

WILL APPLICATION FORM

Agent / Financial Planner / Legal advisor details (if applicable):

Name & Surname	<input style="width: 95%;" type="text"/>
Cellphone	<input style="width: 95%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>
Date	<input style="width: 95%;" type="text"/>
Legal Advisor Name, Surname	<input style="width: 95%;" type="text"/>

May we contact the client directly for further information?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will to be drafted in	Afrikaans	<input type="checkbox"/>	English	<input type="checkbox"/>
Living will	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does either party own offshore assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there an offshore Will for the offshore assets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gross value of Applicant's estate	<input style="width: 100%;" type="text"/>			
Gross value of Spouse's estate	<input style="width: 100%;" type="text"/>			
Single will for each party	<input type="checkbox"/>	Joint will	<input type="checkbox"/>	

1. MAIN APPLICANT:

Surname	<input style="width: 85%;" type="text"/>		
Full names	<input style="width: 95%;" type="text"/>		
ID No	<input style="width: 30%;" type="text"/>	Cellphone	<input style="width: 30%;" type="text"/>
Telephone - Work	<input style="width: 30%;" type="text"/>	Telephone - Home	<input style="width: 30%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

2. SPOUSE:

Surname	<input style="width: 85%;" type="text"/>		
Full names	<input style="width: 95%;" type="text"/>		
ID No	<input style="width: 30%;" type="text"/>	Cellphone	<input style="width: 30%;" type="text"/>
Telephone - Work	<input style="width: 30%;" type="text"/>	Telephone - Home	<input style="width: 30%;" type="text"/>
E-mail	<input style="width: 95%;" type="text"/>		

3. ADDRESS DETAILS:

Street Address	<input style="width: 85%;" type="text"/>		
Postal Code	<input style="width: 95%;" type="text"/>		
Postal Address	<input style="width: 95%;" type="text"/>		
Postal Code	<input style="width: 95%;" type="text"/>		

4. MARITAL STATUS:

Please indicate which one of the following is applicable:

Out of Community without accrual	<input type="checkbox"/>	Out of Community with accrual	<input type="checkbox"/>	In Community	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>	Religious marriage	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Widow/Widower	<input type="checkbox"/>	Married in foreign country	<input type="checkbox"/>	Civil union	<input type="checkbox"/>	Customary law	<input type="checkbox"/>

5. CHILDREN:

(All children, including children born out of wedlock, adopted children, and children from previous marriage)

FULL NAMES	ID NO / DATE OF BIRTH

6. GUARDIANSHIP:

(If children are minors)

1. Name & Surname		ID Nr	
2. Name & Surname		ID Nr	
3. Name & Surname		ID Nr	
Relationship			
Cell numbers 1.		2.	

7. OTHER BENEFICIARIES:

(Information of any other person who receives a benefit under the will)

FULL NAMES	ID NO / DATE OF BIRTH

8. SPECIAL WISHES:

	Main Applicant	Spouse
Cremation	<input type="checkbox"/>	<input type="checkbox"/>
Burial	<input type="checkbox"/>	<input type="checkbox"/>
Donation of organs	<input type="checkbox"/>	<input type="checkbox"/>

9. DOES AGRICULTURAL OR FARM LAND FORM PART OF THE ESTATE?: Yes No

10. LEGACIES (SPECIAL BEQUESTS):

Except for the heirs listed in Point 11 hereunder, are there any special bequests of specific assets or cash?

Main Applicant

Spouse

11. HEIRS/BENEFICIARIES:

If the Main Applicant is first dying

Spouse to inherit:

Yes

In case of the Spouse not inheriting the estate, list beneficiaries with applicable assets or percentages:

If the Spouse is the first dying

Main Applicant to inherit:

Yes

In case of the Main Applicant not inheriting the estate, list beneficiaries with applicable assets or percentages:

In the event of simultaneous death

All the children to inherit:

Yes

In case of children not inheriting list beneficiaries with applicable assets or percentages:

In the event of complete family death - Applicant, Spouse and children passed away

List beneficiaries with applicable assets or percentages:

12. TESTAMENTARY TRUST:

(For minor children, maintenance of parents, maintenance of divorced spouse in terms of a court order, persons with disability, insolvency or bequests to charities)

Name of Trust:

Reason for Trust

Trust for minor Up to which age 21 25 Perpetuity

Alternative age

12.1 TRUSTEES:

CONSILIUM NOMINATED AS INDEPENDENT TRUSTEE Yes No

Trustee/Co-Trustee

Surname

Full names

ID No Cellphone

Telephone - Work Telephone - Home

E-mail

Surname

Full names

ID No Cellphone

Telephone - Work Telephone - Home

E-mail

13. EXECUTOR:

(Please note that in the event of nomination of a family member, the Master of the High Court will not appoint the nominated person unless that person is qualified to act or is duly assisted by an auditor, attorney or trust institution. CONSILIUM has highly qualified members with the necessary experience who is prepared to take nomination as executor / trustee or in capacity as co-executor with the family member.)

CONSILIUM NOMINATED AS EXECUTOR **CO-EXECUTOR**

Other Executor / Co-executor:

Surname

Full names

ID No Cellphone

Telephone - Work Telephone - Home

E-mail

14. EXISTING TRUSTS / INTER VIVOS TRUSTS:

In the event that a succeeding trustee must be nominated:

All children to be appointed as trustees All children above certain age to be appointed: age?

Main Applicant / Spouse to nominate?	Name and Number of Trust	Full names, ID number and relationship of succeeding trustee	RSA resident? (Yes/No?)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. OUTSTANDING LOANS / LOAN ACCOUNTS DUE TO MAIN APPLICANT / SPOUSE:

List any loans due to the Main Applicant or Spouse by a person, trust or business entity, which must be bequeathed back to that specific person, trust or business entity in order for the loan to be "written off"

SIGNATURES:

MAIN APPLICANT _____ PLACE: _____ DATE: _____

SPOUSE _____

DISCLAIMER:

Consilium Fiduciary Services (Pty) Ltd is an independent service provider and does not form part of any financial service provides (FSP) of any of their affiliates. We do not render financial services but only professional fiduciary services. We are therefore dependent upon the correctness of the information completed on this form and we can't be held liable for any mistakes, loss or damage as a result of incorrect information being supplied to us. By completing this form you are giving your consent that certain confidential information may be shared with us, but we are in turn obliged to ensure that we keep it confidential and only use it for the purpose it was provided to us, namely the drafting of a will or trust. It remains your obligation and responsibility to ensure that the will or trust is in accordance with the information supplied and that the document that you sign is signed correctly.

NOTICE - Protection of Personal Information Act, 2013

The Agent and/or Financial Planner issue herewith a warranty that all personal information collected and recorded were done in line with the Protection of Personal Information Act, 2013 and that any communication and processing done by Consilium are done in line with a further processing consent from the applicant/s including any children.

The Applicant/s herewith issue a warranty to Consilium, that the heirs and/or beneficiaries and/or executor gave their consent to have their personal information disclosed to Consilium for purposes of drafting a will.

The Applicant/s consent herewith that their personal information may be used to draft a will and further processing may include administration of estate activities. Third party contractors may be tasked to assist in executing the will with the restriction that all personal information will only be used for this purpose and no further processing will be allowed. The Applicant/s consent that Consilium may attend to further processing of personal information by promoting ancillary services which may serve a legitimate interest. Should the Applicant/s have any queries regarding personal information, they may send it to info@consiliumfps.co.za and allow for 48 hours response time.