



For BTWC LTD Use Only	
REFERENCE NUMBER	
DATE RECEIVED	
SINGLE / MIRROR/EPA/ PACKAGE IHT/PT	
DATE RETURNED	
AMOUNT ATTACHED	£

Send completed form
Together with payment made
payable to BTWC LTD TO:-

THE LEGAL SERVICES PROVIDER
TO THE
PROFESSIONAL ADVISER

Beneficial Trust & Will Company
Hillcroft Lodge,
Hillcroft Business Park,
Whisby Road,
Lincoln LN6 3QL

WILLS MADE SIMPLE
BY

For Consultants use:	
Cons Name:	
Network / Agy no	
Introducer	
Client 1 Name	
Client 2 Name	
Email add	

BENEFICIAL TRUST & WILL COMPANY

Client(s) Testamentary (Will) Instruction Form

PLEASE READ ALL NOTES CAREFULLY

- ◆ This Application form can be used for Complete Estate Planning, help and guidance can be provided, just call the help line, this form is used for all IHT Planning and Protective Trusts, EPA'S Etc
- ◆ Please ensure you read and take note of ALL instructions and information within each section of the form
- ◆ **DO NOT** use abbreviations, Additional Specialist Trusts (IHT ETC) are clearly marked, an **additional fee** is charged if required for these
- ◆ IF clients own their own property– they should be advised that it can be preserved against them losing all its value through them having to pay care home fees, through an accident, illness or old age!
- ◆ Please complete in black ink using BLOCK CAPITALS throughout, Identify all people by their FULL NAMES PLEASE, paying attention to the Correct Spelling of their names, document turnaround time is normally 14/21 working days
- ◆ Circle your clients choice of YES / NO QUESTIONS, put a line through any boxes that's does not apply
- ◆ **Additional gifts** or legacies can be listed on a separate sheet, **more than 4 –additional legacies charged @ £2.50 each** is charged Accordingly—**Memo of Wishes** can also be provided for a small additional cost
- ◆ If a separate sheet is used clearly mark with Testators FULL NAME and correctly spelt please
- ◆ **ALL URGENT WILLS** can be turned around within 48/72hrs - **ALL** incur an extra charge of **£7.50 per person plus VAT** if required
- ◆ The **DECLARATION on page 11** must be signed and dated together with the fee before your application can be processed
- ◆ **NB; CLIENTS ID MUST** BE SUBMITTED WITH ALL APPLICATIONS TO MEET MONEY LAUNDERING RULES 15/12/2007, ID MUST CONSIST OF EITHER ORIGINAL OR CERTIFIED COPIES OF EITHER PASSPORT OR DRIVING LICENSE AND A UTILITY BILL
- ◆ IF YOU HAVE A PROBLEM COMPLETING THIS FORM TELEPHONE **01522 500823**

Prepared & Underwritten by **BENEFICIAL TRUST & WILL COMPANY Lincoln**
BY PROFESSIONALS FOR PROFESSIONALS

Estate Valuations: - Please provide these, so that a BTWC Associate can assess your families needs & distribute your estate according to your Instructions

Testator

Spouse/Partner/ C. Partner:.....

	JOINT	TESTATOR	SPOUSE/PARTNER
Property (Estimated Current Value)			
Life Assurance (As this been reviewed recently?)			
PEP's (Approx value only)			
Tessas (Present Value of Savings)			
ISA's (Approx Value of Investment)			
Pension Death in Service (2 or 4 x Salary?)			
Personal Pensions (Current Value- recently reviewed?)			
National Savings (Income or Growth?)			
Shares (Approx Value)			
Unit Trusts/Investment Bonds (held in Trust now?)			
Business Assets (partnership or Ltd Company?)			
Bank/Building Society Savings (present Value)			
Other: House Contents (Chattels) (Insured?)			
Car(s)			
Others;- Property Abroad? Yes / No			
Total Gross Estate Value Have either of you transferred assets to the other in order to equalize your Estates ;- YES / NO (CIRCLE ONE)	£	£	£

Less Liabilities

	JOINT	TESTATOR	SPOUSE/PARTNER
Mortgage (have you recently re-mortgaged your property?) Y/N			
Loans (incl; Credit & Store Cards)			
Other			
TOTAL ESTATE VALUE	£	£	£
LESS TOTAL LIABILITIES	£	£	£
Net Value of Estate; N.B. If your net Estate is valued at more than 2X the IHT nil rate band & you have investments If you wish to reduce a possible IHT liability then talk to your Consultant! NOW!	£	£	£

These calculations are estimates only. They are for illustration purposes only and have been calculated on approximate figures supplied by the client's. They do not take into account any tax allowances that may be in place.

