

SECTION 1 – TESTATOR / TESTATRIX DETAILS

Resolute Wealth Management (Pty) Ltd 20 Georgian Crescent East Hampton Office Park, Eastbury House, Bryanston, 2191

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WILL INFORMATION

Tille		Tiorne Address			
Surname					
Full names					
ID Number		Postal Address	Postal Address		
Marital Status					
Marital Regime	Telephone No.	Telephone No.			
Spouse's name	Mobile No.	Mobile No.			
Spouses ID	Alternative No.	Alternative No.			
Previously married	Email address	Email address			
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SECTION 2 – CHILDREN					
If they are to inherit as beneficiary or Please list full names, including illegiting					
If they are to inherit as beneficiary or					
If they are to inherit as beneficiary or Please list full names, including illegitir			Date of birth	Percentage to inherit	
If they are to inherit as beneficiary or Please list full names, including illegiting Current marriage	mate and legall		Date of birth	Percentage to inherit	
If they are to inherit as beneficiary or Please list full names, including illegiting Current marriage	Status of child	y adopted children.	Date of birth Date of birth	Percentage to inherit Percentage to inherit	
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SECTION 3 – HEIRS							
Spouse to be sole heir / heiress					If yes, and your spouse pre-deceases you or dies simultaneously, must the child/ren be sole heirs		
YES NO NO				YES NO			
If spouse and children are to inher details.	it together, ple	erit. If no spouse or children are to	spouse or children are to inherit, please list beneficiary				
Full name		Relationship		Date of birth	%		
Full name		Relationship		Date of birth	%		
Full name		Relationship		Date of birth	%		
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	%		
Name	Asset		Relationship	Date of Birth	%		
Name	Asset		Relationship	Date of birth	%		
Name	Asset		Relationship	Date of birth	%		

Will Information 3



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** YES NO YES NO Living Will Burial YES 🗆 NO 🗆 Organ Donor YES NO Cremation If yes, please provide contact details for next of kin. Notes Full name Relationship Contact No. Email Do you wish Capital Legacy on behalf of RWM to be your executor. If no, please nominate your executor below YES \square NO \square Executor's name Relationship -_____ Relationship _ If yes, do you wish to have another co-executor. YES $\ \square$ NO $\ \square$

Will Information 4



Will Information 5