

YOUR WILL INSTRUCTION FORM

What type of will do I need?

- Single Will: A will just for yourself
- Mirror Will: Two wills, usually for a couple, that reflect one another.
- Wills including a Trust: Either a single will or a mirror will can include a trust. A trust is a provision in a will where some or all of your assets are not inherited immediately but instead held in trust. Trusts can be used for a number of reasons, from protecting the family home from care home fees, to providing a fund for a loved one that is unable to manage their own funds.
- Single Codicil: A document that make minor changes to a will you have made previously
- Mirror Codicils: Two documents that make minor changes to mirror wills that you have made previously

SERVICE	PRICE (excluding VAT)	Plus VAT
Single Will	£120	£24
Mirror Wills	£160	£32
Single Will with Trust	£240	£48
Mirror Wills with Trusts	£320	£64
Single Codicil	£80	£16
Mirror Codicils	£90	£18

* Some will writing instructions may require may be of a higher complexity. If this arises an individual in the team will contact you to discuss this and agree with you additional costs before starting any work.

If you wish to proceed:

Please complete this will writing instruction form to the best of your ability. Once you have completed the will writing instruction form you please return it to us to the below address:

**70 High Street,
Barry,
Vale of Glamorgan,
CF62 7DW**

Or scan it and return it via email to **NicholasO@GriffithsIngs.com**.

If you require more space to provide greater detail please continue on the additional information page provided at the end of this form. If you have any questions, or wish to arrange for a telephone appointment to go through your instructions over the telephone, please contact us at **NicholasO@GriffithsIngs.com** or by phone on **01446 725198**.

YOUR INFORMATION

Applicant 1	Applicant 2
Title:	Title:
First Name(s):	First Name(s):
Surname:	Surname:
Any other name you are known by:	Any other name you are known by:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Date of Birth:
Occupation:	Occupation:
Email Address:	Email Address:
Daytime Telephone:	Daytime Telephone:
Alternative Telephone:	Alternative Telephone:
Address:	Address:
Please confirm the country you consider yourself permanently resident in: England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Other <input type="checkbox"/> _____	Please confirm the country you consider yourself permanently resident in: England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Other <input type="checkbox"/> _____

Marital Status:	Marital Status:
Single	Single
Cohabiting	Cohabiting
Married	Married
Civil Partnership	Civil Partnership
Intending to Marry	Intending to Marry
Intending to enter a Civil Partnership	Intending to enter a Civil Partnership
Widowed	Widowed
Widowed and Remarried	Widowed and Remarried
Divorced	Divorced
Separated	Separated

Do you have an existing will? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide a copy when returning your will writing instruction form)	Do you have an existing will? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide a copy when returning your will writing instruction form)
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Do you have any concerns reading your will?	
Do you have any concerns signing your will?	

YOUR CHILDREN

Your children's details:

First Name(s)	Surname	Date of Birth	Address	Relationship to Applicant 1	Relationship to Applicant 2

If you have had a child die before you who have left children of their own please confirm their details: _____

Appointing Guardians:

If you do not wish to appoint a guardian for your children please tick here

If you do wish to appoint a guardian, or guardians, for your children please provide their details below:

Full Name(s)	Relationship	Address

Please consider appointing a substitute guardian to care for your children if the individuals appointed above are unable to act. If you wish to name a substitute guardian, or substitute guardians, please provide their details below:

Full Name(s)	Relationship	Address

Additional notes:

YOUR EXECUTORS AND TRUSTEES

You should appoint executors and trustees in your will. These are the individuals that will administer your estate after your death and manage any trusts that arise under the terms of your wills.

Your principal executors and trustees:

- Griffiths Ings Property Lawyers
- Spouse or partner
- Other (please provide their details below)

Full Name	Address	Relationship to you

(You can tick more than one option e.g. Griffiths Ings Property Lawyers and your spouse may act together)

Your substitute executors and trustees:

You should consider appointing substitute executors and trustees to act in the event that you principal executors are unable to.

- Griffiths Ings Property Lawyers
- Spouse or partner
- Other (please provide their details below)

Full Name	Address	Relationship to you

(You can tick more than one option e.g. Griffiths Ings Property Lawyers and your spouse may act together)

Additional notes:

YOUR ESTATE

Without details of the type of assets that make up your estate we will be unable to adequately advise you on how your estate will pass after your death.

Type of Asset	Applicant 1	Applicant 2	Joint Assets
Main residence			
Other land or properties			
Business assets			
Agricultural assets			
Bank accounts			
Investments			
Life Insurance/Assurance policies			
Death in Service/Pensions			
Foreign assets			
Other assets (e.g. jewellery, furniture, personal items etc)			
TOTAL ASSETS			

Type of Liability	Applicant 1	Applicant 2	Joint Assets
Mortgage			
Other (e.g. credit cards or loans)			
TOTAL LIABILITIES			

TOTAL ASSETS MINUS LIABILITIES			
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Jointly owned property:

Please confirm whether you own any property jointly with someone other than your spouse:

Yes No

If your answer is yes, please confirm how that property is owned:

Joint Tenants Tenants in Common Don't know

Foreign Assets:

If you have indicated above that you have foreign assets please confirm the following information:

Location/Country situated: _____

Assets Owned: _____

Whether you have a will in said country to deal with those assets: _____

Business Assets:

If you have indicated above that you have business assets please confirm the following information:

Name of your business: _____

Type of Business: Company Partnership/LLP Sole Trader

Property already held in Trust:

Please confirm the following information:

Are you a beneficiary under a trust? Yes No

(If yes please provide a copy of the trust when returning your will writing instruction form)

Additional notes:

DO YOU NEED A TRUST IN YOUR WILL?

