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- Tel 021 701 1161 Fax 0866 149 299 Email lisahp@southwood.co.za www.southwood.co.za Authorised Financial Services Provider (FSP licence number 13566)

<u>LAST WILL AND TESTAMENT</u> Personal information required for the drafting of a Last Will and Testament

•	Full Name (1)		
•	Maiden Surname		
•	ID Number		
•	Cellphone / contact		
•	Email address		
•	Tax Number		
•	Full Name (2)		
•	Maiden Surname		
•	ID Number		
•	Cellphone / contact		
•	Email address		
•	Tax Number		
•	Current Physical Addres	s:	Postal Address:
-	Marital Status:		



Date of birth Marital status of Parents of the Testator: of Death: ciaries of the Estate:		_
Marital status s of Parents of the Testator:		- - -
Marital status		- -
		_
Date of hirth		
i dii ilailie		
Full name		
Marital status en's details (3)		 _
Date of birth		
Full name		
en's details (2)		
Marital status		 _
Date of birth		 _
Full name		
en's details (1)		
ormer spouse or minor child?		 _
a carry any liability in terms of a		_
of Former Spouses:		
and Place of the Marriage of th	he Testator:	
n / Religion as it relates to mar	rriage:	
and Place of the Marriage of th		



Do you intend your Will to deal wassets or do you require a separa			
assets?			
 Any special bequests / legac 	cies (specific items of jewelle	ery, charities etc):	
Name		Bequest	
Any cash bequests?:			
- Any cash bequests:			
Name		Bequest amount	
Residue distribution for Client (1), i Client (2) to be the sole beneficiary?			
If not, please provide further detail			
in not, please provide rartiler detail			
			·
Residue distribution for Client (2), i Client (1) to be the sole beneficiary?			



Name	ID number	Relationship	Address
0	Trustees (Substitutes if nominee fails) The trustees are responsible for the administration and must comply with the provisions of the		r. They must act within th
0	Special needs of children Disability and / or unable to manage his / her inheritance his/ herself.		
0	Specific Assets		
0	Restrictions / Wider Powers		
0	Age to inherit – 21/25/30 years of age		
0	Name of Trust		
Testam	nentary Trust - Formed if beneficiaries are under	years of age	
esidue distrib f the entire fa	oution in the event of simultaneous death amily		
f not, please p	rovide further detail		
	oution in the event of simultaneous death sole beneficiary(ies)?		
not, please p	rovide further detail		



Guardians are chose care, health, educat meet the children's j	en (Substitutes if nominee to on by you to care for your ch ion and welfare until they re financial needs with their ow onet in terms of the testame	ildren. They are responsible each an age specified by yo vn money. The trustees of	u. They are not responsible
Name	ID number	Relationship	Address
			
This is the person res akes control of the accordance with the	es if nominee fails): sponsible for the administra assets in an estate, pays lial last will and testament of t	bilities and distributes the r	et estate to the beneficiarie
This is the person restakes control of the accordance with the succession if there is	sponsible for the administra assets in an estate, pays lial last will and testament of t	bilities and distributes the r	et estate to the beneficiarie
This is the person restacted as the leading of the leading to the leading of the	sponsible for the administra assets in an estate, pays lial last will and testament of t	bilities and distributes the r he deceased, or according	et estate to the beneficiarie
This is the person resakes control of the accordance with the accordance with the accession if there is	sponsible for the administra assets in an estate, pays lial last will and testament of t	bilities and distributes the r he deceased, or according	et estate to the beneficiarie



- Additional information and documentation required:
 - o Copy of current last will and testament
 - o Former name if divorced
 - o Details of former spouses
 - o Summary of assets and liabilities including policies, pension benefits and trust assets.
 - o Copy of Ante nuptial Contract
 - o Copies of all IDs
 - o Copies of birth certificates of minor children