

PLEASE COMPLETE AND RETURN THIS WILL QUESTIONNAIRE TO VIBERTS' PRIVATE CLIENT DEPARTMENT:
Post: Private Client Department, Viberts House, Don Street, St. Helier, Jersey JE4 8ZQ Email: privateclient@viberts.com
Should you wish to speak to someone for help completing this form please call 01534 632263.

Section 1: Your Personal Information

Full name and title (Mr, Mrs, Miss, Ms, Dr, etc.) including maiden name and any previous names (if applicable):

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Date of birth: Relationship status:

Please provide full name and title (Mr, Mrs, Miss, Ms, Dr, etc.) of spouse/civil partner/partner (including maiden name):

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Full postal address:

Postcode:

Residential address if different to postal address:

Postcode:

Telephone numbers including area code: Home:

Work: Mobile:

Email:

Are you an existing Viberts' client? Yes: No: If not, how did you hear about us?

Do you have any existing wills? Yes: No: If yes, please provide copies.

Where are the original will(s) stored?

Were you previously married or in a civil partnership? Yes: No:

If yes, do you have a decree absolute or a decree of dissolution of your partnership? Yes: No:

If yes, please provide full name and title (Mr, Mrs, Miss, Ms, Dr, etc.) of your former spouse/civil partner (including maiden name):

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Do you have a matrimonial agreement or an order of the court? Yes: No: (If yes, please provide a copy).

Children (if applicable) - Full names (including maiden name) of your children and addresses if different from your own.

Child 1:

Child 2:

Child 3:

Child 4:

Stepchildren (if applicable) - Full names (including maiden name) of your stepchildren and addresses if different from your own.

Stepchild 1:

Stepchild 2:

Stepchild 3:

Stepchild 4:

Do you have any other dependants who are financially dependant upon you? Yes: No: (If yes, please provide details below)

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Section 2: Your Capacity

To ensure that a will is valid and to avoid challenges to the will by reason of lack of mental capacity, it is necessary to establish if you have been diagnosed with any medical impairment which may affect your judgement at the time of making this will.

Do you suffer from a mental impairment i.e. dementia, alzheimers or other?

Yes: No: If yes, please provide details:

Note: If you have been diagnosed with an illness that may affect your mental capacity, you may wish to consider obtaining a letter from your G.P. confirming your capacity to make a will. This will help protect your will from challenge.

Section 3: Your Personal Estate

Movable estate covers everything not included under immovable estate (share transfer property, cash, investments and shares.

Immovable property is governed by the law of the jurisdiction in which it is situated. Immovable property **includes freehold land or buildings, flying freehold, leases over 9 years and certain types of mortgages** situated in Jersey. If you own Jersey immovable property, please contact us so that we can send you a questionnaire to cover this.

Your movable estate, (unlike immovable estate), is governed by the law of your place of domicile.

Where are you domiciled?

The executor carries out the instructions in your will of movable estate. They apply for a Grant of Probate (permission of the court to carry out the terms of your will). A beneficiary may be an executor, as can a spouse.

You may wish to appoint an alternate executor should the executor you appoint predecease you. In the event that you do not wish for a family member or a friend to be your executor, our in-house executor company, Viberts Executors Limited, offers cost effective executorship services.

Executor/s name/s and addresses:

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Would you like to appoint Viberts Executor Limited to act as your executor? Yes: No:

Would you like to appoint Viberts Executor Limited to act as alternate executor? Yes: No:

Your current assets in Jersey

What is the total value of funds in all your Jersey bank accounts? £

Are these bank accounts held jointly with another? Yes: No: If yes, please give details below:

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Do you have investments in Jersey? Yes: No: If yes, what is total value of your investments? £

Are these investments held jointly with another? Yes: No: If yes, please provide details below:

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Section 4: Instructions for Movable Estate

Do you want to leave your entire Movable estate to your spouse/partner/civil partner in the first instance? Yes: No:

Your Pecuniary legacies (cash gifts)

If you have a spouse/partner/civil partner to whom you are leaving the residue of your Estate, do you wish this gift to be effective only if your spouse/partner/civil partner dies before you? Yes: No:

To whom do you wish to leave the residue of your assets (the remainder after payment of debts and any pecuniary legacies or specific bequest provided for)? If to more than one individual, please state in what shares.

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N.B. Please confirm if this individual is related to you and what relation they are:

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If the person(s) named above dies before you, to whom do you wish to leave the residue of your movable estate and in what shares?

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Would you like to make a gift to charity? Yes: No: (If yes, please state below which charity. More information can be found on The Association of Jersey Charities website: www.jerseycharities.org.)

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Section 5: Additional Notes

Please include any additional questions/information here:

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Thank you for completing this questionnaire. A draft of your Will will be sent to you for review. Should we have additional questions, how would you prefer that we contact you? Phone Email Post Our Wills Client Guides and Questionnaires can be found at www.viberts.com