



JVD ATTORNEYS:
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RSA

WILL APPLICATION FORM

CONFIDENTIAL

Date

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1 NOMINATION OF EXECUTOR

JVD Attorneys

- Will drafting and review are provided free of charge.
- Executor remuneration is charged at the statutory tariffs applicable at the time of death.
- JVD Attorneys reserves the right to appoint an agent to administer the deceased estate on its behalf at its sole discretion.

Alternative executor

- Fees are applicable for will drafting and subsequent review. Please consult your planner.
- The executor is entitled to remuneration in accordance with statutory tariffs.

Executor 1 (mandatory)

Surname

Full name(s)

Identity number

Executor 2 (substitute)

Surname

Full name(s)

Identity number

- Note:**
1. It is advisable to nominate someone who resides in South Africa.
 2. The Master of the High Court will ordinarily require an executor who does not have the necessary qualification or skill to administer estates to be assisted by a professional agent such as an attorney, auditor, trust company or bank.

JVD Attorneys and co-executor

Co-executor (mandatory)

Surname

Full name(s)

Identity number

- Will drafting and review are provided free of charge.
- Executor remuneration is charged at the statutory tariffs applicable at the time of death.
- The corporate executor is responsible for the administration of the deceased estate and is entitled to the full executor remuneration.
- JVD Attorneys reserves the right to appoint an agent to administer the deceased estate on its behalf at its sole discretion.

2 DOCUMENT REQUIREMENTS

- | | | | | |
|------------------|-----------------------------------|-------------------------------------|--------------------------------------|--|
| Will requirement | <input type="checkbox"/> New will | <input type="checkbox"/> Review | <input type="checkbox"/> Single will | <input type="checkbox"/> Set of two single wills |
| Language | <input type="checkbox"/> English | <input type="checkbox"/> Afrikaans | | |
| Assets | <input type="checkbox"/> SA only | <input type="checkbox"/> Worldwider | | |



3 CLIENT 1

Prof Dr Mr Rev Mrs Miss Ms Can client 1 read and write? Yes No

Surname

Full name(s)

Identity number Initials

Passport number Maiden name

Date of birth (DDMMYYYY)

Email

Cellphone Land line

4 CLIENT 2

Prof Dr Mr Rev Mrs Miss Ms Can client 2 read and write? Yes No

Surname

Full name(s)

Identity number Initials

Passport number Maiden name

Date of birth (DDMMYYYY)

Email

Cellphone Land line

5 ADDRESS

Residential address	<input type="text"/>	Postal address	<input type="text"/>
Suburb	<input type="text"/>	Suburb	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>

6 MARITAL STATUS

- In community of property Out of community of property (with accrual)
- Out of community of property (without accrual) Common-law marriage
- Widower Customary-law marriage Never married
- Divorced Other Provide details if married under foreign law.

7 CHILDREN (Full names of all children, including legally adopted children and children from previous relationship(s))

From present marriage/relationship		Male/Female	Date of birth (DDMMYYYY)		
Name	<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>



From previous marriage(s)/relationship(s) of client 1

		Male/Female	Date of birth (DDMMYYYY)
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>

From previous marriage(s)/relationship(s) of client 2

		Male/Female	Date of birth (DDMMYYYY)
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 GUARDIANS TO BE APPOINTED FOR MINOR CHILDREN

	Name	Relation to client 1	Relation to client 2		
8.1	<input type="text"/>	<input type="text"/>	<input type="text"/>	If there is more than one guardian, must they have joint guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
8.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	Is the second guardian an alternative guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

9 SPECIAL WISHES

		Client	Client	Further details
9.1	Cremation	<input type="text"/>	<input type="text"/>	
9.2	Burial	<input type="text"/>	<input type="text"/>	
9.3	Donation of organs	<input type="text"/>	<input type="text"/>	
9.4	Do you want a living will?	<input type="text"/>	<input type="text"/>	I do not want to be kept alive by machines.

If 9.3 is chosen, you must contact the Organ Donor Foundation on 0800 226 611 for further information.

10 BENEFITS NOT PAYABLE TO ESTATE

Insurance	Client	Payable to	Client	Payable to
Ceded	R	<input type="text"/>	R	<input type="text"/>
Beneficiary nominated	R	<input type="text"/>	R	<input type="text"/>
Mortgage	R	<input type="text"/>	R	<input type="text"/>
Annuity	R	<input type="text"/>	R	<input type="text"/>
Group life	R	<input type="text"/>	R	<input type="text"/>
Pension fund	R	<input type="text"/>	R	<input type="text"/>

Note: Insurance benefits (including, but not limited to, retirement/pension fund and/or death benefits) can be made payable to a trust created in terms of the will for the benefit of a minor child/children. The beneficiary nomination submitted to the insurance provider(s) must specify the name(s) of the child/children, with the wish that the benefits should be held in a testamentary trust for the sole benefit of the child/children.

