This form has been designed to gather information to help assess your needs and write your Will. It is for indicative purposes only and Irwin Mitchell may need to contact you for further details.

PRICE	SINGLE WILL	MIRROR WILLS
STANDARD WILL/CODICIL	£175.00	£260.00
ASSET PROTECTION WILL* See Section 5	N/A	£495.00
STANDARD AMENDMENT TO EXISTING WILL	£110.00	£140.00

Please ensure payment is supplied. If payment isn't supplied with this questionnaire then Irwin Mitchell will contact you on receipt to collect the fee. Please note this may cause a slight delay in processing your instructions'

GLOSSARY

SINGLE – Will for a single person

MIRROR – Wills for a couple whether married/civil partnership/living as partners

EXECUTOR – The person who will administer the distribution of your estate in accordance with the terms of your Will. BENEFICIARY – The recipient(s) of your estate.

ESTATE - Everything you own such as houses, bank accounts, cars, house contents etc.

RESIDUE OF MY ESTATE – Your estate once all your debts/expenses (if any) have been cleared.

SINGLE WILL		MIRROR WILLS		
SECTION1				
APPLICANT 1		APPLICANT 2		
Title:		Title:		
First & middle names:		First & middle names:		
Surname:		Surname:		
Address:		Address:		
Posto	ode:		Postc	ode:
Daytime Telephone:		Daytime Telephone:		
Email:		Email:		
Date of Birth:		Date of Birth:		
Marital Status:		Marital Status:		
Male Female		Male Fe	emale	
SECTION 2				
INITIAL QUESTIONS				YES NO
 Do you own anything outside 	England, Wales, Scotland	and Northern Ireland?		
 Do you own a share in a busin 	Do you own a share in a business or partnership?			
If yes please provide deta	ails:			
 Do you wish to leave anything 	to a person who has a d	lisability or is reliant on me	eans tested bene	
 Is your estate in excess of £32 				
partnership)?	.5,000 (Il single, ulvorceu		/ (II IIIai i ieu / III a	
Approximate Estate Value				
SECTION 3				
NAMES OF YOUR CHILDREN OR	RELATIONSHIP TO	RELATIONSHIP TO	DATE OF	PERCENTAGE TO
OTHER BENEFICIARIES.	APPLICANT 1	APPLICANT 2	BIRTH	RECEIVE

PLEASE CONTINUE ON A SEPARATE SHEET IF MORE THAN FOUR SPACES REQUIRED

Please give an indication of who you would like to appoint as the Executors and Beneficiaries of your estate. Irwin Mitchell will contact you to confirm and check your instructions.

Please refer to the enclosed brochure for details on Irwin Mitchell's Executorship service.

SECTION 4	
EXECUTORS	

- 1. IRWIN MITCHELL ONLY
- IRWIN MITCHELL AND MY SPOUSE/PARTNER/CIVIL PARTNER/OTHER JOINTLY. If "other" selected please detail their name(s) below.
- 3. MY SPOUSE/PARTNER/CIVIL PARTNER/OTHER WITH IRWIN MITCHELL AS A SUBSTITUTE SHOULD THEY BE UNABLE TO ACT FOR ANY REASON. If "other" selected please detail their name(s) below.
- 4. OTHER PLEASE SPECIFY BELOW.

NAME OF EXECUTORS	RELATIONSHIP TO APPLICANT 1	RELATIONSHIP TO APPLICANT 2	DATE OF BIRTH

SECTION 5

OPTION 1

I would like to leave the residue of my estate to my spouse/partner/civil partner, but if he/she dies before me then I wish my estate to pass to my children named in section 3. If any of my children pass away before me then the share they would have received will pass down to their children and so on all the way down the family tree.

OPTION 2

I would like to leave the residue of my estate to my spouse/partner/civil partner, but if he/she dies before me, to the people named in section 3 in the percentages indicated.

OPTION 3

I do not have a spouse/partner/civil partner so I would like to leave the residue of my estate to the person(s) / charity(ies) named in section 3 in the percentages indicated. If I leave everything to my children and if any of them pass away before me then the share they would have received will pass down to their children and so on all the way down the family tree.

* For an extra fee (indicated above) Irwin Mitchell 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 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 IM to prepare Asset Protection Wills for you please tick this box and ensure you provide the correct payment of the Asset Protection Will fee detailed overleaf

TERMS AND CONDITIONS

- The information requested in this form is to provide an indication of your wishes in relation to your Will. The information will be passed to IM who
 will contact you to collect payment for your Will, will clarify these instructions with you and take any additional instructions needed to complete your
 Will
- By answering these questions, and any subsequent questions raised by IM, you confirm you have completed this form yourself and you are not subject to coercion, undue influence, and have sufficient mental capacity to make a Will. If you are in doubt, please contact IM.
- Please note this instruction form must be completed by the client requesting the Will. If this hasn't been completed by the client then please provide a phone number which we can contact the client on. We cannot proceed without speaking to the client to confirm their instructions.

SIGNATURE	DATE
APPLICANT 1	
APPLICANT 2	