

Request for the drafting of a Will

Please complete in full and return to your nearest Sanlam Trust office

- **E-mail:** BellvilleTestamente@sanlam.co.za or PretoriaTestamente@sanlam.co.za
- **Fax:** 021 947-6353 or 012 470-0136

1. Requirements for your Will

Type: Single Joint

New Will (*you have no Will at Sanlam Trust*) Revision of existing Will

Will regarding: SA assets only Foreign assets included

Language of Will: Afrikaans English

2. Particulars of Client 1

Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge

Full names and surname _____

Maiden name _____ (*If applicable*)

Identity number _____ (*Compulsory*) Date of birth _____ / _____ / _____ (*dd/mm/ccyy*)

Passport number _____ Expiry date _____ / _____ / _____ (*dd/mm/ccyy*)

Nationality _____

E-mail address _____

Contact numbers: Telephone (Home) (_____) _____ Telephone (Work) (_____) _____

Fax (Home) (_____) _____ Fax (Work) (_____) _____

Cell phone _____

3. Particulars of Client 2

Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge

Full names and surname _____

Maiden name _____ (*If applicable*)

Identity number _____ (*Compulsory*) Date of birth _____ / _____ / _____ (*dd/mm/ccyy*)

Passport number _____ Expiry date _____ / _____ / _____ (*dd/mm/ccyy*)

Nationality _____

E-mail address _____

Contact numbers: Telephone (Home) (_____) _____ Telephone (Work) (_____) _____

Fax (Home) (_____) _____ Fax (Work) (_____) _____

Cell phone _____

4. Address

Client 1

Postal address _____ Postal code _____

Residential address, same as postal address *If not, specify.*

Postal code _____

Client 2 (*If different from client 1*)

Postal address _____ Postal code _____

Residential address, same as postal address *If not, specify.*

Postal code _____

5. Marital status

Single Divorced Widowed Co-habiting (not registered)

Married: (including civil union that is registered):

- In community of property
- Ante-nuptial contract: Without accrual With accrual

Married: (other):

- Customary marriage according to indigenous law • Marriage according to tenets of religion: Muslim Hindu
- Is this a registered marriage? No Yes If Yes, what type of marriage is applicable:
 - In community of property
 - Ante-nuptial contract: Without accrual With accrual

6. Particulars of Children

Note: Please give full details of all children, including predeceased children who left issue and legally adopted children

Full names and surname	Identity number	M	F	Related to:		
				Both	Client 1	Client 2

Please mark with an X

M = Male F = Female

7. Information for office use

Indicate the appropriate criteria.

		Client 1	Client 2		Client 1	Client 2
Indicate the following:	Personnel member: Sanlam Group	<input type="checkbox"/>	<input type="checkbox"/>	Agent: JIGSAW	<input type="checkbox"/>	<input type="checkbox"/>
	Personnel member: Santam	<input type="checkbox"/>	<input type="checkbox"/>			
Are you a member of one of the following:	Agribonus	<input type="checkbox"/>	<input type="checkbox"/>	Cape Consumers	<input type="checkbox"/>	<input type="checkbox"/>
	Community Press	<input type="checkbox"/>	<input type="checkbox"/>	Resolution Health	<input type="checkbox"/>	<input type="checkbox"/>
	SAMBA	<input type="checkbox"/>	<input type="checkbox"/>	Reality	<input type="checkbox"/>	<input type="checkbox"/>
Are you a client of one of the following:	Investec	<input type="checkbox"/>	<input type="checkbox"/>	Santam	<input type="checkbox"/>	<input type="checkbox"/>
	JIGSAW	<input type="checkbox"/>	<input type="checkbox"/>			

8. Particulars for statistic use

To meet your specific financial needs would you please consider indicating the following:

Indicate the appropriate criteria	Black	White	Coloured	Indian	Muslim	Hindu
Client 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Income per month	None	R600 – R5 999	R6 000 – R11 999	R12 000 – R29 999	R30 000+	
Client 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupation:	Client 1 _____		Client 2 _____			

9. Assets

Note: Please complete in full or attach the latest financial statements. (if available)

Immovable property (e.g. primary residence or farm)	Value in Rand	
	Client 1	Client 2
Description		
Total		

Movable property (e.g. furniture, vehicles, implements, live-stock)	Value in Rand	
	Client 1	Client 2
Description		
Total		

Business interests	Percentage (%)		Value in Rand	
	Client 1	Client 2	Client 1	Client 2
Name of entity				
Sole proprietary				
Partnership				
Close Corporation				
Private company				
Total				

Investments (e.g. bank and/or insurance companies and/or other institutions)	Value in Rand	
	Client 1	Client 2
Name of institution, type of investment		
Total		

Insurance payable to estate		Value in Rand	
Name of company	Policy number	Client 1 first dying	Client 2 first dying
Total			

Insurance not payable to estate <i>(Beneficiary; cession; pension/retirement fund/preservation fund and annuities (lump sum and death cover); group cover)</i>			Value in Rand	
Name of company	Policy number	Name and surname of beneficiary	Client 1 first dying	Client 2 first dying
Total				

Other assets	Value in Rand	
Description	Client 1	Client 2
Total		

10. Offshore assets

Important: Only assets administered offshore require an offshore Will.

