

# Will Instructions Form - England and Wales Only



Need help with this form? **Helpline 01543 677444.**

Use **BLOCK CAPITALS** to avoid confusion or error.

**Give names in full and avoid any jargon or abbreviations.**

**Client(s) must sign the declaration by hand before any Will can be processed.**

*Any text in italics is provided as guidance.*

Once completed, **please return to: Advisers United.com, Prosperity House, Water Street, Burntwood, Staffordshire, WS7 1AN.**

## A. Single Will or "Mirror" Wills?

Type of Will(s) Required (please tick ✓)

**Single Will** or  **Two "Mirror" Wills (for Client and Client spouse/partner)**

If "Mirror", what is Client relationship?  Married Spouse  Civil Partnership  Partner (other)  Fiancé(e)

*(Mirror Wills are where the client and their partner would like Wills written on exactly the same basis. If clients do have separate requirements then two forms should be completed.*

## B. Client Personal Details

	Client Details	Client Spouse/Partner/Fiance(e) Details
<b>Surname</b>		
<b>First names (in full)</b>		
<b>Date of birth</b>	/ /	/ /
<b>Sex (✓)</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Are Clients blind or physically infirm?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone No. (daytime)</b>		
<b>Telephone No. (evenings)</b>		
<b>Marriage Plans (if engaged)</b>	Do clients plan to marry/civil partnership within the next 12 months (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If within next twelve months please give the date / / 20
<b>Would Client like the spouse/partner to be an Executor of this Will (✓)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, solely <input type="checkbox"/> Yes, jointly with executors below <input type="checkbox"/> Not applicable	<input type="checkbox"/> No <input type="checkbox"/> Yes, solely <input type="checkbox"/> Yes, jointly with executors below <input type="checkbox"/> Not applicable

*Executors are the people appointed by the Client, in the Will, to look after their affairs on death including the estate and ensuring that the contents of the Will are carried out. Client should only appoint people they trust. Clients/Partners should also check that they are happy to act as the Executor as Executors are automatically appointed as Trustees which may mean they have a longer term involvement in estate affairs such as looking after money left for younger children. A maximum of 4 Executors, including the spouse/partner is allowed to manage affairs. Additional Executors can be named below.*

**C. Appointment of other Executors** (*Others who they would like to be an executor. NB. Executors can also be beneficiaries of the Will*)

Executors Name	Address	Relationship		Acting in a Professional Capacity? (✓)
		To Client	To Client Spouse/Partner	
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Professional Fees:** Only Executors who have confirmed that they will work in a professional capacity are able to charge for work on the estate, e.g. a solicitor, accountant or financial adviser.

**D. Children: appointing their GUARDIANS**

*People who will look after minors (children under 18 yrs) after the death of Client and their partner (if applicable). Please take care in this appointment, as clients need to ensure that the people they choose are happy to look after children in the event of both parents not being here and that they are acceptable to all sides of the family.*

Guardian's Name	Address	Relationship	
		To Client	To Client Spouse/Partner
1.			
2.			

**E. Non-Money Legacies in Client Will: 1. Special, specific Items (non money gifts or shares or investments)**

*Please make sure that Clients identify these items with a full description so that there can be no doubt e.g. "My 18ct single stone, baget cut, diamond ring". Alternatively, Clients may wish to gift something that may change in the future such as "Any motor vehicle owned by me at the time of my death".  
2<sup>nd</sup> Death Gifts: Clients can specify that the gift that Client wishes to make should only be made only if the spouse or partner has died before their partner. NB. Please use section F for financial gifts.*

**Gifts to be made by Client**

Name of person receiving gift	Details of the gift	Relationship to Client	Gift only after 2 <sup>nd</sup> death? (✓)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Gifts to be made by Client spouse/partner (if Mirror Wills)**

Name of person receiving gift	Details of the gift	Relationship to spouse/partner	Gift only after 2 <sup>nd</sup> death? (✓)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**F. Financial Legacies in Client Will: 2. Monetary Gifts (including stocks, shares, private shares and other investments)**

Please be specific about gifts of money, if it is a cash amount, please specify the amount and from where it is to come. If it is the contents of bank accounts, stocks and shares or other investments please specify account identification numbers, certificate or policy numbers, etc.  
 2<sup>nd</sup> Death Gifts: Clients can specify that the gift that Client wishes to make should only be made only if spouse or partner has died before Client.