(1) TESTATORS -

- * The Testator is the person making the Will. Write in your **FULL NAMES** (surname last) include any other names by which you are Also Known As (i.e. Albert John Smith Also Known As John Smith).
- * Write your address in **FULL** with no abbreviations
- * **Mirror Wills** refer to TWO people (husband / wife / partner / fiancée / Civil Partners) according to the relationship

Instructions for preparing a single Will (First Testator only)

Instructions for preparing 'mirror Wills' (First Testator & Spouse / Partner / Civil Partner / Fiancée)

Full Name of First Testator (Surname Last)		Date of Birth	
<input style="width:90%;" type="text"/>		MALE / FEMALE	<input style="width:10%;" type="text"/>
Address in Full including Post Code		Are you Blind or Physically Infirm? Please indicate which Y/N <input style="width:20px;" type="checkbox"/>	
<input style="width:90%;" type="text"/>		Telephone Number : Mobile No;	
POST CODE			
Spouse / Partner / Fiancée) (Surname Last)		Date of Birth	
<input style="width:90%;" type="text"/>		MALE / FEMALE	<input style="width:10%;" type="text"/>
Relationship : SPOUSE / PARTNER / CIVIL PARTNER		Are you Blind or Physically Infirm? Y/N <input style="width:20px;" type="checkbox"/>	
Are you about to marry? -		YES / NOIf YES what is the wedding date :	
Are you about to enter into a Civil Partnership		- YES / NOIf YES what is the date of service:	

(2) EXECUTORS

- * Executors do the work of administering your estate and carrying out your instructions in your Will
- * Appoint people you trust to comply with your wishes
- * If a spouse or partner is appointed as sole executor, you may appoint others to act if your spouse/partner /Civil partner-cannot act. Executors are also appointed as 'Trustees' which may involve long term management of your estate e.g. looking after money (In Trust) for minor children
- * Executors may also be beneficiaries - but they cannot charge for their work - (unless they are a solicitor, accountant or a **Trust Corporation**, who can also act as **Single Trustee for IHT Trusts**)
- * **Spouse/Civil partner can be an Executor/Trustee** It is recommended that a professional trustee is appointed as a reserve trustee when any trusts are included in clients wills

Do you wish your spouse / partner / Civil Partner to be an executor ?	Y/N	(Recommended)
Yes solely / Yes jointly with executors listed below / YES with executors listed below as reserves / No / Not Applicable NB: minimum of 2 Executors are required		

		Relationship to :	
Executor Name (1)	Have All the Executors made their Wills?	First Testator	Second Testator
<input style="width:90%;" type="text"/>	<input type="checkbox"/>	<input style="width:10%;" type="text"/>	<input style="width:10%;" type="text"/>
Executor Address (1) :		Tel No;	
<input style="width:90%;" type="text"/>		<input style="width:10%;" type="text"/>	<input style="width:10%;" type="text"/>
Executor Address (2) :		Tel No;	
<input style="width:90%;" type="text"/>		<input style="width:10%;" type="text"/>	<input style="width:10%;" type="text"/>
Executor Address (3) :		Tel No;	

(3) GUARDIANS (GUARDIANSHIP PROTECTION ASSURANCE (FIB) OR TERM ASS MAY BE NEEDED)

- * Appoint people who are willing to look after minor children (under 18) in the event of the death of both partners.
- * Choose people who are acceptable to both sides of your families and to the children
- * It is recommended that at least one of your appointed guardians be appointed an Executor and Trustee of the estate (see section 2)
- * It is important that you have obtained the consent of the proposed guardian before making the appointment

Have the Guardians made their Wills?

Relationship to :

Full Name of Guardian (1)

First Testator

Second Testator

--	--	--

Guardian Address (1)

	Tel No;
--	---------

Relationship to :

Full Name of Guardian (2)

First Testator

Second Testator

--	--	--

Guardian Address (2)

	Tel No;
--	---------

Are 2nd Guardians to act jointly or are they reserve : **JOINT / RESERVE**

You may appoint 'reserve' Guardians to act should the first Guardians be unable to act

(4) LEGACIES (GIFTS GIVEN BEFORE DISTRIBUTION OF THE RESIDUE)

- * Legacies or gifts are in the main either 'Specific' that is a gift of items or a particular item or 'Pecuniary' that is gifts of money.