	Client 1	Client 2
Jurisdiction where assets are situated:	_____	_____
Type of assets: <i>(e.g. immovable property, investment)</i>	_____	_____
Value of asset:	R _____	R _____
Place of administration of asset:	_____	_____
Way in which asset was acquired:	_____	_____

11. Liabilities

Name of institution/creditors	Value in Rand	
	Client 1	Client 2
Mortgage bonds		
Bank overdrafts		
Loans		
Hire purchase		
Capitalised value of alimony claims		
Suretyships		
Claim i.r.o. accrual system		
Other		
Total		

12. Particulars of heirs

Will of Client 1 if first dying: Client 2 sole heir: Yes No

If No, indicate which asset must be inherited by whom:

Type of asset <i>(e.g. residential property, % of estate)</i>	Full names and surname	Relationship <i>(e.g. spouse, child, parent)</i>	Identity number / Date of birth	M	F

Will of Client 2 if first dying: Client 1 sole heir: Yes No

If No, indicate which asset must be inherited by whom:

Type of asset <i>(e.g. residential property, % of estate)</i>	Full names and surname	Relationship <i>(e.g. spouse, child, parent)</i>	Identity number / Date of birth	M	F

Will of survivor and/or simultaneous death:

Child(ren) sole heir(s): Yes No

If No, indicate which asset must be inherited by whom:

Type of asset <i>(e.g. residential property, % of estate)</i>	Full names and surname	Relationship <i>(e.g. spouse, child, parent)</i>	Identity number / Date of birth	M	F

Family obliteration *(Optional)*

Indicate which assets must be inherited by whom and from whose estate: *(e.g. estate of Client 1 or Client 2)*

Type of asset <i>(e.g. residential property, % of estate)</i>	Full names and surname	Relationship <i>(e.g. spouse, child, parent)</i>	Identity number / Date of birth	M	F	Heir of		
						Both	Client 1	Client 2

13. Inheritance of minors in trust

Must the inheritance be kept in a trust? Yes No

Until the age of 18 21 Alternative age _____

14. Executor: Sanlam Trust

Co-Executor *(Optional)*

Full names and surname	Relationship <i>(e.g. spouse, child, parent)</i>	Identity number / Date of birth	M	F

15. Trustee: Sanlam Trust

Co-Trustee *(Optional)*

Full names and surname	Relationship <i>(e.g. spouse, child, parent)</i>	Identity number / Date of birth	M	F

16. Guardian

Full names and surname	Guardian			Relationship <i>(e.g. child, parent)</i>	Identity number / Date of birth	M	F
	Single	Joint	Alternative				

17. Funeral arrangements

Choice	Client 1	Client 2
Funeral	<input type="checkbox"/>	<input type="checkbox"/>
Cremation	<input type="checkbox"/>	<input type="checkbox"/>
Organ donor	<input type="checkbox"/>	<input type="checkbox"/>
Special request <i>(please specify in full)</i>		

18. Other requests

19. Particulars of intermediary *(compulsory)*

Name and surname	_____
Intermediary code	_____
Contact details: Telephone (Work)	(_____) _____ Fax (Work) (_____)
Cell phone	_____
E-mail address	_____
Mailing method:	To above E-mail <input type="checkbox"/> Other <input type="checkbox"/> If other: _____
Are you involved with:	Crestfin <input type="checkbox"/> PSG Consult <input type="checkbox"/> Moonstone <input type="checkbox"/> Are you a diamond broker? <input type="checkbox"/>

20. Particulars of Legal Consultant *(if applicable)*

Name and surname	_____
Pay code	_____
Contact details: Telephone (Work)	(_____) _____ Fax (Work) (_____)
Cell phone	_____
E-mail address	_____

21. Methods of payment

Payment, by agreement, may be paid by any of the following methods:

- **Cheque** issued to **Sanlam Trust**.

- **Cash payment** *or* **Electronic transfer** *Make payment into the following bank account:*

Bank: Absa
Account number: 4049739157
Branch name: Sanbel
Branch code: 632005
Reference: BT4402 ID-number
BT4403 ID- number

Important: Please fax the deposit slip to:
(021) 947-6353
(012) 470-0136

- **Debit order**

Payment authorization

I, the undersigned, request Sanlam Trust to arrange with my bank to collect a payment as stated below, by debit order against my bank account.

Once-off amount R _____

Or

Amount R _____ split in 2 months 3 months

Date of deduction ____ / ____ / ____ (dd/mm/ccyy) (See Note)

Name and surname of account holder _____

Name of bank _____

Name of branch _____

Branch code _____

Account number _____

Type of account: Cheque Savings

- **Credit card**

Payment authorization

I, the undersigned, request Sanlam Trust to arrange with my bank to collect a payment, in terms of cost as indicated below, against my credit card account.

Once-off amount R _____

Or

Amount R _____ split in 2 months 3 months

Date of payment ____ / ____ / ____ (dd/mm/ccyy) (See Note)

Name and surname of account holder _____

Name of bank _____

Credit card number _____

Type of credit card: Visa Master

Expiry date of credit card ____ / ____

Credit card 3-digit code _____

Declaration

I/We acknowledge that:

- The party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent.
- I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signature of account holder _____

Date ____ / ____ / ____ (dd/mm/ccyy)

Note:

The *Date of deduction/payment* can be determined as follows:

- If the will request reaches Sanlam Trust before the 15th of a month, the *Debit order* deduction or *Credit card* payment will be made on the 1st of the coming month.
- If the will request reaches Sanlam Trust after the 15th of a month, the *Debit order* deduction or *Credit card* payment will only be made on the 1st of the following month.
- You may select the payment date of your choice, i.e. 15th of the relevant month.