Indicate whether benefits must be held in such trusts: Client 1 Client 2

11 ESTATE ASSETS, LIABILITIES AND LIQUIDITY CALCULATION

11.1 Assets	Client 1	Client 2	Description	Buy-and-sell agreement
Residential fixed property	R	R		
Agricultural fixed property	R	R		
Other fixed property	R	R		
Farming assets (livestock, implements and crops)	R	R		
Private company shares	R	R		
Close corporation interest	R	R		
Partnership interest	R	R		
Sole proprietorship	R	R		
Cash investments	R	R		
Loans, including loans due by inter vivos trusts	R	R		
Quoted shares	R	R		
Unit trusts	R	R		
Assurance payable to the estate	R	R		
Other	R	R		
Total assets	R	R		

11.2 Liabilities	Client 1	Client 2	Description
Mortgage loans	R	R	
Vehicle finance	R	R	
Personal loans	R	R	
Bank overdrafts	R	R	
Taxes (estate duty and capital gains)	R	R	
Other	R	R	
Total liabilities	R	R	

11.3 Liquidity calculation (estimate)	Client 1	Client 2	Description
Total cash assets	R	R	
Estimated estate administration costs	R	R	(4,5% of total assets)
Total estate liabilities	R	R	
Liquidity	R	R	Cash and insurance payable to the estate minus total estate liabilities and estimated estate administration costs.

12 HEIRS (If insufficient space, attach additional page)

Note: Bear in mind the limitations of the spouses' right to dispose of assets in their joint estate.

12.1 List of beneficiaries if client 1 dies first and the spouse is not sole heir:

Spouse sole heir? Yes No

.....

.....

.....

.....

.....

.....

.....

(Full names, dates of birth, relationships and percentages if there is more than one heir.)

Should provision be made for maintenance claims for children from a previous marriage/relationship? Yes No



12.2 List of beneficiaries if client 2 dies first and the spouse is not sole heir: Spouse sole heir? Yes No

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.....
.....
.....
.....
.....
.....

(Full names, dates of birth, relationships and percentages if there is more than one heir.)

Should provision be made for maintenance claims for children from a previous marriage/relationship? Yes No

12.3 Instruction of both client 1 and 2 pass away simultaneously Children sole heirs? Yes No

Should spouses' children from previous marriage(s)/relationship(s) be included? Yes No

12.4 Will in event of family obliteration (this means death of the client, spouse and children).

Note: If charities are nominated, provide full names and addresses:

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.....
.....

(Please provide percentages if there is more than one heir.)

13 TESTAMENTARY TRUST

Do you require a testamentary trust? Yes No

If yes, should the testamentary trust be brought into existence upon the death of: client 1 client 2 client 1 & 2

Do you nominate your executor as a trustees? Yes No

Please list the names of three trustees, if the executor is not nominated as a trustee.

.....
.....
.....

Termination age of the trust: 18 21 Alternative age

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Kindly provide a short explanation on who the beneficiaries of the trust are and what percentages would accrue to them.

.....
.....
(full names, identity number ,relationship and percentage)

.....
.....
(full names, identity number ,relationship and percentage)

14 TERMS AND CONDITIONS

- I/We acknowledge that JVD Attorneys will prepare a last will in terms of the details and instructions provided in this application form.
- I/We confirm that the information is correct and that it remains my/our responsibility to advise JVD Attorneys if circumstances change.
- These instructions should not be construed as a valid will, as the requirements of the Wills Act, 1953, must still be met.
- I/We confirm that the proper advice has been sought from JVD Attorneys as to best practice relating to the structure of my/our will. If my/our instruction(s) are contrary to JVD Attorneys' advice, my/our instructions should prevail.

CONSENT AND ECLARATION

PRIVACY CONSENT

I/We give consent to JVD Attorneys to process my/our personal information, as defined in relevant legislation, for purposes of providing fiduciary services ('the services') and, where necessary, to forward this information to third parties, locally and abroad, so that they may provide me/us with the services. I am/We also consent to further processing of my/our personal information in accordance with the terms stated herein.

Note: JVD Attorneys includes all its subsidiaries, associates, cessionaries, delegates and successors in title.

'Processing' of personal information means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use of such information.

CONFIRMATION

- 1 The intermediary has explained this application form, the product and costs, where applicable, to me/us and I/we confirm that I/we fully understand the contents thereof and that I am/we are completing it out of my/our own free will.
- 2 I/We warrant that I/we have fully and truthfully answered all questions and responded to requests for information and that I am/we are not aware of any other information that may be relevant.
- 3 All consent provided in this document will survive any contractual relationship that I/we have with JVD Attorneys, unless I/we cancel this consent in writing.

.....
(Signature of client 1/client 2)

REFERRAL PARTNER DETAILS:

.....
(full names & contact details)