

Will Questionnaire (Non-Jersey Resident)

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: The Private Client Department on +44 (0)1534 632263

Section 1: Your Personal Information	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Telephone Number - Home:	
Telephone Number - Mobile:	
Email:	
Are you an existing Viberts' client?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, how did you hear about us?	
Do you have any existing Wills?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide copies.
Which jurisdictions does the Will(s) cover?	
Where are the original Will(s) stored?	
Relationship status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>

Please provide details of any children or step children that you have:

Child 1:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 1 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 1 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

Child 2:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 2 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 2 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

Child 3:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 3 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 3 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

Child 4:	
Full Name:	
Former Names/Maiden Name:	
Date of birth:	
Does child 4 live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child 4 your child or stepchild?	Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child you have adopted <input type="checkbox"/>
If no, please provide their full address:	Postcode: Country:

If you have further children or stepchildren, please provide details of them in Section 5 of this questionnaire.

Section 2: Your Mental Capacity	
<p>To help avoid any challenges to your Will, please confirm whether you have been diagnosed with any medical impairment or illness, or whether you are on any medication, which may affect your ability to make decisions. E.g. dementia, Alzheimer's disease, a brain injury, terminal illness, or strong medication.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<p>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.</p>	

Section 3: Your Jersey Movable (Personal) Estate

Movable estate includes for example **cash, investments and shares**.

Your movable estate is governed by the law of your country of domicile.

Domicile: A person's domicile is the country which they treat as their permanent home and have a substantial connection with. You may well have acquired a domicile of choice in another country from where you were born. We would be pleased to discuss this subject with you if you require further information.

Where are you domiciled?

Your current Jersey assets

This information is relevant to the making of your Will of Jersey movable estate and will assist Viberts in providing you with the necessary advice in relation to your wishes. It is also important if you require tailored estate planning advice.

Where do you hold assets in Jersey?

What type of asset(s) do you hold? For example: bank account, portfolio, shares in a Jersey Company etc.

What is the total value of your Jersey Assets?

£

Are any of your Jersey assets held jointly with another?

Yes No

If yes, please confirm who with and with assets:

Your Executor: You must appoint an executor in your Will. Your executor will apply for a Grant of Probate (a court certificate giving them the right to legally administer your estate). They will then distribute your estate in accordance with the wishes in your Will. An executor can be a beneficiary, spouse, family member, trusted friend or a professional. You may appoint more than one executor but the recommended number is one to two executors, unless a professional executor is chosen.

Any executor named who does not live in Jersey will need to travel to Jersey after your death to obtain Jersey probate. Please ensure that your chosen executors are willing and able to travel to Jersey when the time comes.

In the event that you do not want a family member or friend to be your executor, Viberts' executor company called 'Viberts Executors Limited', offers cost effective executor services.

Would you like Viberts Executors Limited to act as your executor?

Yes No

Would you like Viberts Executors Limited to act as your alternate executor?

Yes No

Executor 1:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Executor 2:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Alternative Executor: You should also appoint an alternate executor, to cover the possibility that your first chosen executors may die before you. **Please confirm who you wish to appoint as your alternate executor providing their full name (including any middle and maiden names):**

Alternate Executor 1:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Alternate Executor 2:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	

Section 4: Instruction for your Jersey Movable Estate

Cash gifts

Are there any sums of money that you wish to leave to a particular person?

If you do wish to make any gifts, please provide details of these gifts, including confirmation of any cash amounts.

Cash Beneficiary 1:

Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of cash gift:	£

Cash Beneficiary 2:

Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of cash gift:	£

If you would like to make any gifts to charity, information on the charities registered in Jersey can be found on the Association of Jersey Charities website: www.jerseycharities.org

If you wish to make further specific gifts, please provide details of this in Section 5.

Your Remaining Movable Estate

After the payment of any debts and specific gifts/cash gifts, who would you like the remainder of your estate to go to?

Do you wish to leave 100% of your movable estate to your spouse, civil partner, or partner in the first instance?

Yes No

Do you wish to leave 100% of your movable estate to your children to be divided equally between them in the first instance?

Yes No

If no, to whom do you wish to leave your remaining movable estate? Please provide full names of your chosen beneficiaries below.

Residual Beneficiary 1:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Is this person a minor? (under the age of 18)

Yes No

The share or percentage they are to inherit.

Residual Beneficiary 2:

Full Name:

Former Names/Maiden Name:

Full Postal Address:

Postcode:

Country:

Their relationship to you?

Is this person a minor? (under the age of 18)

Yes No

The share or percentage they are to inherit.

Residual Beneficiary 3:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The share or percentage they are to inherit.	

Residual Beneficiary 4:	
Full Name:	
Former Names/Maiden Name:	
Full Postal Address:	Postcode: Country:
Their relationship to you?	
Is this person a minor? (under the age of 18)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The share or percentage they are to inherit.	

Alternate Beneficiary:		
If the beneficiaries above you die before you, please confirm who you wish to inherit in their place by choosing an option below.		
Option 1:	Their share is to be divided between the remaining beneficiaries.	<input type="checkbox"/>
Option 2:	Their share is to be inherited by their children.	<input type="checkbox"/>
Option 3:	Their share is to go to an alternate beneficiary. Please provide the same details as requested above and complete them in section 5.	<input type="checkbox"/>

Section 5: Additional Notes

Please include any additional questions/information here:

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