4A SPECIFIC GIFTS (THESE ARE GIVEN BEFORE RESIDUE IS DISTRIBUTED)

- * Identify items as carefully as possible - e.g. my gold ring set with five diamonds
- * If the gift is general which may change regularly e.g. a car - write as 'I own at the date of my death'
- * Please state if the gift is to take effect on the death of the first or second testator. Tick the Box if YES
- * If necessary continue on a separate sheet

FROM FIRST TESTATOR	FROM SECOND TESTATOR
---------------------	----------------------

Full Name of Beneficiary and Relationship	Full Name of Beneficiary and Relationship
--	--

Full Description of Gift 1. 2. <div style="text-align: right;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>	Full Description of Gift 1. 2. <div style="text-align: right;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>
---	---

Full Name of Beneficiary and Relationship	Full Name of Beneficiary and Relationship
--	--

Full Description of Gift 1. 2. <div style="text-align: right;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>	Full Description of Gift 1. 2. <div style="text-align: right;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>
---	---

4B GIFTS OF MONEY (THESE ARE GIVEN BEFORE THE RESIDUE IS DISTRIBUTED)

- * These gifts are usually paid 'free of tax'. Any Inheritance Tax is usually paid from the Residuary Estate
- * Use this section to gift the contents of bank accounts, stocks, shares or money
- * Give details of account and certificate numbers
- * Please state if the gift is to take effect on the death of the first or second testator **Tick the Box if YES**

FROM FIRST TESTATOR	FROM SECOND TESTATOR
Full Name of Beneficiary and Relationship	Full Name of Beneficiary and Relationship
Full Description of Gift 1. _____ 2. _____ <div style="text-align: right; margin-top: 10px;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>	Full Description of Gift 1. _____ 2. _____ <div style="text-align: right; margin-top: 10px;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>
Full Name of Beneficiary and Relationship	Full Name of Beneficiary and Relationship
Full Description of Gift 1. _____ 2. _____ <div style="text-align: right; margin-top: 10px;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>	Full Description of Gift 1. _____ 2. _____ <div style="text-align: right; margin-top: 10px;"> Give only after second death If Yes (Tick Box) <input type="checkbox"/> </div>

4C CHARITABLE GIFTS (These gifts are given BEFORE residue is distributed)

* **Gifts to Charities are tax free on death and can help reduce Inheritance Tax**

Additional Information Section 4 LEGACIES; Please provide FULL details of charity i.e. Name, Address and Registration Number
Please show amounts in figures and words and confirm if gifts is to be made on 1st or 2nd death;

1st Recipient;- Name; _____ Address; _____
 Reg No; _____ Gift; _____

2nd Recipient;-Name; _____ Address; _____
 Reg No; _____ Gift; _____

3rd Recipient;- Name; _____ Address; _____
 Reg; _____ Gift; _____

4th Recipient;- Name; _____ Address; _____
 Reg; _____ Gift; _____

Continue on Separate Sheet if necessary

Chattels; You May leave your goods & personal items 'to be distributed according to any letter or memo' Your Executors will carry out your wishes as directed. Please **TICK THE BOX** if this is your wish and a suitable clause will be inserted in your Will.

Discretionary Trust for Disabled Beneficiary; NB. For the Trust to be effective there must be more than one beneficiary (and more than one Trustee) however, the other beneficiaries WILL NOT benefit until the trust ends usually with death of the disabled Beneficiary. **Relationship to Testator**

Full Name 'Main Beneficiary'(1) _____

Full Name other Beneficiary (2) _____

Full Name other Beneficiary (3) _____

Full Name other Beneficiary (4) _____

Important
Trust to be set up as a legacy OR from Residue
Please choose one, Delete the other PTO for Trustees

4D PROPERTY TRUST OR DOS ONLY **SPECIALIST TRUST (ADDITIONAL SERVICE TO HELP PRESERVE YOUR ESTATE AND POTENTIALLY MITIGATE SOME OF THE EFFECTS OF THE COMMUNITY CARE ACT & THE COST OF CARE FEES)**

* Trustees should be nominated for the **Property Trust** of at least **2** in number (this may include either spouse or partner)

TRUSTEES DETAILS: Are the Trustees of **The Property Trust** the **same** as your **Executors?**: **YES / NO**
IF NO, enter details of the Trustees (giving their full names and relationship if applicable)

- 1.
- 2.

