



Simple Will Application

Confidential / Streng Vertroulik

Client Name:

Date:

Financial Advisor:

Review Date:

1. Financial Planner details (if applicable):

Name and Surname:

Cellphone:

Date:

E-mail Address:

May we contact the client directly should we require further information? Yes No

2. Will Specifications:

Type of Will:

New Review Joint Single

Language for the Will to be drafted in:

English Afrikaans

Should Nexus Fiduciary Services keep your Will in Safe Custody?

Yes No

Does the Will require a Certificate of Commissioner of Oaths?

Yes No

**Please refer to point 9 of the Terms of Will Instructions.*

Liquidity Calculation required?

Yes No

3. Client Information

Main Client Information (Client 1)

Title:

Birth Names:

Surname:

Gender: Male Female

Identity Number / Passport Number:

Cellphone number:

Telephone Work:

E-mail address:

Residential address:

Postal:

Postal address:

Postal:



3. Client Information (Continued)

Main Client Information (Client 1)

Marital Status: Single Divorced Widow(er) Living as partners Civil Union

Married Community of Property ANC with the application of the accrual system

Married by Customary Law ANC without the application of the accrual system

Married in foreign country

Do you have a active will in place: Yes No

If Yes, where is the Will?

3. Client Information (Continued)

Additional Client Information (Client 2)

Title:

Birth Names:

Surname:

Gender: Male Female

Identity Number / Passport Number:

Cellphone number:

Telephone Work:

E-mail address:

Residential address:

Postal:

Postal address:

Postal:

Marital Status: Single Divorced Widow(er) Living as partners Civil Union

Married Community of Property ANC with the application of the accrual system

Married by Customary Law ANC without the application of the accrual system

Married in foreign country

Do you have a active will in place: Yes No

If Yes, where is the Will?



4. Children's Information

Child 1:

Birth Names & Surname:

Identity Number / Date of Birth:

Gender: Male Female

Special needs child: Yes No

Child 2:

Birth Names & Surname:

Identity Number / Date of Birth:

Gender: Male Female

Special needs child: Yes No

Child 3:

Birth Names & Surname:

Identity Number / Date of Birth:

Gender: Male Female

Special needs child: Yes No

Child 4:

Birth Names & Surname:

Identity Number / Date of Birth:

Gender: Male Female

Special needs child: Yes No

Child 5:

Birth Names & Surname:

Identity Number / Date of Birth:

Gender: Male Female

Special needs child: Yes No



5. Testamentary Trust Details

Termination age:

18 21 25 30 Alternative

Trustees of the Testamentary Trust:

Nexus Fiduciary Services as independent trustee; and

Co-Trustee:

Birth Names & Surname:

Identity Number / Date of Birth:

Cellphone number:

Relationship to client(s):

**Trustee must be above 18 years old, solvent and a mentally capable person*

Do any of the heirs have special need:

Yes No

6. Guardianship for minor children

(Guardian must be over the age of 18 years old)

First option

Birth Names & Surname:

Identity Number / Date of Birth:

Relationship to client(s):

Second option

Birth Names & Surname:

Identity Number / Date of Birth:

Relationship to client(s):

7. How do you wish to leave your estate(s)?

Will of Client 1 if first dying:

Special Bequests:

Residue of estate:



7. How do you wish to leave your estate(s)? (Continued)

Will of Client 2 if first dying:

Special Bequests:

Residue of estate:

If Client 1 and Client 2 dies simultaneously or the will of the survivor of them:

Special Bequests:

Residue:

Further substitution:

Special Bequests:

Residue:

8. Special Wishes

	Client 1		Client 2					
Cremation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Burial	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Donation of Organs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Living Will	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Client 1 - Special requests regarding my remains:

Client 2 - Special requests regarding my remains:

**Please insure that an emergency contact person is aware of the above instructions*

**Organ Donors are required to be registered with a recognised medical institution or university*



Terms for Will Instruction

1. This document is not a valid Will but an instruction to Nexus Fiduciary Services to draft a Will and or Liquidity Calculation.
2. Nexus Fiduciary Services will draft the Will and or Liquidity Calculation at no charge to the client.
3. The nature and purpose of this business relationship is solely to draft a Will and or Liquidity Calculation.
4. Nexus Fiduciary Services will draft the Will and or Liquidity Calculation in accordance with the instructions and information received on this application form. Further contact will be made by with the Financial Planner / Client(s) if further information or clarity is required.
5. I hereby warrant that the information furnished is true and correct. I further acknowledge that the information will be relied upon by Nexus Fiduciary Services in drafting the Will and or Liquidity Calculation. I undertake to inform Nexus Fiduciary Services of any facts or circumstance which may influence the drafting of my will and or Liquidity Calculation.
6. I hereby indemnify Nexus Fiduciary Services and all its directors, agents and employees form any responsibility and or liability for any claim, damage, injury or loss of whatever nature, howsoever caused, that I may sustain because of inaccurate or incomplete information contained herein.
7. The draft Will and or Liquidity Calculation shall be sent to the Financial Planner for the client(s) perusal and signature.
8. I provide my express consent to Nexus Fiduciary Services to process my personal information provided on this application form, together with all other information provided to them by my Financial Planner. I further consent that my Will and or Liquidity Calculation may be forwarded to my Financial Planner once it has been drafted.
9. If a Will is signed by the client(s) by using a mark, thumbprint or signed by a third party on behalf of the client in the client's presence and at his instruction, a certificate by a Commissioner of Oaths is required.
10. Nexus Fiduciary Services, whom has highly qualified staff with the necessary experience in deceased estate and trust administration will be appointed as executor of the estate, with the power of assumption.

Terms of Safe Custody of the Will:

1. **Nexus Fiduciary Services** will keep the client's Will in Safe Custody at no charge to the client, if elected to do so.

Signature of Client 1

Date

Place

Signature of Client 2

Date

Place
