





Welcome to our Will Writing Service. We're glad you've chosen us to make provisions for you and your family's future and look forward to assisting you in safeguarding your estate.

This form is the start of the Will writing process. It has been designed to gather initial information to help assess your needs. It is for assessment purposes only and we will need to contact you for further instructions, specific to your circumstances.

Please complete as much of this form as possible and return it to us at the address detailed on the reverse of this form.

| Glossary | |
|----------------------|---|
| Single Will | For a single person |
| Mirror Wills | For a couple, whether married/civil partnerships/living as partners |
| Estate | Everything you own such as houses, bank accounts, cars, house contents, etc. |
| Executor | The person who'll deal with the administration of your estate in accordance with the terms of your Will |
| Beneficiary | The recipient(s) of your estate e.g. children, charities etc. |
| Residue of my estate | Your estate once all your debts/expenses (if any) have been cleared |

Section 1 - Type of Will

Single Will

Please tick which option you require below.

Mirror Wills (for couples)

| Section 2 - Details | | | | |
|---------------------|---------------|--------------------|---------------|--|
| Applicant 1 | | Applicant 2 | | |
| Title: | | Title: | | |
| Surname: | | Surname: | | |
| Name/s: | | Name/s: | | |
| Address: | | Address: | | |
| | | | | |
| Postcode: | | Postcode: | | |
| Daytime Telephone: | | Daytime Telephone: | | |
| Email: | | Email: | | |
| Date of Birth: | Gender: M / F | Date of Birth: | Gender: M / F | |
| Marital Status: | | Marital Status: | | |

| Section 3 - Initial Questions | | | |
|--|-----|----|--|
| Do you own anything outside of England, Wales, Scotland and Northern Ireland? | Yes | No | |
| Do you own a share in a business or partnership? | Yes | No | |
| Do you wish to leave anything to a person who has a disability or is reliant on means tested benefits? | Yes | No | |
| Is your estate in excess of £325,000 (if single, divorced or widowed), or £650,000 (if married/in a civil partnership)? | Yes | No | |

| Section 4 - Beneficiaries e.g. Children/Charities/Other | | | | |
|---|--------------------------------|--------------------------------|------------------|--------------------------|
| Name of Beneficiaries e.g. Children/ Charities/Other | Relationship to Applicant 1 | Relationship to Applicant 2 | Date of Birth | Percentage to Receive |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please continue on a separate sheet if more than three spaces are required.

| Section 5 - Gifts of Money an | d Personal Items | | | |
|---|---|----------------------------------|-----------------------|---------|
| If you'd like to leave any part | of your estate to a charity please | e indicate below: | | |
| Description of item or amoun | t of cash gift | Name of intended beneficiar | y or charity | |
| | | | | |
| | | | | |
| | | | | |
| Section 6 - Executors | | | | |
| Please refer to the enclosed b Mitchell Executorship Service | prochure for details of our Wills A before selecting your option. | Assured package of services and | further details of th | e Irwin |
| 1. Irwin Mitchell only | | | | |
| 2. Irwin Mitchell and my spou | se/partner/civil partner/other jo | intly | | |
| 3. My spouse/partner/civil par any reason | rtner/other with Irwin Mitchell a | s a substitute should they be un | able to act for | |
| 4. Other – please specify belo | w | | | |
| Names of Executors | Relationship to Applicant 1 | Relationship to Applicant 2 | Date of Birth | |
| | | | | |
| | | | | |
| | point a legal guardian for minor ian names in the further comme | _ | rm) | |
| (prease provide the regar guard | | |) | |
| Section 7 - Options for Distri | bution of Estate | | | |
| Option 1 | | | | |
| I wish my estate to pass to my | my estate to my spouse/partner v children named in section 4. If ed will pass down to their childr | any of my children pass away be | efore me then the | |
| Option 2 | | | | |
| I don't have a spouse/partner (children, charities or other) a | c/civil partner so I would like to le as named in Section 4 in the perc e share they would receive will p | centages indicated. If any of my | beneficaries | |

Option 3

For an extra fee (as outlined in Section 9) we can draft your Will(s) to include an Asset Protection Trust. This will allow your spouse/partner/civil partner to benefit from your share of jointly held property during their lifetime but following their death your share of the property will be distributed according to the terms of your own Will. This can offer protection from future events such as your spouse/partner/civil partner remarrying/cohabiting /entering into a civil partnership with a new partner, or may assist with protecting your share of property from future care fees. If you initially wish for Irwin Mitchell to prepare Asset Protection Trust Wills for you please tick this box and one of our team will contact you to discuss in more detail and advise you of the costs.

If these options aren't suitable please indicate your requirements in the 'Further comments' box on the back page of this form.

Section 8 - Terms and Conditions

- The Will Writing Service is administered by Irwin Mitchell. Irwin Mitchell is a limited liability partnership registered in England & Wales, with number OC343897, and is authorised and regulated by the Solicitors Regulation Authority
- The information requested in this form is to provide an indication of your wishes in relation to your Will. The information will be passed on to Irwin Mitchell who will contact you to collect payment for your Will, will clarify these instructions and take any additional instructions needed to complete your Will. Additional terms and conditions will be sent on receipt of this form
- By answering these questions and any subsequent questions raised by Irwin Mitchell, you confirm you are not subject to coercion or undue influence, and have a sufficient mental capacity to make a Will. If you are in doubt please contact Irwin Mitchell.

Please indicate if you:

Completed this form yourself

Had this form completed on your behalf by _____

If assistance was required, we'll need to contact you over the phone to confirm your instructions. Please ensure we've been provided with a telephone number

|--|--|--|--|

| | Signature | Date |
|-------------|-----------|------|
| Applicant 1 | | |
| Applicant 2 | | |

Making a Lasting Power of Attorney is arguably as important as making a Will. If you'd like more information on this, please tick this box (England and Wales only):

Please now complete the payment page on the back of the form.

| Section 9 - Fees and Making Payments | | | | | |
|--------------------------------------|--|--|--|--|--|
| Please | Please tick which option you need (all prices are inclusive of VAT): | | | | |
| | Single Standard - £195 | | Mirror Standard - £295 | | |
| | Single *Simple Amendment - £150 | | Mirror *Simple Amendment - £190 | | |
| | Asset Protection Trust - £495 | | Any other Trust or Complex Instruction** | | |

* For this purpose a Simple Amendment can be defined as a change made to any of the following only:

- Names and addresses
- Guardianship clause
- Minor change to a gift to a named individual
- Funeral instructions
- The executorship clause

Please note that if you're making any changes to the final distribution of your estate "the residue of your estate" then the standard Will prices above will apply.

**Other Trust or Complex instructions may include an additional fee, you'll be notified of this once we've received your instructions.

| Please indicate which type of payment method you've chosen. | | |
|---|--|--|
| | I have enclosed a cheque for £ : | made payable to Irwin Mitchell LLP. |
| | I would like to pay by credit card (a memb have received your form) | er of our team will be in contact with you to take payment when we |

Please return your completed form and payment to: Irwin Mitchell LLP, Riverside East, 2 Millsands, Sheffield S3 8DT

Further Comments

📞 0370 1500 100 🛛 💻 irwinmitchell.com 🛛 🎔 @IrwinMitchell