NB; The above Trustee details are **NOT** required if only completing a **Deed of Severance (DOS)** for the property.

The Property Trust **no longer** creates an interest in possession when clients use their IHT nil rate band allowances! So clients can now do **BOTH**.

PROPERTY DETAILS: please circle (N.B. This Vital Info is **NEEDED** in all cases please—circle an answer)

1. **How is your property currently owned?:** **SINGLE NAMES / JOINT NAMES / TENANTS IN COMMON (TIC)**
2. **Is the property subject to a mortgage?:** **YES / NO** (if **YES** enter details of lender below)
3. If **owned in single name** then conveyancing the property into (TIC) will need to be completed and subject to additional costs (Legal Costs, Search Fees, Land Registry fees, and current Lenders fees for the withdrawal of Title Deeds) A full quotation will be provided before you agree to proceed.
Property Trust **CANNOT** used with ANY IHT Planning!
4. **FULL PROPERTY TRUST Required;** **Yes / No** — **OR** — DOS **IS** used with IHT Planning **DEED OF SEVERANCE 'ONLY';** **YES / NO**

FOR PROPERTY HELD AS A SOLE OWNER OR AS 'TENANTS IN COMMON' ONLY already

* Do you wish to leave your share to other than spouse—if **YES** give full names and shares below:

<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>
<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>
<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>
<input type="text"/>	Relationship	<input type="text"/>	Share	<input type="text"/>

Interest in Possession Trust; → →
In Favour of Spouse / partner / Civil Partner / Other **Circle one**

Name of Life Tenant;

Beneficiaries when Trust Expires **Show in %**

- | | |
|----|----|
| 1. | 2. |
| 4. | 3. |

MORTGAGE DETAILS:- Have you reviewed your mortgage recently? →
Y / N

NAME AND ADDRESS OF LENDER:-

ACCOUNT REFERENCE No:-

IF NO MORTGAGE - GIVE DETAILS OF WHERE THE DEEDS TO YOUR PROPERTY ARE HELD:-

Important
My Property Title Number is:-

4E INHERITANCE TAX

NB;- IHT Trustees;- **Min** of **2 Independent Trustees**, spouse/Civil partner can be a **Trustee**, if spouse/Civil Partner has to be a Trustee then **Min** of **3** Trustees required.
The NEW Flexible Trust gives clients Trustees the flexibility on how best to distribute their estate

* **(Additional Services)**

Flexible Trust allows Trustees to distribute clients residue to beneficiaries best advantage— for Tax or other reasons or special beneficiaries

Circle **YES** to only from **ONE** of the following:- **USE AS A PACKAGE OR INDIVIDUALLY**– Delete Product **NOT** required

(1) Include a Family Flexible Trust, DOS & LPA'S in favour of spouse/Civil Partner and children: **YES / NO**
N.B USE this Trust where clients want flexibility on their assets on 1st death in a 2 yr flexible discretionary Trust

(2) Include a Full Term (80 year) Nil Rate Band Discretionary Trust, DOS & LPA'S in favour of spouse/Civil Partner, or issue (children) and remoter issue (grandchildren and great grandchildren): **YES / NO**

(3) Entire Residue in a Discretionary Trust for Surviving Spouse/Civil Partner decision on distribution on 1st Death **YES/NO**

(4) Include a Promissory Note (IOU) Loan Trust with Full Term Nil Rate Discretionary Trust, DOS & Charge & Loan Deeds & LPA'S in favour of spouse/Civil Partner issue and remoter issue: **YES / NO**

(5) Absolute Substantive Trust of residue for spouse with gift over for children **YES / NO**

Trustees Details:- 1. 2.

* For **IHT & DTT** Trusts

Only 3. 4.

PLEASE STATE FULL NAMES OF IHT TRUSTEES AND RELATIONSHIP TO TESTATOR/TESTOTRIX, A TRUST CORPORATION CAN BE A SINGLE TRUSTEE– **USE FOR DDT TRUST ALSO**

(5) RESIDUE

- * The Residue is everything left in your estate after debts and any legacies have been paid
- * You can leave everything to your spouse/partner but if they do not survive you by 28 clear days your Estate can pass to your children and grandchildren or to other named beneficiaries.
- * A 'standard' family Will often only requires 'YES' to be circled in the first two choices on this page

