



Some information about you...

In order to ensure our initial meeting is as productive as possible we would like you to complete and return / scan copies of this form prior to your first appointment and send them to info@alextruesdalewills.com. Whilst not essential to have completed fully before the meeting, we hope that the questions will prompt preparations for our discussions; the information provided will be useful for us to help determine your estate and in particular if you wish to discuss Inheritance Tax Planning. We will be delighted to discuss in detail all aspects of your estate planning when we meet.

| | Client 1 | Client 2 |
|--|----------------------|----------------------|
| Full Name and Title | | |
| Any other names, aliases or maiden name | | |
| Contact Address | | |
| Telephone | | |
| Best secure email address | | |
| Date of birth | | |
| Children | 1. 2. 3. 4. | 1. 2. 3. 4. |
| Relationship Status | | |
| Previous Marriage or Civil Partnership? | | |
| Do you have any accessibility requirements? | | |
| Would you prefer a physical or virtual meeting? | | |
| Have you made a previous Will and if so, when? Where is the original stored? | | |
| How did you hear of Alex Truesdale Wills Ltd? | | |



| Do you already have any of the following? (if so, please state details) | Client 1 | Client 2 |
|---|----------|----------|
| LPA Health and Welfare | | |
| LPA Property and Financial Affairs | | |
| Business LPA | | |
| Enduring Power of Attorney | | |
| Life Assurance | | |
| Critical illness cover | | |
| Death in Service benefits | | |
| Relevant life cover | | |
| Interests under other trusts | | |
| Foreign property | | |

| | Client 1 | Client 2 |
|---|----------|----------|
| Do you own a business? | | |
| Is it a Limited Company, Partnership, Sole Tradership or Limited Liability Partnership? | | |

| | Client 1 | Client 2 |
|--|----------|----------|
| Funeral Wishes: Do you wish to be buried or cremated? | | |
| Do you have a prepaid Funeral Plan? If so, what is the reference number? | | |
| Do you wish to donate your body to education or science? | | |
| Do you wish to be an organ donor? Are you registered? | | |



| | Client 1 Sole Owner | Client 2 Sole Owner | Jointly Owned |
|---------------------------------------|------------------------|------------------------|------------------|
| Main Home | | | |
| Other properties | 1. 2. 3. | 1. 2. 3. | 1. 2. 3. |
| Holiday Home/ Caravan | | | |
| Furniture, clothes | | | |
| Antiques | | | |
| Jewellery | | | |
| Car/s | | | |
| Savings - bank account | 1. 2. 3. | 1. 2. 3. | 1. 2. 3. |
| Savings - building society | 1. 2. 3. | 1. 2. 3. | 1. 2. 3. |
| National Savings | | | |
| PEPs | | | |
| ISAs | | | |
| Pensions | | | |
| Insurance Policies | 1. 2. 3. | 1. 2. 3. | 1. 2. 3. |
| Business Assets | | | |
| Interest in another Estate / Trust | | | |
| Cash | | | |
| Potential Inheritance | | | |
| Other | | | |

| Foreign Assets: | Client 1 Sole Owner | Client 2 Sole Owner | Jointly Owned |
|-----------------------|------------------------|------------------------|------------------|
| Holiday property | | | |
| Timeshares | | | |
| Bank accounts | | | |
| Business interests | | | |



| | Client 1 Sole Owner | Client 2 Sole Owner | Jointly Owned |
|------------------------------|------------------------|------------------------|------------------|
| Mortgage | | | |
| Loans | | | |
| Credit Cards | | | |
| Overdrafts | | | |
| Hire Purchase | | | |
| Taxes due | | | |
| Other | | | |
| Funeral costs (estimated) | | | |

| Other Responsibilities (estimated) | Client 1 | Client 2 | Jointly Owned |
|---------------------------------------|----------|----------|------------------|
| Dependent relatives | | | |
| Business guarantees | | | |
| Pets | | | |

Identification

We need to see two forms of ID, including one with a photo and one with your current address dated in the last 3 months. Please tick which you are providing, scan copies to info@alextruesdalewills.com and have the originals available for our first meeting.

| | Client 1 | Client 2 |
|---------------------------------|----------|----------|
| Passport | | |
| Driving Licence | | |
| Bank / Credit Card Statement | | |
| Utility Bill | | |
| Council Tax Statement | | |
| Other (please state) | | |



Family Inheritance Planning

Any Will should reflect the particular wishes and concerns of the individual making it. The following list includes topics that previous Alex Truesdale Wills clients have raised, any of which could affect your Will or related matters.

