



This Will Planner will enable you to prepare for your appointment with a solicitor and to help with answering any questions they may ask you. It will help to make your Will-writing process more efficient, if there is anything that you are unsure of we are certain that your solicitor will be happy to help and discuss it with you.

1. YOUR DETAILS & YOUR SPOUSE/PARTNERS DETAILS

Your details

Full Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone Number: _____

Marital Status: Single Married
 (Please tick as Divorced Widowed
 appropriate) Engaged Separated
 Remarried

Spouse/partner details

Full Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone Number: _____

Marital Status: Single Married
 (Please tick as Divorced Widowed
 appropriate) Engaged Separated
 Remarried

2. CHILDREN

Full Name	Address	Date of Birth	Status*

*Whether the child is from this relationship, a previous relationship or other circumstances



3. DO YOU HAVE AN EXISTING WILL? (Please tick as appropriate)

You: Yes No

Spouse/Partner: Yes No

4. NOMINATED GUARDIANS FOR ANY CHILD YET TO REACH ADULTHOOD

Full Name

Address

Full Name	Address

5. DO YOU HAVE ANY SPECIFIC FUNERAL WISHES? (See Annex 1)



6. A. MAJOR ASSETS VALUE

Your home (or your share in it): £ _____

Other property or land: £ _____

Cars and other vehicles: £ _____

Home contents including furniture and fittings: £ _____

Items of particular value (e.g. jewellery or art): £ _____

Money in banks and building societies: £ _____

Shares, Investments, National Savings, Premium Bonds: £ _____

Insurance and pensions: £ _____

Other savings and assets: £ _____

Total Assets: £ _____

B. MAJOR LIABILITIES

Your mortgage: £ _____

Loans and overdrafts: £ _____

Credit cards: £ _____

Credit or hire purchase agreements: £ _____

Other liabilities: £ _____

Total Liabilities: £ _____

Total Assets - Total Liabilities = Estate Value £ _____



7. BEQUESTS (Please tick as appropriate)

SPECIFIC ITEMS E.G. JEWELLERY, ART

(list the individuals and charities* to whom you would like to make these gifts to)

Name	Address	Description

BEQUESTS – SET AMOUNT OF MONEY

(list the individuals and charities* to whom you would like to make these gifts to)

Name	Address	Description

RESIDUARY BEQUESTS – A PERCENTAGE OR THE REMAINDER OF YOUR ESTATE

(list the individuals and charities* to whom you would like to make these gifts to)

Name	Address	Description

8. EXECUTORS (Trusted family/friends or solicitor)

EXECUTOR ONE

Name	Address	Relationship to you

EXECUTOR TWO

Name	Address	Relationship to you

For further information, please feel free to contact us on the details below:

Via Post:

Army Benevolent Fund
12 Elizabeth St,
London SW1W 9RB

Via Email:

supportercare@armybenevolentfund.org

Via Phone: 020 7901 8912

Via our Website:

www.armybenevolentfund.org



ANNEX 1 - FUNERAL INSTRUCTIONS

Before the funeral please contact the following (names, addresses, telephone numbers):

FUNERAL ARRANGEMENTS

I wish to be buried/cremated (delete as appropriate)

Instructions regarding the location of the grave/disposal of ashes:

I hold a grant of exclusive rights of burial issued by:

Council/Church: _____

Grave number: _____ Section: _____ Cemetery/Churchyard: _____

I wish to be buried in the above grave Yes/No (delete as appropriate)

The above grave should pass to _____ **on my death**

My preferred location of funeral service: _____

I wish the ceremony to be private Yes/No (delete as appropriate)

Funeral Director (if you have a preference)

Name: _____ Telephone Number: _____

Address: _____

Funeral ceremony directions (e.g. hymns, readings, music)

Are flowers to be sent? Yes/No (delete as appropriate)

I wish donations to be sent to charity in place of my flowers Yes/No (delete as appropriate)

If yes, indicate preferred charity: _____

PRE-PAID FUNERAL PLAN DETAILS

Organisation: _____

Telephone Number: _____ Plan Number: _____

Leaving one’s body for transplant, medical teaching or research purposes. Before detailing instructions below contact The Human Tissue Authority on 020 7269 1900 for advice and to find the best way to proceed.

I wish to leave my body for medical teaching/research/transplant (delete as appropriate)

Details: _____