RESIDUE OF ESTATE TO PASS FIRSTLY TO SPOUSE / PARTNER / CIVIL PARTNER
YES / NO / NOT APPLICABLE

AND/OR THEN TO PASS ONTO CHILDREN AND GRANDCHILDREN

INCLUDING THOSE NOT YET BORN

YES.....COMPLETE SECTION 5A - ENSURE THAT YOU GIVE FULL NAMES AND PRECISE RELATIONSHIP

NOCOMPLETE SECTION 5B - ESTATE TO PASS TO NAMED BENEFICIARIES

NO FURTHER BENEFICIARIES TURN TO SECTION 6

5A CHILDREN

- * If you have young children leave the child name boxes BLANK to allow for further children being born, if however you do not expect to increase your family then name all children below, HOWEVER;
- * If the children in your family have come from more than one partnership it is necessary to name them to indicate who is to be included and to state their relationships (e.g. 'son' 'stepson') to each partner

CHILD NAME	Relationship to :	
	First Testator	Second Testator
(1)		
(2)		
(3)		
(4)		

ARE ALL CHILDREN OVER THE AGE OF 18 YEARS

YES / NO

AT WHAT AGE DO YOU WISH YOUR CHILDREN TO INHERIT ?

18 / 21 / 25 YEARS
OVER 18YRS MAY INCUR TAX ON FUND

5B NAMED BENEFICIARIES

- * If you are single, do not have children or wish your Estate to pass to other friends and family, ignore section 5A and complete this section instead.
- * The share they receive can be shown as 50% or 1/2 etc. if no shares are shown all will receive an equal share of your estate

NAMED BENEFICIARIES	SHARE	Relationship to :	
		First Testator	Second Testator
(1)			
(2)			
(3)			
(4)			

5C IN CASE ALL YOUR ABOVE NAMED BENEFICIARIES FAIL TO SURVIVE YOU, RESERVE BENEFICIARIES CAN BE NAMED HERE

Should Reserve Beneficiaries predecease YOU—Who should receive their share in this event?

* Separate Sheet required *

(6) EXCLUSIONS

- * Have you deliberately excluded any one who may have a possible claim on your estate ?
- * If YES, a short explanation written in your own handwriting and this should be stored with the Will
- * At this stage it is a good idea to review who you have named as your beneficiaries - in particular have you made adequate provision for those who are financially dependent on you
- * Make sure that this exclusion (if any) is agreeable to both of you

Full Name and Relationship of person (s) to be excluded

(1)

(2)

(7) BUSINESS INTERESTS (IMPORTANT SERVICE WHICH MAY PROVIDE BUSINESS RELIEF- FOR A SMALL COST)

- * Sole Traders, Partnerships and Family run Limited Companies which may be continued by the beneficiaries should be noted so that Trustees are aware of their existence and can take the necessary steps to continue them.
- * Shares in MARKET QUOTED Limited Companies and PLC's should be given as legacies (see section 4B)

Do you have any business interests which form part of your estate ? YES / NO - If YES- do you wish to ensure that a Trust is in your Will for the benefit of others? If YES complete the boxes below.
Please state type of Business i.e. Sole trader- Partnership- Limited Company Circle one

First Testator - Name of Business and Type;

Named Beneficiary & % to be Gifted :-

Relationship to Testator:-

Second Testator - Name of Business and Type;

Named Beneficiary & % to be Gifted :-

Relationship to Testator:-

(8) MEDICAL DONATION

- * If you wish your organs to be used for transplant this can be mentioned in your Will.
- * To reinforce your wishes you should carry a **Donor Card**

Do you wish your organs to be used for transplant purposes ? **First Testator YES / NO**
Second Testator YES / NO

Are there any organs which you specifically **DO NOT WANT** used for transplant purposes? (circle below these exclusions)

1st Testator;- **EYES / HEART / KIDNEYS / LIVER / OTHER** (please state)

2nd Testator;- **EYES / HEART / KIDNEYS / LIVER / OTHER** (Please state)

(9) YOUR FUNERAL WISHES

- * These requests can be recorded in your Will and it is recommended that you inform friends and family separately of your wishes

DO YOU WISH TO SPECIFY YOUR FUNERAL ARRANGEMENTS; **Yes / No**

To be included in the Wills of: **First Testator / Second Testator / Both** Please circle which

Do you wish to be:-

BURIED / CREMATED

If Buried: Name & Address of Church:

1st Testator

YES / NO

YES / NO

1st Testator;-

2nd Testator

YES / NO

YES / NO

2nd Testator;-

If Cremated: would you like your ashes scattered or buried? If **YES** where?