We are able to include a trust provision in your will(s), at an additional charge. A trust is a provision in a will where some or all of your assets are not inherited immediately but instead held in trust. Trusts can be used for a number of reasons, from protecting the family home from care home fees, to providing a fund for a loved one that is unable to manage their own funds.

Please read the following questions and tick yes or no to each of them. If you answer yes to any of these questions you should consider asking us for further information on trusts.

1. Are you concerned that your beneficiaries are too young to benefit from your estate?
2. Are you concerned that your beneficiaries will squander the assets they benefit from your estate?
3. Do any of your beneficiaries have a disability, learning difficulties, or are otherwise unable to manage their own funds?
4. Are any of your beneficiaries at risk of divorce or bankruptcy?
5. Do any of your beneficiaries receive means tested benefits?
6. Are you concerned that your spouse or partner may remarry after your death and that your children's inheritance may be diminished?
7. Do you have children from a previous relationship and a new spouse or partner and wish to ensure that all parties are looked after?
8. Are you concerned that your beneficiaries' inheritance will be diminished due to your spouse or partner's long terms care after your death?
9. If you are unmarried, do you intend to benefit your partner with an estate worth more than £325,000?
10. If you have been widowed, do you intend to benefit a new spouse or partner with an estate worth more than £650,000?

YES	NO

Additional notes:

LEGACIES

You are able to give gifts of money or personal items under the terms of your will. Any possession or money not gifted specifically will form part of your residuary estate (see page 10)

Applicant 1:

If you do not wish to do so please tick here

If you do wish to do so please provide the details below:

Amount or description of legacy	Full name of beneficiary	Relationship to you	Address	Age to inherit (e.g. 18/21/25)	When the legacy should be given
					Your death <input type="checkbox"/> First death <input type="checkbox"/> Second death <input type="checkbox"/> Both deaths <input type="checkbox"/>
					Your death <input type="checkbox"/> First death <input type="checkbox"/> Second death <input type="checkbox"/> Both deaths <input type="checkbox"/>
					Your death <input type="checkbox"/> First death <input type="checkbox"/> Second death <input type="checkbox"/> Both deaths <input type="checkbox"/>
					Your death <input type="checkbox"/> First death <input type="checkbox"/> Second death <input type="checkbox"/> Both deaths <input type="checkbox"/>

If you are unsure of the legacies that you wish to give at this time we can prepare a memorandum of chattels to go alongside your will. This is an informal letter to your trustees informing them of your wishes regarding your personal items (e.g. jewellery or furniture). Please confirm whether you wish to leave a memorandum of chattels:

Yes No

Please confirm whether you wish for the transportation and insurance costs of your legacies to be paid from your estate (if you say no it will be up to your beneficiaries to pay for such costs):

Yes No

Applicant 2:

If you do not wish to do so please tick here

If you do wish to do so please provide the details below:

Amount or description of legacy	Full name of beneficiary	Relationship to you	Address	Age to inherit (e.g. 18/21/25)	When the legacy should be given
					Your death <input type="checkbox"/> First death <input type="checkbox"/> Second death <input type="checkbox"/> Both deaths <input type="checkbox"/>
					Your death <input type="checkbox"/> First death <input type="checkbox"/> Second death <input type="checkbox"/>

					Both deaths	<input type="checkbox"/>
					Your death	<input type="checkbox"/>
					First death	<input type="checkbox"/>
					Second death	<input type="checkbox"/>
					Both deaths	<input type="checkbox"/>
					Your death	<input type="checkbox"/>
					First death	<input type="checkbox"/>
					Second death	<input type="checkbox"/>
					Both deaths	<input type="checkbox"/>

If you are unsure of the legacies that you wish to give at this time we can prepare a memorandum of chattels to go alongside your will. This is an informal letter to your trustees informing them of your wishes regarding your personal items (e.g. jewellery or furniture). Please confirm whether you wish to leave a memorandum of chattels:

Yes No

Please confirm whether you wish for the transportation and insurance costs of your legacies to be paid from your estate (if you say no it will be up to your beneficiaries to pay for such costs):

Yes No

Additional notes:

YOUR RESIDUARY ESTATE

Once all debts, taxes, and other liabilities have been paid out of your estate, and the legacies given in the section above have been gifted, the assets remaining in your estate will be known as your residuary estate. You should consider whom you wish to benefit from this residuary estate.

