189 Boughton Green Road, Kingsthorpe,
Northampton NN2 7AF
Tel 0845 260 2670
Email info@thewillcompany.com
Online www.thewillcompany.com

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