



## APPLICATION FOR A SIMPLE WILL

The information you provide on this form constitutes the basis of our instruction for drafting a Will.

Note that the agreed service is for small estates that do not need Trust planning or as a temporary measure while full estate planning arrangements are agreed. Standalone Wills can only be provided with the options outlined below, if you have more complex wishes for the distribution of your estate, please enquire about our Trust planning solutions.

Please note if the application is not fully and clearly completed it may cause delays.

Number of Wills required? Individual Will  Two mirror Wills   
Copy of current Will(s) provided? Yes  No current Will(s)

**Please note that all foreign property is excluded from our planning.**

### TESTATOR(S) DETAILS

#### Testator 1

Title  Full name   
Country of Nationality UK  Other  D.O.B.

#### Testator 2 (spouse/civil partner - if applicable)

Title  Full name   
Country of Nationality UK  Other  D.O.B.

Address

Tel.  Postcode

Email

Are both Settlers UK domiciled and long term resident for IHT purposes?    Yes     No     If no, please provide details on Notes page.

**CHILDREN'S DETAILS**

Name	Address	D.O.B.	Gender	Testator 1 natural/ legally adopted	Testator 2 natural/ legally adopted	Both Testators
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EXECUTOR(S)**

On your death your Executor will be responsible for identifying and valuing all your assets, applying for probate, paying any outstanding debts you have and any inheritance tax that is due and then distributing your estate in accordance with your Will. They will also become Trustees of any Trusts created by your Will.

Full name	Address (if not provided above)	Relationship (to whom)

## RESERVE EXECUTOR(S)

If any of the above Executors die before the client, or are unable or unwilling to act as Executors, who do you wish to appoint as substitutes in their place? The following will only act as Executors in substitution.

Full name	Address (if not provided above)	Relationship (to whom)

## GUARDIANS

If any of your children are under 18, please provide details of who you would like to appoint as their legal guardian in the event that you are their last surviving parent and you die whilst they are still underage.

Full name	Address (if not provided above)	Relationship (to whom)

## FUNERAL WISHES

**Testator 1**

Cremation

Burial

None

**Testator 2**

Cremation

Burial

None

## CHATELS GIFTS (e.g. jewellery)

Description	Recipient full name and address	Relationship

## SPECIFIC LEGACIES (cash gifts)

Please give details of any specific cash gifts and when they are to be made:-  
*Select (1) if it is a gift on the death of the first spouse, select (2) if it is a gift to be made on the death of the second spouse and select (3) on death irrespective of whether on first or second death.*

Gift description (e.g. £10,000)	Gifts to be made (see above)	Recipient full name and address	Relationship - to whom
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		

## GIFT OF REMAINING ESTATE

**Option 1** – residue to spouse absolutely then to children in equal shares (or if not children please detail beneficiaries below)

**OR**

**Option 2** – main residence to spouse on a life interest\*, residue to spouse absolutely then to children in equal shares (or if not children please detail other beneficiaries below)

\*In order to achieve this your property will need to be owned on a tenants in common basis. Solidus will check the property title with the Land Registry and if it is not already owned as tenants in common we will prepare the documents required for you to change this. Note that the inclusion of life interest planning and a Deed of Severance (if required) is at an additional cost.

**OR**

**Option 3** – residue to children in equal shares (or if not children please detail beneficiaries below)

## BENEFICIARIES IF NOT CHILDREN

Name	Address	Relationship (to whom)	Share**

**\*\*Must total 100%**

## MENTAL CAPACITY

In English Law, the case of Banks v Goodfellow (1870) provided us with a test considering a person's mental capacity and whether they have due knowledge and understanding to make a Will. In essence, a person must have a firm understanding of what they hold in their estate, how they wish to distribute their estate and the effect that this will have. They must have arrived at their decision on how to distribute their estate on their own, without the influence of others, and the contents of their Will must reflect their true wishes and intentions.

The following questions must be completed by the instruction taker, this is important for your own protection:

	Testator 1	Testator 2
Does the Testator(s) understand that they are giving instructions from which their Will shall be drafted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Testator(s) recollect in general terms what is owned by them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Testator(s) aware of who might be considered to have a moral claim on their estate – friends or relatives – even if they choose them not to benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Testator(s) broadly aware of how the estate will be shared out?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you known the Testator(s)?	<input type="text"/>	
Have Wills previously been prepared for the Testator(s) and are copies available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Was there a discussion about earlier Wills? If so, please detail what was discussed**

Was the meeting face to face?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were there any signs of confusion or memory loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any recent bereavements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Who was present when instructions were taken and why?**

If the Testator(s) own their home please confirm the following:

**Approximate open market value of property**

£

**Who are the registered owners?**

**Type of ownership (if owned jointly)**

**Tenants in common**

**Joint tenants**

**DOCUMENT STORAGE**

If the Clients would like to use our secure storage service please indicate below.

**Storage**

8 years

Storage not required

**NOTES**

Additional client information/questions/requests

## DATA PROTECTION STATEMENT

Solidus IEP Ltd (“**Solidus**”) is totally committed to full compliance with the requirements of the General Data Protection Regulations (“**GDPR**”) and the Data Protection Act and will follow procedures which aim to ensure that all employees and legal and professional partners, who have access to any personal data held by or on behalf of Solidus, are fully aware of and abide by their duties under GDPR.

Solidus, in respect of its business purpose, needs to collect and use information from Licensees and their referred clients in order to operate and carry out its function. This information is handled and dealt with properly however it is collected, recorded and used and whether it is held on paper or within computer data records.

## CLIENT AUTHORISATION

I/We hereby instruct Solidus to draft my/our Will(s) in accordance with our instructions above. I/We agree to pay the costs even if I/we fail to complete the planning.

For the purpose of compliance with Data Protection Laws, I/we consent to Solidus holding my/our personal details, together with those of all parties named in my/our planning. These details will only be used by Solidus for the purpose of this planning and will never be sold to or shared with third parties for the purpose of marketing.

Following the completion of this planning, I/we authorise Solidus or their legal partners to contact me/us directly if there is a requirement which I/we, or the Trustees, need to be made aware of.

Print Name

Signature

Date

Print Name

Signature

Date

## ADVISER AUTHORISATION

As the Financial Adviser to the above Client(s) I understand that I am responsible for the advice, signing and witnessing of the documentation.

I agree to all aspects of the planning being reviewed by Solidus' legal partners if required.

Please prepare the documentation under existing law and I accept Solidus' Terms of Engagement which are available in the Licensee area of their Website.

Sending this application form via email, with or without signature, also constitutes my agreement to the above terms.

Print Name

Signature

Date

Please return this application to:

**By post:**

Solidus IEP Ltd, Premier House,  
1-5 Argyle Way, Stevenage,  
SG1 2AD

**By email:**

[applications@solidustrusts.co.uk](mailto:applications@solidustrusts.co.uk)