**Money gifts to be made by Client**

Name of person receiving gift	Details of the gift	Relationship to Client	Gift only after 2 <sup>nd</sup> death? (✓)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Money gifts to be made by Client spouse/partner (if Mirror Wills)**

Name of person receiving gift	Details of the gift	Relationship to spouse/partner	Gift only after 2 <sup>nd</sup> death? (✓)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Goods and Chattels** - please specify here who should receive these Client personal possessions, contents of client's home, clothes etc are known as **GOODS and CHATTELS**.

**G. What is to happen to the remainder of what client(s) own (after all debts, costs and gifts have been paid)?**

This is called the 'residue'. Clients can choose to leave everything to spouse/partner. If the client does not have a spouse or partner or they do not survive the client for more than 30 days, they can elect to have this pass to children. They can name them or not as they wish, (or to their children).  
 Alternatively, clients can specify other people that they wish the remaining estate to pass to.

The remainder of what own to pass to spouse/partner? (✓) Yes No Not applicable

**AND THEN / OR**

To pass to children/grandchildren (including those not born) (✓) Yes No Not applicable

Client(s) may name children (if they wish to). Please read the guidance below as it is important, particularly for children from previous relationships.

Naming children is only advisable if you have older children or if there are children from previous relationships. Not naming any of the children means that any further children born will automatically be included. If you do name children and further children are born clients will need to have a new Will drafted. If the client or the partner has children from previous relationships then it is best to name them if they wish them to be included and give specific details of their relationship to the client e.g. 'step-son'.

Child's Full Name	Child over 18 years old (✓)	Relationship	
		To Client	To Client Spouse/Partner
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**OR** (if client(s) do not wish to or do not have a spouse, partner or children)

The remainder of estate to go to Named People, Organisations or Charities as follows:

**Remainder of estate to go to Named People, Organisations or Charities:**

(other than a spouse, partner, children). *NB. If clients leave the % share box blank, the remaining estate will be shared equally*

Specific Full Name Of Beneficiary	% Share or Fraction (e.g. 1/2) they are to receive	Relationship	
		To Client	To Client Spouse/Partner
1.			
2.			
3.			
4.			
5.			
6.			

**Reserves (If all above have died before Client) (named people, organisations or charities)**

*If all the above do not survive the Client, it is advisable that you name some reserves to benefit from the remainder of the estate. These can be individual people, organisations or charities.*

Specific Name Of Reserve Beneficiary	% Share or Fraction (e.g. 1/2) they are to receive	Relationship	
		To Client	To Client Spouse/Partner
1.			
2.			

**H. Excluding people from Client Will**

*Some people may claim they have been excluded from the Will by mistake or oversight. This may not be the case and the client may deliberately wish to exclude them. If they do wish to exclude someone, you should name them here. Please leave this section blank if there is nobody they wish to exclude.*

Client named exclusions	Is the exclusion mutually agreed? (✓)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client spouse/partners exclusions	Is the exclusion mutually agreed? (✓)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I. Have Client(s) business interests?**

*These should be for partnerships or sole traders only (any shares in Limited companies should be dealt with in Monetary Gifts section on page 2)*

Client specific business interests	Spouses specific business interests

**J. Organ transplant and medical donation (this is solely an expression of a wish to reinforce any donor card the Clients carry)**

**Do Client(s) wish organs to be used for transplant purposes? (✓)**  
spouse/partner

**Client**                      **Client**  
 Yes  No               Yes  No

## K. Funeral Arrangements

*Whilst detailed in the Will, we suggest clients also notify their close friends and family of these wishes to ensure that they are carried out*