1st Testator;-

2nd Testator;-

Would you like donations made to charity in lieu of flowers? **First Testator Yes / No** **Second Testator Yes / No**

If **YES**, name, address and Reg. No (if known) of charity:

1st Testator;-

2nd Testator;-

Funeral Expenses to be paid by :- Estate / Prepaid Funeral Plan / Life Ins / Relatives / Other;-
OR do you need to plan for the future and make provision now, if you do, talk to your adviser or contact BTWC

10 Lasting Power of Attorney– Property & Affairs Additional service for Clients to appoint Attorneys now to look after 'THEIR' Financial affairs if they can't through accident, old age or illness at some time in the future (lifetime living Will) IF any of the statements DO NOT APPLY—THEN PLEASE PUT A LINE THROUGH the relevant BOX. >NOTE: BEFORE this form is COMPLETED Mental Capacity should be established with client/s An LPA can ONLY be used once it has been registered with the OPG and STAMPED ON EVERY PAGE

DONORS Statement-FIRST DONOR / Testator			DONORS Statement-SECOND DONOR / Testator		
FULL NAME Title			FULL NAME Title		
ANY OTHER NAMES?			ANY OTHER NAMES?		
ADDRESS			ADDRESS		
	POST CODE;			POST CODE;	
Date of Birth		Is Spouse to be First Attorney; YES / NO Ring One;	Date of Birth		Is Spouse to be First Attorney; YES / NO Ring One;
TEL No;			TEL No;		
Email Add;			Email Add;		

I APPOINT the following Attorney (s) in accordance with the provisions of the Mental Capacity Act 2005. If the Attorneys are to be different in both EPA's list on separate sheet— If the attorney is to be solely the spouse or partner just RING spouse / partner above

FIRST / SECOND ATTORNEY – <u>Delete One</u>			SECOND <u>OR</u> REPLACEMENT ATTORNEY if required		
FULL NAME			FULL NAME		
ADDRESS			ADDRESS		
POST CODE		Tel No:	POST CODE		Tel No;
RELATIONSHIP TO DONOR		DOB;	RELATIONSHIP TO DONOR		DOB;

Appt of Trust Company as Attorney YES / NO - Trust Comp Name

IF APPOINTING MORE THAN ONE ATTORNEY ARE THEY TO ACT: <u>RING ONLY ONE OPTION:</u> If you chose option 3 then you MUST Provide further details. We suggest you select option2 for ease of Administration and for continuity should one attorney not be able to Act for you at some point in the future	Option 1	Option 2	Option 3
	Together	Together & Independently	Together on some Matters & Together & Independently on others

Is the client aware of the differences between the above? YES / NO

YOU DO NOT have to appoint a replacement Attorney **BUT** in case **ONE** of your other Attorneys is unable to or no longer wishes to continue acting for you, you may wish to consider completing this section. If you do not and none are appointed then the OPG would need to be notified, also if you appoint your spouse or civil partner and your marriage or civil partnership is dissolved then you will have to remake your LPA if there is **NO** replacement Attorney noted.

If you have appointed **TWO** attorneys anyway then a replacement attorney will **NOT** be needed if you select **OPTION 2**

NOTE. ATTORNEYS AUTHORITY; If you need to use a separate sheet for description of restrictions then please do so, the Donor **MUST** sign and date the form

ATTORNEY'S AUTHORITY—in both **A & B** only one selection may be made. **ONLY ONE** selection **MUST** be **CHOSEN**

A. Is the Attorney to have:	(A) General Authority to act on my behalf; WITH NO RESTRICTIONS OR
Choose only A OR B NOT BOTH	(B) RESTRICTED authority to do the following on my behalf;
Details if B selected	
B. Is this authority in relation to:	(A) All my property and affairs; WITH NO RESTRICTIONS OR
Choose only A OR B NOT BOTH	(B) RESTRICTED TO the following property and affairs;
Details if B selected	

10 Lasting Power of Attorney (Continued) Property & Affairs Listed below is further information needed to write your / your clients LPA **Please** complete all information requested, if any sections do **NOT** apply then clearly **PUT A LINE** through the relevant section AND COMMENT WHY Please.

GUIDANCE for MY / OUR Attorneys to consider;- I / WE request MY / OUR attorneys to consider the guidance notes set out below when making decisions in MY / OUR best interests; **ALTHOUGH** Please note these are **NOT** legally binding on MY / OUR attorneys.

I / WE Wish my Attorneys to consider the following guidance;-

RESTRICTIONS AND CONDITIONS—Only one selection from A or B may be made—one MUST be DELETED

Is the Lasting Power of Attorney subject to any restrictions, if **YES** state conditions below:

Details	

A. Is this Lasting Power of Attorney to become effective immediately?	OR	YES	NO
B. Is this Lasting power to become effective ' <u>ONLY</u> ' when I become mentally incapable of handling my affairs?		YES	NO

NOTE; An LPA **MUST** be registered with the OPG **BEFORE** it can be used in either of the above events

ADDITIONAL TRUST PROPERTY—property owned jointly by Donors / Spouses is it held on Trust?

Does the Donor hold : Any Trusteeships **Y / N** Any property jointly with others (other than spouse): **Y / N**

NOTE: If the Donor holds property jointly with a sole attorney, another independent Attorney should be appointed.

If YES , as an alternative does the Donor wish to execute separate LPA's?:		
One in respect of Trust Property and one in respect of property and affairs generally?	YES	NO

FEES; I / WE have agreed to **pay** MY / OUR Attorney's a **FEE** to act as my Attorney's **YES** **NO**

IF YES, the following is additional information about **FEES** that I / WE have agreed with MY / OUR Attorney's;-

NOTIFYING OTHERS when an application to register LPA/S is made;- List someone below you wish to be notified.

If you **DO NOT** include anyone here you **MUST** have **TWO** CERTIFICATE providers at **PART B** of your LPA.

NB; You can nominate up to five people **BUT ONE** NOMINATED PERSON PER LPA IS SUFFICIENT

N.B.; YOU MUST have a Certificate provider to sign part B of your LPA for you. This MUST be someone you have known personally over the last two (2) years (There are Two Categories of Certificate Provider Category A OR Category B- Lists will be provided with your LPA) a person from either category MUST sign your LPA before it can be registered.

YOU MUST ALSO read the Prescribed Information which will be provided with your completed LPA **BEFORE** you sign it.

FIRST DONOR'S- 1st choice person to be notified			SECOND DONOR'S- 1st choice person to be notified		
FULL NAME (Title)			NAME (Title)		
ADDRESS			ADDRESS		
POST CODE		Email Address;	POST CODE		Email Address;
TEL NO			TEL NO		

The Donor or Attorney can get a copy of the Code of Practice from the OPG www.guardianship.gov.uk

FIRST DONOR –2nd choice person to be notified			SECOND DONOR– 2nd choice person to be notified		
NAME (Title)			NAME (Title)		
ADDRESS			ADDRESS		
POST CODE		Tel No;	POST CODE		Tel No;
Email Address			Email Address		

PLEASE NOTE; If you are **UNABLE** to **SIGN** or make your mark, the you **MUST** ask someone else to sign for you in your presence **AND** in the presence of two witnesses.

DO YOU have any difficulty in signing your name or making your mark? **YES / NO**

If **YES**, an additional form will be provided for your nominated person/s to sign on your behalf

(11) Advance Medical Directive (Living Will) (Additional Service to the WILL, for the testators to have 'the legal right to choose' of what should 'happen to them' if in the event of an accident, old age or illness they end up in a permanent vegetative state & unable to sustain normal daily life)
ADVANCE Medical Directives provide the opportunity the 'right to choose' if you need someone to look after your day to day medical and welfare needs you will need to consider an 'LPA Welfare'

There is legislation in place since November 2006 covering Advance Medical Statements, that competent, informed adults have a legal right to refuse medical procedures in advance and that an unambiguous and informed Advance Directive (refusal) can be as valid as a contemporaneous decision. However, health professionals may be legally liable if they disregard the terms of an Advance Directive if the directive is known to them and that it is clear, unambiguous and is applicable to the circumstances.

Advance statements expressing preferences about treatment decisions or requesting certain treatments are now legally binding. In England and Wales, views expressed by a third party about medical care are also binding on health professionals. The British Medical Association believes however, that wherever possible such statements should be taken into account in deciding on the patients best interests. In all circumstances, a contemporaneous decision by a competent individual overrides previously expressed statements by that person.

NOTE: An Advance Directive cannot authorise unlawful procedures, such as euthanasia, nor can they insist on futile or inappropriate treatment. Nor can they be used to refuse the provision of 'basic care'. This includes the administration of medication or any procedure primarily to provide comfort to the patient or to alleviate that person's pain or distress.

