

# CLIENT TESTAMENTARY INSTRUCTION FORM



272 Bath Street, Glasgow. G2 4JR. Tel. 0141-354-1585

Email: [info@ilawsscotland.co.uk](mailto:info@ilawsscotland.co.uk)

Testator – the male grantor of a Will  
Testatrix – the female grantor of a Will

Guardian – who you would wish to look after your children who are under 18 years of age when you die.

**DO NOT BE CONCERNED IF THERE IS ANY PART OF THE FORM YOU ARE UNSURE ABOUT;  
WE WILL GLADLY DISCUSS THIS OR ANYTHING ELSE WITH YOU ON THE TELEPHONE.**

1.

Title of Testator  
MR / MRS / MISS / MS / DR

2. All Forenames

3. Surname

4. Date of Birth

\_\_\_\_\_

5. Address

6. Postcode

7. E-mail

8. Send initial draft by e-mail?

YES / NO

Please note that we will only produce the principal Will document once you confirm all is in order by return e-mail.

9. Evening Tel. No.

10. Mobile Tel. No.

11. Title of Testatrix

MR / MRS / MISS / MS / DR

12. Full Name of Testatrix

13. Date of Birth

\_\_\_\_\_

14. Are you: SINGLE / DIVORCED / WIDOWED / SPOUSE / PARTNER / CIVIL PRTRNR

Date you were married/entered civil partnership?

\_\_\_\_\_

ESTATE – approximate values required only

**PROPERTY:**

VALUE £ \_\_\_\_\_ O/S MORT: £ \_\_\_\_\_ LENDER: \_\_\_\_\_

TERM LEFT: \_\_\_\_\_ MTHLY PAYMT: £ \_\_\_\_\_ ENDOW/REPAY? \_\_\_\_\_

JOINT NAMES? \_\_\_\_\_

TITLE HELD UNDER? SPECIAL DESTINATION / PRO INDIVISO / SINGLE

OTHER PROPERTY? \_\_\_\_\_

HAVE YOU EVER MADE A WILL BEFORE? YES / NO. DETAILS \_\_\_\_\_

**CASH/SAVINGS:**

BANK/BUILDING SOCIETY  
MR £ \_\_\_\_\_ MRS £ \_\_\_\_\_

JOINT £ \_\_\_\_\_

**SHARES**

MR £ \_\_\_\_\_ MRS £ \_\_\_\_\_

MR £ \_\_\_\_\_ MRS £ \_\_\_\_\_

**OTHER INVESTMENTS (ex pensions)**

MR £ \_\_\_\_\_ MRS £ \_\_\_\_\_

MR £ \_\_\_\_\_ MRS £ \_\_\_\_\_

15. It is normal to appoint your PARTNER as Executor; do you wish to do this?

Yes  No

16. Please state the full names and addresses and telephone numbers of at least two other persons to be co-Executor.

NAME	ADDRESS	TEL	RELATIONSHIP TO <u>TESTATOR</u>
A _____	_____	_____	_____
B _____	_____	_____	_____
C _____	_____	_____	_____
D _____	_____	_____	_____

RELATIONSHIP TO TESTATRIX

A \_\_\_\_\_ B \_\_\_\_\_  
C \_\_\_\_\_ D \_\_\_\_\_

16a. Do you want these named executors to act “jointly” with your Partner or “Partner, whom failing?”

JOINTLY / WHOM FAILING

16b. If all above Executors were to fail, do you wish to appoint a professional Executor?

YES / NO

If yes, we will appoint andersonbain & co.as your Executor unless you have another preference. Like any details in your will, Executors can be changed at any point during your lifetime.

YES / NO

17. GUARDIANS

If you have children under the age of 18 years, then we recommend that you appoint a guardian. Please state the guardian's full name and address and telephone numbers.

NAME	ADDRESS	TEL	RELATIONSHIP TO <u>TESTATOR</u>
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_____	_____	_____	_____
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Do you wish to appoint a "Whom Failing" Guardian?

_____	_____	_____	_____
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18. Please provide the names and addresses for your children:

NAME	ADDRESS	RELATIONSHIP TO <u>TESTATOR</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Dates of Birth of all children: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Are all children your own children together? YES / NO ?

Are any of your children adopted or fostered? YES / NO ?

Details \_\_\_\_\_

Were your children born in wedlock? YES/NO ?

