



ARCHIBALD CAMPBELL & HARLEY

WILLS QUESTIONNAIRE

BACKGROUND

Full Name:

Address:

Post Code:

Date of Birth:

Telephone
Number:

Email
Address:

Marital Status: *(*Please tick as appropriate)*

Single

Married

Civil Partnership/Co-habitant

Name & Address of Spouse/Civil Partner/Co-habitant if applicable:

Post Code:

Names, Addresses and Ages of Children:

Post Code:

Post Code:

Are these children from your present or previous relationship?

Please return your completed questionnaire to: Wealth Management Department, Archibald Campbell and Harley, 37 Queen Street, Edinburgh EH2 1JX. E-mail: wmd@achws.co.uk

ASSETS

Full Address of property:

	Post Code:
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Is this owned in joint or sole names:

Do you have any other substantial assets so that the value of you estate is likely to exceed £312,000 (the current inheritance tax threshold) or from April 2009, £325,000? *If yes, please briefly summarise assets and give approximate value:*

Description:	<input style="width: 95%; height: 25px;" type="text"/>	Value:	<input style="width: 95%; height: 25px;" type="text"/>
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MAKING YOUR WILL***Executors***

Please list the individuals who you wish to act as your executors (family, friend, a professional person etc) who will ingather and distribute your estate in terms of your Will after your death and administer any Trust contained in your Will.

Full name:

Address:

	Post Code:
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Relationship to you:

Executors

Full name:

Address:

Post Code:

Relationship to you:

Full name:

Address:

Post Code:

Relationship to you:

Beneficiaries

Please specify any individuals, organisations or charities who you wish to receive a cash legacy or a specific item(s) belonging to you.

Full name:

Address:

Post Code:

Item/Amount:

Full name:

Address:

Post Code:

Item/Amount:

Please return your completed questionnaire to: Wealth Management Department, Archibald Campbell and Harley, 37 Queen Street, Edinburgh EH2 1JX. E-mail: wmd@achws.co.uk

Beneficiaries

Full name:

Address:

Post Code:

Item/Amount:

Please specify how you would like the remainder of your estate to be divided?

All to spouse/civil partner/co-habitant:

YES

NO

N/A

All to children:

YES

NO

N/A

Equally between all children:

YES

NO

N/A

If not in equal shares please specify %:

Name:

%

Name:

%

Name:

%

Name:

%

If not to spouse/civil partner/co-habitant then please specify beneficiary/ies and share of division (NB you cannot disinherit your spouse and children under Scots Law- see further explanation in "Making a Will Flyer))

Name:

%

Address:

Post Code:

Name:

%

Address:

Post Code:

Please return your completed questionnaire to: Wealth Management Department, Archibald Campbell and Harley, 37 Queen Street, Edinburgh EH2 1JX. E-mail: wmd@achws.co.uk

Beneficiaries

Name: %

Address:
Post Code:

Name: %

Address:
Post Code:

If children are to inherit any share of the remainder of your estate please specify at which age you wish them to inherit:

- Everything at 18
- Everything at 21
- Income (i.e. bank interest/dividends/rent from property) to be paid over from the age of 21 and then the capital paid outright at 25.
- Other (please specify below)

Guardians

Do you wish to appoint guardians to any children who may be under the age of 16 when you die?

Yes No

If so, please give name(s) and address below:

Name(s):

Address:
Post Code:

Funeral Arrangements

Please specify any funeral arrangements that you wish to have in your Will (ie burial/cremation).

Miscellaneous

Please use this space to cover any other issues or ask any questions relevant to making a Will.