



PREMIUM WILL- QUESTIONNAIRE FORM

PERSONAL DATA

Full Name _____

Contact Address _____

Email Address _____

Employer _____

Phone Number(s) _____

Gender: Male Female Date of Birth (dd/mm/yyyy): _____

Nationality: _____ State of origin: _____ LGA: _____

Spouse Data

Full Name _____

Contact Address _____

Phone Number(s) _____

Date of Birth (dd/mm/yyyy): _____

CHILDREN

Full Name	Date of Birth	Is the Child a Minor
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION OF MARRIAGE

Type: Customary Court Christian Islamic

Year: _____ Marriage Certificate No: _____

DIVORCE

Have you had any marriage which ended in divorce? Yes No

If yes, when was the divorce? _____

Please supply a copy of your divorce order and any financial orders if you have these available.

GUARDIAN(S)

If your children are under age eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custody) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of the person(s) before executing your Will.

NOTE: A guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.

a.) Name(s): _____

b.) Address: _____

c.) City: _____ (d.) State of Residence: _____

e.) Phone Number(s) _____ (f.) E-Mail Address: _____

g.) Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as guardian, please list an alternate:

SUCCESSOR GUARDIAN(S)

a.) Name(s): _____

b.) Address: _____

c.) City: _____ (d.) State of Residence: _____

e.) Phone Number(s) _____ (f.) E-Mail Address: _____

g.) Relationship (if any): _____

ASSETS DATA

PROPERTY

Location Type of Property	Type of Property	How Title is Registered ¹
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHARES/STOCKS

Company	Volume/Value	Percentage of Shareholdings	CSCS No. (If Applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹ Such as individual name, jointly owned, etc.

LIFE INSURANCE

Company	Type * of Policy	Owner	Beneficiary	Face Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK ACCOUNT DETAILS

Bank Account Name	Bank Account No.	Branch	Account Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYEE BENEFITS

PENSION-You

- Are you covered in a qualified pension plan? yes no
- What is your RSA Number? _____

Executors

Names and addresses of first and second choices for Executors. You may name an individual or corporate trustee.

- Name _____
Relationship to you _____
Contact Address _____
Phone Number(s) _____
E-Mail Address: _____
- Name _____
Relationship to you _____
Contact Address _____
Phone Number(s) _____
E-Mail Address: _____

Trustees

Names and addresses of first and second choices for Trustees if different from Executors. You may name an individual or corporate trustee.

- Name _____

* Term, Whole life, etc.

Relationship to you _____

Contact Address _____

Phone Number(s) _____

E-Mail Address: _____

2. Name _____

Relationship to you _____

Contact Address _____

Phone Number(s) _____

E-Mail Address: _____

DISTRIBUTION OF ESTATE

Please indicate, by checking the appropriate option, how you want your assets to pass when you die.

Option A: I want my assets to pass to my spouse and children as follows:

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want assets to be distributed as follows:

ASSET	BENEFICIARY

Option B: I am unmarried with children and want my assets to pass:

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

ASSET	BENEFICIARY

Option C: Death (with minor children): If my spouse dies before me or we die in a common disaster, leaving minor children, then I desire my estate to be distributed as follows:

ASSET	BENEFICIARY

Option D: None of the above. I want my assets to pass in this manner:

ASSET	BENEFICIARY

At what age(s) do you want the monies to be distributed to your children/beneficiaries?
 List percentages: ____% at ____ years old; ____% at ____ years old; ____% at ____ years old:

CHILD/BENEFICIARY	AGE	PERCENTAGE

List any instructions regarding limitations on distributions (such as completion of University Education, etc.), or special situations (such as starting a business, getting married, etc.).

Do you wish to disinherit any child, grandchild, or other person? If yes, you must list their names here.

Is there anyone who you think might have a claim on your estate whom you do not want to benefit from your Will?

If you propose to leave a legacy to someone who is married into your family e.g. a son in law, do you still wish them to benefit if they divorce?

Do you want a will contest clause (beneficiary gets nothing if he/she contests will or gift)?

If you want the guardian to receive a stipend/compensation for taking on the responsibilities of guardian, please set forth the details (e.g. monthly, annually etc.).

I hereby undertake and declare that all the statements made above and overleaf are true and correct and that I have not withheld any material information. I also agree to give notice to CSL TRUSTEES LIMITED in the event of any change in the information given.

Name: _____

Signature: _____

Date: _____

Special Wishes:

