## **WILLS**

It's never easy to think about your death, as we all believe that we have more time, but if you were to die unexpectedly, will your family be taken care of?

At PKF (PE) