

WILL INFORMATION

SECTION 1 – TESTATOR / TESTATRIX DETAILS

Title	Home Address
Surname	
Full names	
ID Number	Postal Address
Marital Status	
Marital Regime	Telephone No.
Spouse's name	Mobile No.
Spouses ID	Alternative No.
Previously married	Email address

SECTION 2 – CHILDREN

If they are to inherit as beneficiary or alternate beneficiary.
 Please list full names, including illegitimate and legally adopted children.

Current marriage			
Full name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Full name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Full name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Full Name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Previous marriage			
Full name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Full name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Full name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit
Full Name	Status of child Own child <input type="checkbox"/> Legally adopted <input type="checkbox"/>	Date of birth	Percentage to inherit

SECTION 3 – HEIRS

Spouse to be sole heir / heiress

YES NO

If yes, and your spouse pre-deceases you or dies simultaneously, must the child/ren be sole heirs

YES NO

If spouse and children are to inherit together, please confirm percentage each is to inherit. If no spouse or children are to inherit, please list beneficiary details.

Full name	Relationship	Date of birth	%

Do you wish to bequeath specific assets to a person: (please list full names, date of birth and relationship if not spouse or children). Example: My car to my daughter or my primary residence to my son. Alternative beneficiary should be nominated beneficiary/ies have predeceased you.

Name	Asset	Relationship	Date of birth	%

SECTION 4 – MINOR CHILDREN AND TESTAMENTARY TRUST

(If you have any minor children, a testamentary trust is strongly advised).

Please provide full name/s and relationship/s of trustees for your testamentary trust

Co-Trustee name	Relationship
Co-Trustee name	Relationship
Co-Trustee name	Relationship
Age at which Trust will expire	
If both natural guardians are deceased, please provide full name/s and relationship/s of guardians for your minor child/ren	
Guardian name	Relationship
Guardian name	Relationship
Guardian name	Relationship

SECTION 5 – LAST WISHES AND EXECUTOR/S

Living Will YES <input type="checkbox"/> NO <input type="checkbox"/> Organ Donor YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide contact details for next of kin. Full name Relationship Contact No. Email	Burial YES <input type="checkbox"/> NO <input type="checkbox"/> Cremation YES <input type="checkbox"/> NO <input type="checkbox"/> Notes
Do you wish Capital Legacy on behalf of RWM to be your executor. If no, please nominate your executor below YES <input type="checkbox"/> NO <input type="checkbox"/>	
Executor's name _____	Relationship _____
Executor's name _____	Relationship _____
If yes, do you wish to have another co-executor. YES <input type="checkbox"/> NO <input type="checkbox"/>	