	Client funeral arrangements	Spouse/partner's funeral arrangements
Client preference (✓)	<input type="checkbox"/> None <input type="checkbox"/> Burial <input type="checkbox"/> Cremation	<input type="checkbox"/> None <input type="checkbox"/> Burial <input type="checkbox"/> Cremation
Name of Church or Crematorium		
Name of Village/Town		
Name of Parish or County		
Funeral expenses paid (✓)	<input type="checkbox"/> Out of estate <input type="checkbox"/> Existing Funeral Plan	<input type="checkbox"/> Out of estate <input type="checkbox"/> Existing Funeral Plan

## L. The date of signing the Will, when will it be signed? (✓)

*A date can be included in the Will, or left blank for Client(s) to date and sign when they wish. The Will is not legally enforceable until clients sign them. Details on how to sign the Will are sent with the completed*

- today,  tomorrow,  day after tomorrow,  4 days time,  5 days time,  6 days time,  a week today,  a week tomorrow,  
 no date (Client will date themselves)

## M. Power of Trustees

*The executors appointed in the Will also act as Trustees. They need to be given additional powers to be able to carry out the instructions given by the Client in the Will. Normal Trustee powers are automatically included in the Will. We suggest that the following powers are also given to allow for any changes in circumstances that may arise. These have been ticked for automatic inclusion although these powers can be removed by amending the ✓ into a ✗.*

Trustee have additional powers to (please amend if Client wishes):

- Invest money appropriately      Advance money to minor children      Pay fees to professionals  
 Substitute gifts by agreement with beneficiaries      Treat all income to the estate as being earned after death  
 Insure property in the normal way      Have funds not taxed disadvantageously as trusts  
 Pass the estate to the next beneficiary if any do not survive Client by 30 days

## Client Declaration:

I/we confirm that I/we are over the age of 18 years and am/are of sound mind. The information supplied by me/us is complete and correct and is to be used as the basis for preparing my/our Last Will and Testament. In addition to appointments, legacies and distribution of residue I/we agree to my/our Executors and Trustees having normal powers to aid the administration of my/our Estate(s). I/we know of no other Trusts or constraints which would prevent my/our Estate(s) being distributed as I/we have requested.

Client signature

Client spouse/partner's signature

Date  /  / 20\_\_

Select Will Service (please tick ✓ below the relevant )

- £117.50 for a Single Will,  £188.00 for TWO Identical 'Mirror' Wills,  
 £235 for TWO different Wills.

Introducer Name	
Introducer Company Name and Address	Postcode:
Introducer Telephone Number	
Your Advisers United Introducer Number	AU -

PLEASE TELEPHONE US OR COMPLETE THE PAYMENT DETAILS OVERLEAF AND RETURN THIS FORM TO  
**ROBERTS CLARK IFS LIMITED / ADVISERS UNITED.COM:**  
 Prosperity House, Water Street, **BURNTWOOD, WS7 1AN.**

## Payment Details

**By Cheque**

UK bank account in British Pounds only:

Cheque payable to " Roberts Clark IFS Limited" for the invoice total.

**By Bank Transfer: Quoting Advisers United Introducer Number (starting with AU)**

Account Name: Roberts Clark IFS Limited

Account Number: 00562602

Sort Code: 20 - 85 -13


**By International Bank Transfer: Quoting Advisers United Introducer Number (starting with AU)**

Account Name: Roberts Clark IFS Limited

IBAN Number: GB59BARC20851300562602

SWIFT BIC Code: BARCGB22

**\*\* 5% Surcharge for the following payment methods ...**

**\*\* By  Account: Quoting Advisers United Introducer Number (starting with AU)**  
([www.paypal.com](http://www.paypal.com) please use email account "[paypal@needanadviser.com](mailto:paypal@needanadviser.com)")

**\*\* By Credit / Debit Card (Tel 01543 677444 with card details or complete below)**

Please debit my card for the invoice total. Card type – please tick ✓



Card details

<b>Card Number:</b>	- - - -	<b>Issue Number (Switch/Solo only):</b>	
<b>Name on Card:</b>			
<b>Issue Date ( mm / yy ):</b>	/	<b>Expiry Date ( mm / yy ):</b>	/
<b>CV2 Security Code (last three numbers on card reverse):</b>	_ _ _		
<b>Address to where card bill is sent:</b>			
		<b>Postcode:</b>	
<b>Signature of Cardholder:</b>		<b>Date:</b>	



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