FIRST TESTATOR			SECOND TESTATOR		
FULL NAME			FULL NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		
TELEPHONE	Home	Work	TELEPHONE	Home	Work

DOCTORS DETAILS-a copy will be supplied for filing on your medical record held by your GP

FIRST TESTATOR			SECOND TESTATOR		
NAME			NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		

Have you discussed this Advance Directive with your GP? YES NO

HOSPITAL DETAILS— a copy will be supplied for your local hospital to file with your medical records

NAME		
ADDRESS		

PERSONAL REQUEST-list here anyone who you would especially like present or in the case of confusion

FIRST TESTATOR			SECOND TESTATOR		
NAME			NAME		
ADDRESS			ADDRESS		
POST CODE			POST CODE		
RELATIONSHIP			RELATIONSHIP		
TELEPHONE	Home	Work	TELEPHONE	Home	Work

THE BENEFICIAL TRUST & WILL COMPANY

DECLARATION

To be read and signed by client/s—select which applies

I/WE hereby agree that I/WE will not hold BENEFICIAL TRUST & WILL COMPANY (BTWC LTD) nor their associated Consultants/Financial Adviser, responsible or liable in any way for any events arising from MY/OUR failure to avail MYSELF/OURSELVES of the following options.

Those options that I/WE DO wish to take up are indicated by a circled YES.

Those options that I/WE do NOT wish to take up are indicated by a circled NO.

I/WE understand that it is in line with their duty of care, that BENEFICIAL TRUST & WILL COMPANY (BTWC LTD) and their associated Consultants/Financial Advisers have explained to ME/US the relevance of the following options and how they apply to MY/OUR personal situation

The full implications of failing to take any options that are applicable to MY/OUR CURRENT situation have been explained to ME/US, and I/WE ACCEPT personal responsibility for subsequent events arising due to MY/OUR choosing not to take any particular option.

I/WE declare that I/WE have had explained to us how to correctly Attest MY/OUR Will/s. That by virtue of s9 Wills Act 1837 MY/OUR Wills must be signed by ME/US before two independent witnesses who are joint and present when I/WE sign MY/OUR Wills.

I/WE further understand that informative instructions will be sent to ME/US by BENEFICIAL TRUST & WILL COMPANY together with MY/OUR Wills in due course.

I/WE THEREFORE AGREE that BENEFICIAL TRUST & WILL COMPANY (BTWC LTD) shall not be liable if MY/OUR Will/s is/are incorrectly executed (attested).

Options (Please Circle either YES or NO) for services agreed upon with Client/s

Bullet Point Explanations of options taken/declined

	Yes / No
Wills	Yes / No
Int in Possession Trust (Life Tenant)	Yes / No
Property Trust	Yes / No
Deed of Severance (stand alone)	Yes / No
IHT Family Flexible 2 YR Trust	Yes / No
IHT Discretionary IOU 80yr Trust	Yes / No
Absolute Sub Trust of residue with gift over	Yes / No
Disabled Discretionary Trust	Yes / No
Lasting Power of Attorney	Yes / No
Advanced Directive	Yes / No
Business Trust	Yes / No
Annual Safe Custody of Wills	Yes / No
Annual 'Living Box' Safe Custody	Yes / No
Deed of assignment (Life Policies)	Yes / No
Partnership Agreement	Yes / No
Co-habitation Agreement	Yes / No
Guaranteed Funeral Plan	Yes / No
Deed of Gift	Yes / No

1.

I/we confirm that I/we am/are over the age of 18 years and am/are of sound mind and have agreed to being tested for mental capacity. The information given on this form is complete and correct and is to be used as the basis of 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 Estates. I/we know of no other Trusts or constraints which would prevent my/our Estates being distributed as I/we have requested.

I / WE confirm our ID is attached and meets with the money laundering requirements of 15/12/2007 YES / NO

Safe Custody of your documents is paramount, should they be lost or stolen or damaged in anyway then when the time comes your Wills may not be acceptable to the probate office for administration of your estate, therefore you should ensure they are stored safely.

I / WE wish to use BTWC Ltd Safe Custody facility which also provides 'one free will re-write' YES / NO

I / WE will take full responsibility for the safety of My /Our Wills YES / NO

This Declaration MUST be signed before your wills can be processed;

Signed by Testator in agreement with the above statements & Options chosen or declined by me the Testator;-

Signed in agreement by me the Spouse/Partner/Civil Partner;-

Signed and Witnessed by Consultant;-

Date Signed and Witnessed;-