Please take a few moments to read the list and tick those topics relevant to you, before bringing it with you to our first meeting. Everyone is different, so there are no right or wrong answers and you can always change your mind as we discuss your particular situation at our meeting. If answering as a couple, you need not agree on the answers – just tick all topics that either or both of you want to discuss.

Please tick ALL topics relevant to your situation/s.

| | Client 1 | Client 2 |
|---|----------|----------|
| I want to make everything as easy as possible for my family | | |
| I have one or more children under 18 (<i>guardians</i>) | | |
| I should like to leave guidance on my children's upbringing (<i>Letters of Wishes</i>) | | |
| I am concerned about who will look after the money for my children or grandchildren (<i>trustees</i>) | | |
| My children are too young or inexperienced to handle a major inheritance (<i>trusts</i>) | | |
| My children or other beneficiaries could have particular problems in the future (<i>they might need help managing their inheritance even beyond age 25</i>) | | |
| There are step-families involved, which might need careful planning (<i>trusts</i>) | | |
| I have recently married / formed a Civil Partnership | | |
| I am thinking of getting married / forming a Civil Partnership | | |
| I am engaged | | |
| I am co-habiting with my partner | | |
| I have become estranged from certain family members | | |
| I am considering leaving someone out of my Will (<i>side letter</i>) | | |
| Someone might challenge my Will (<i>side letter</i>) | | |
| Someone has applied to reassign their gender | | |



| | Client 1 | Client 2 |
|---|----------|----------|
| I wish to minimise the Inheritance Tax (IHT) that might be paid by my family <i>(trust, RNRB gifts, charitable giving)</i> | | |
| I am concerned that others might lose their inheritance to fees for Social Care <i>(trusts)</i> | | |
| I want to take care of my spouse / partner but also want to ensure that as much as possible is passed on to the children <i>(trusts)</i> | | |
| I am concerned that someone inappropriate will gain control of the inheritance <i>(trusts)</i> | | |
| There is a business involved <i>(trusts, trustee partners)</i> | | |
| There is farming or agriculture land involved <i>(this might benefit from particular provisions)</i> | | |
| I have assets abroad <i>(foreign will)</i> | | |
| It is likely that in due course I will receive a significant inheritance | | |
| I am concerned about how to leave digital assets | | |
| I want to protect the family inheritance for grandchildren and future generations, and / or against money being lost to financial problems, future divorces <i>(trusts)</i> | | |
| One or more family members has a disability and / or a learning disability <i>(trusts)</i> | | |
| I am thinking of leaving a gift to charity | | |
| I am concerned about who will put the Will into practice <i>(executors)</i> | | |
| If I have an accident or become too frail, who will manage my money and property? <i>(Lasting Power of Attorney - Property & Financial Affairs)</i> | | |
| If I have an accident or become too frail, who will decide where I live or what care I need? <i>(Lasting Power of Attorney - Health & Welfare)</i> | | |
| I might have problems if I could not access my partner or spouse's share of property / savings / income <i>(Lifetime Trusts)</i> | | |
| I should like to be certain about my funeral arrangements <i>(funeral advice)</i> | | |
| I am worried about the cost of my funeral <i>(pre-paid funeral plan)</i> | | |

Once you have completed this form please print or scan and email a copy, together with copies of two forms of identification to info@alextruesdalewills.com or post to 27 Mizen Close, Cobham, Surrey, KT11 2RJ.