If no, give details? \_\_\_\_\_

**Do you have any other children from any previous relationship? YES / NO**

**Are ALL your children to inherit? YES / NO**

19. Do you want to be buried or cremated?

Testator - BURIED / CREMATED

Testatrix - BURIED / CREMATED

20. Do you have any specific Funeral Wishes?

Testator \_\_\_\_\_ Testatrix \_\_\_\_\_

21. On death who do you want your estate to go to?

- The whole estate to your husband/wife/partner

Yes  No

- If you are both dead, to your children equally?

Yes  No

ADDITIONAL BENEFICIARY INFO:

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Do you require a Child Trust? YES / NO ? Appoint Trustee's? YES / NO ?

- At what age do you wish your issue (children) to inherit?

18 / 21 / 22 / 23 / 24 / 25 / ACHIEVED

- Do you wish to attach a "per stirpes" clause?

Yes  No

At what age do you want your further issue (Grandchildren) to inherit?

18 / 21 / 22 / 23 / 24 / 25 / ACHIEVED

Are any of your beneficiaries disabled?

YES / NO ?

If YES, do you require a Disabled Discretionary Trust

YES / NO ?

22. Any other beneficiaries of your estate?

ON GRANTORS OR 2<sup>ND</sup> DEATH?      AGE TO INHERIT? \_\_\_\_\_

23. Do you want to make any charitable bequests? If so, please state the nominated charity and the amount to be left.

ON GRANTORS OR 2<sup>ND</sup> DEATH?

24. Do you have any specific bequests i.e. jewellery, family heirlooms, particular possessions? If so, **please state what is to be left and to whom.**

ON GRANTORS OR 2<sup>ND</sup> DEATH?      AGE TO INHERIT? \_\_\_\_\_

25. Do you have any health problems or other reasons that exist as a result of which it is necessary for your will to be executed as a matter of urgency? If yes please provide details.

YES / NO

IF YES, PLEASE DETAIL

\_\_\_\_\_  
\_\_\_\_\_

Care Cost/Power of Attorney Advice Required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Do you require mirror Wills for yourself and your spouse/partner?

Yes  No

27. Do you require a Survivorship Clause?

YES / NO ?

**28. DISASTER CLAUSE**

In the event that all your beneficiaries pre-decease you or in the event of disaster; who would you wish to inherit your estate?

NAME	ADDRESS	TEL	RELATIONSHIP TO <u>TESTATOR</u>
<b>Please state age to inherit</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CONTINUING AND WELFARE POWERS OF ATTORNEY:**

Client's instructions for Power of Attorney documents can be noted here or on the separate questionnaire. All parts of the forms must be fully explained to the client.

**NOTE:** As your Continuing Attorneys cannot act without your permission and your Welfare Attorneys only when you become incapable under the Incapacity (Scotland) Act 2000 it is advisable that your Continuing and Welfare Powers be registered immediately with the Office of the Public Guardian. It is also advisable that all Attorneys should act **JOINTLY** and **SEVERALLY** in order that all or one can act at any time. You have the right to cancel the whole Powers or the appointment of an Attorney at any time

Will your spouse or partner be acting as your first Attorney Yes / No (Circle your answer)

Will your spouse or partner be acting as your first Attorney Yes / No (Circle your answer)

**2<sup>nd</sup> ATTORNEY acting JOINTLY / JOINTLY and SEVERALLY / ALTERNATIVELY TO SPOUSE/PARTNER**

Mr Mrs Miss Ms Other Title	(Circle your answer)
Full Forenames .....	
Surname .....	
Address .....	
.....	
.....	
..... Postcode .....	

**2<sup>nd</sup> ATTORNEY acting JOINTLY or J&S or ALTERNATIVELY to 1<sup>st</sup> ATTORNEY**

Mr Mrs Miss Ms Other Title	(Circle your answer)
Full Forenames .....	
Surname .....	
Address .....	
.....	
.....	
..... Postcode .....	

**3<sup>rd</sup> ATTORNEY acting JOINTLY or J&S or ALTERNATIVELY to 2<sup>nd</sup> ATTORNEY**

Mr Mrs Miss Ms Other Title	(Circle your answer)
Full Forenames .....	
Surname .....	
Address .....	
.....	
.....	
..... Postcode .....	