

# Hoben Johnson Solicitors

## Wills Questionnaire

This questionnaire is intended to provide us with a broad picture of your intentions and requirements. Please include as much information as you feel able. The questionnaire refers to you with the opportunity to include your partner. Please provide any additional information on a separate sheet of paper.

Do you require Wills for you <b>and</b> your spouse? (tick box)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Full Name/Nationality	Contact Details
Self	Home Work
Spouse	Home Work
Address	E-Mail
	Fax
	Dates of birth
	Self
	Spouse
Marital Status (tick box)	
Married <input type="checkbox"/> Single <input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/>	

Occupations:	Self	Spouse
Employer		Employer
Annual Salary		Annual Salary
Children's names		Dates of birth (if minors)
<b>Please indicate whether any of your children are from a previous relationship</b>		

<b>Liabilities (with values)</b> <i>Please indicate if liabilities are insured</i>			
	Self	Spouse	Joint
Mortgages (What you borrowed)			
Loans (Payment protected?)			
<b>Totals</b>	£	£	£

<b>Value of Assets</b>			
	<b>Self</b>	<b>Spouse</b>	<b>Joint</b>
House and Land (value today) – please indicate if more than one			
Investments (e.g. PEPs, ISAs, share values, etc)			
Bank Accounts / Building Society Accounts (usual balance)			
National Savings (premium bonds, etc)			
Personal Chattels (i.e. contents, car, other valuables)			
Pensions – please give fund value  Death in Service Benefit			
Life Policies (including endowments)			
Foreign Assets (property or bank accounts)			
<b>Totals</b>	<b>£</b>	<b>£</b>	<b>£</b>

	<b>Self</b>	<b>Spouse</b>
Are you a partner in a firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a director of a company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Assurance, are your policies written in trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pensions, death before retirement: Are death benefits - written in trust? - subject to nomination?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have PHI (Permanent Health Insurance)? (replaces a proportion of your salary if you are ill and unable to work)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Medical Insurance? (e.g BUPA, PPP, etc to cover treatment)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently the beneficiary of a trust, whether or not you receive income from it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made gifts of over £3,000 in any of the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you supporting anyone financially who you have not named as a beneficiary in your Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Funeral Wishes	Self	Spouse
Do you wish to be buried or cremated?		
<i>Please note that these wishes are not legally binding</i>		

<b>Executors – (Individuals you need to appoint to administer your estate upon death)</b> <i>(Please provide two alternative Executors if any potential beneficiary is a minor)</i>			
Would you like to appoint each other in the first instance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of your choice of executors.			
Full Name		Full Name	
Address		Address	
Telephone		Telephone	
Do you wish to appoint Hoben Johnson Solicitors to act with your chosen Executor? <i>(Please note, it is usual to appoint only two partners to act)</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Guardians</b> <i>(Required if any of your children are under 18). It is desirable that you should ask the prospective guardians if they are happy to be appointed.</i>	
Full Name(s)	Full Name(s)
Address	Address

Do you wish to leave a cash sum or a specific asset to a particular beneficiary or charity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:-	

<b>Residue</b> <i>What remains of your estate after legacies and debts have been paid</i>	
Do you want to leave everything to each other in the first instance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If both you and your spouse should die, do you wish to leave everything to your children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If one of your children should die before you leaving children of their own (ie, your grandchildren), would you like your deceased child's children to benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of beneficiaries if you have no spouse or children:-	
If a minor is to benefit, at what age if not 18?	
<b>Disaster Scenario</b> Please state alternative beneficiaries (i.e. if your spouse and/or children have all died before you).	
<b>IMPORTANT:</b> Please indicate if anyone named in your Will as a beneficiary suffers from any kind of mental or physical impairment, or is reliant on somebody else to organise their finances for them.	
<b>Signatures</b>	
Signed	Signed
Dated	Dated