



Request for the drafting of a Will

Please complete in full and return to your Sanlam Trust office

• **E-mail:** stwills@sanlam.co.za

• **Fax:** +27 21 947 6353 or +27 12 470 0136

1. 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 Other If other: _____

2. 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: English Afrikaans

3. 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? Yes No If "Yes", what marital regime is applicable:

• In community of property

• Ante-nuptial contract: Without accrual With accrual

4. Particulars of Client 1

Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge

Full names and surname _____

Maiden name _____ (if applicable)

Identification type: (Compulsory) RSA Identity Namibia Identity Passport

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

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

Nationality: South Africa Other _____

Preferred language: English Afrikaans Gender: Male Female

Preferred communication medium: Email SMS Postal address

E-mail address _____

Contact numbers: (Please give at least ONE contact number)

Telephone (Home) (_____) _____ Telephone (Work) (_____) _____

Cell phone _____

Total Estate value R _____ Total Liability R _____

Occupation _____

5. Particulars of Client 2Title: Mr Mrs Miss Ms Rev Dr Prof Adv Judge

Full names and surname _____

Maiden name _____ (If applicable)

Identification type: (Compulsory) RSA Identity Namibia Identity Passport

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

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

Nationality: South Africa Other _____Preferred language: English Afrikaans Gender: Male Female Preferred communication medium: Email SMS Postal address

E-mail address _____

Contact numbers: (Please give at least ONE contact number)

Telephone (Home) (____) _____ Telephone (Work) (____) _____

Cell phone _____

Total Estate value R _____ Total Liability R _____

Occupation _____

6. 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 _____

7. 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

8. Assets

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

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 and amount of loan account, if applicable				
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		

8. Assets *(continued)*

Insurance payable to estate (death cover)		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		

9. 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:		

10. 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		

11. Particulars of heirs

Please mark with an "X" M = Male F = Female

Will of Client 1 if first dying:	Client 2 sole heir: Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/>				
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

11. Particulars of heirs (continued)

Please mark with an "X" M = Male F = Female

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., 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. parent)</i>	Identity number / Date of birth	M	F	Heir of		
						Both	Client 1	Client 2

12. Inheritance of minors in trust

Must the inheritance be kept in a trust? Yes No

Until the age of 18 21 25 Alternative age _____

Special request *(please specify in full)*

13. Executor: Sanlam TrustCo-Executor (*Optional*)

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

14. Trustee: Sanlam TrustCo-Trustee (*Optional*)

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

15. Guardian

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

16. 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>)		

17. Other requests

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18. Particulars of Financial Planning Specialist *(if applicable)*

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

19. Signature Type

Please indicate which signature is applicable. *(Please mark with "X".)*

The signature type is important if the commissioner of oaths needs to sign the Will as well and a certificate needs to be added to the Will.

	Client 1	Client 2
Normal signature		
Blind person cannot sign, other person sign on his/her behalf		
Blind person can sign		
Blind person sign by making a mark		
Person cannot sign, other person sign on his/her behalf		
Person cannot sign and sign by making a mark		



Indemnity form

Terms and conditions

1. You certify that to the best of your knowledge and belief the information you provide to us is true, complete and accurate. If you have used the services of an intermediary to complete this form, you acknowledge that he/she has discussed the drafting of your Will with you to a degree which is sufficient to enable you to express your wishes to us clearly.
2. You agree to indemnify Sanlam Trust against any claims, demands, damages, losses, costs or expenses which may arise if:-
 - the Will we draft does not meet your wishes; or
 - cannot be administered due to inadequate or inaccurate information you supplied; or
 - if the drafted Will is not signed according to the guidelines as shown on its accompanying instructions page; or
 - we do not receive the originally signed Will for safekeeping within a period of 4 (four) months from the date of delivery of the Will for signature to the intermediary on record, or if there is no intermediary directly to you.

You agree that we may remove the unsigned Will from our database after 4 (four) months has elapsed from the date of delivery.

I/we confirm that I/we have read and understood the terms and conditions and understand their implications.

Client 1

Client 2

Date _____ (dd/mm/ccyy)



Sanlam Trust debit order form

Account holder details

Will number _____

Title _____ Full names and surname _____

RSA/Namibian Identity number/Passport number _____ (compulsory)

If passport number, provide the country of issue _____

Physical address _____

Postal address _____

Telephone number (h) _____ (w) _____ (c) _____

e-mail address _____

Bank details

Name of bank _____ Name of branch _____

Account number _____ 6-digit bank code _____

Type of account Current Savings Other _____

Deductions

Mode of payment (select only one option)

Safe custody fee: Recurring (VAT included)

- R57 – annually
- R285 – every 5 years

Will drafting fee: Once off (VAT included)

- R456 – New will (Sanlam Trust executor)
- R950 – New will (Sanlam Trust not executor)
- R228 – Will revision

Deductions must take place on 1st 16th 26th day of a month.

The individual payment instructions so authorised to be issued, must be issued and delivered on the earliest date upon receipt of instruction to draft and/or revise will or after the signed will was placed in safe custody.

The reference on your bank statement will start with "SANLAMTRST".

Authorisation

I, the undersigned, request Sanlam Trust (Pty) Ltd to arrange with my bank to collect, by means of the debit order system the fee, as may be amended from time to time, payable by me for the drafting and/or revision of my will or safe custody of my will, as well as any payments in arrears, against my bank account as indicated above.

Acknowledgements

I acknowledge that:

- all payment instructions issued by me shall be treated by my bank as if the instructions had been issued by me personally;
- I cannot reclaim amounts, which have been withdrawn from my account (paid) in terms of this authority if such amounts were legally owing to Sanlam Trust (Pty) Ltd.

Signed at (place) _____ on _____ (dd/mm/ccyy)

Signature of account holder _____