Principal beneficiaries:

My residuary estate should be given to my spouse (if you are completing an application for a single will please provide your spouse's details below):

My residuary estate should be divided equally among my children:

My residuary estate should be divided equally among the following beneficiaries named:

My residuary estate should be divided among the following beneficiaries named in the percentages specified:

Name of person or charity/organisation	Address	Relationship to you	Share (e.g. 50%)	Age to inherit (e.g. 18/21/25)

If one of the individuals names above die before you do you wish for their share to go to their children? Yes No

If yes, at what age should they benefit? (e.g. 18/21/25) _____

Substitute beneficiaries:

You should consider naming beneficiaries to benefit from your estate in the event that those named above die before you. If you wish to name substitute beneficiaries please provide the details below:

My residuary estate should be divided equally among the following beneficiaries named:

My residuary estate should be divided equally among my children:

My residuary estate should be divided among the following beneficiaries named in the percentages specified:

Name of person or charity/organisation	Address	Relationship to you	Share (e.g. 50%)	Age to inherit (e.g. 18/21/25)

If one of the individuals names above die before you do you wish for their share to go to their children? Yes No

If yes, at what age should they benefit? (e.g. 18/21/25) _____

Catastrophe beneficiaries:

In the unlikely event that there was a catastrophe and all of the beneficiaries you have named die before you or in a common accident you may wish to consider including catastrophe beneficiaries. If you wish to name catastrophe beneficiaries please provide the details below:

My residuary estate should be divided equally among the following beneficiaries named:

My residuary estate should be divided among the following beneficiaries named in the percentages specified:

Name of person or charity/organisation	Address	Relationship to you	Share (e.g. 50%)	Age to inherit (e.g. 18/21/25)

If one of the individuals names above die before you do you wish for their share to go to their children? Yes No

If yes, at what age should they benefit? (e.g. 18/21/25) _____

Additional notes:

FUNERAL WISHES

You are not required to include your funeral wishes in your will. If you would wish to record your wishes in your will we are happy to do so for you. However we would recommend that you also discuss these wishes with your family separately as a will may not be located or read until after your funeral.

If you would wish to include funeral instructions please provide the following information:

Would you wish to be: Buried Cremated Other (please specify)

Additional notes:

CLAIMS AGAINST YOUR ESTATE

Your will should reflect your wishes and benefit those you wish to benefit. However, you should be aware that there are certain categories of individuals who are able to claims against your estate on the basis that that have not been adequately provided for in your will.

Please consider the list of individuals below and indicate by ticking the appropriate boxes if there is anyone you are choosing not to benefit.

- | | |
|---|--------------------------|
| Spouse | <input type="checkbox"/> |
| Former spouse | <input type="checkbox"/> |
| Children or Step-children | <input type="checkbox"/> |
| Anyone financially dependent on you | <input type="checkbox"/> |
| An individual you are currently cohabiting with | <input type="checkbox"/> |

If there is anyone that you are choosing not to benefit that could be able to make a claim against your estate please provide their full names and your reasons for not benefitting them in the space below:

Additional notes:

WHAT TO DO NEXT

Once you have completed all of the relevant information above please return the will writing instruction form to us to the below address:

**70 High Street,
Barry,
Vale of Glamorgan,
CF62 7DW**

Or scan it and return it via email to **NicholasO@GriffithsIngs.com**.

Payment

Please tick your preferred payment method:

By cheque

Please make your cheque payable to Griffiths Ings Property Lawyers and enclose your payment with your fully completed will writing instruction form

By credit/debit card

We will contact you on receipt of your fully completed will writing instruction form to obtain your card details and collect the payment

Please note that your payment will be collected on return of your completed Will Writing Instruction form and no documentation will be produced until full payment of our fee is received.

Declaration

Please ensure you have read the Griffiths Ings Property Lawyer's General Terms and Conditions of Business which has been previously sent to you. If you require an additional copy please contact us at **NicholasO@GriffithsIngs.com** or by phone on **01445 725198**.

Please confirm who completed this form:

This form was completed by myself or _____

I understand that:

- The information requested in this form is required for the purpose of preparing my will and to ensure that my will reflects my wishes.
- The information is being used by Griffiths Ings Property Lawyers who are responsible for preparing the will.
- Griffiths Ings Property Lawyers may contact me to confirm my instructions.

Please note:

- The will once prepared is sent in draft for your approval to your home address unless you tell us otherwise.
- An additional charge may arise after your will has been prepared, should you make any alterations to your instructions. Please therefore carefully check that this form does reflect your wishes and nothing has been left out.
- Griffiths Ings Property Lawyers reserve the right to make an additional charge if the nature of your instructions are such that time over and above what they

would consider to be a reasonable time for preparing a will is expended in completing your will. You will be advised of the estimated additional charge before any work is undertaken.

By completing and signing this form I:

- Certify that the information given in this form is true and complete and correctly represents my wishes;
- Accept the Griffiths Ings Property Lawyers General Terms and Conditions of Business;
- Agree with the declaration;
- Consent to Griffiths Ings Property Lawyers carrying out this work on my behalf.

Applicant 1	Applicant 2
Signature:	Signature:
Date:	Date

Additional notes:

Additional notes: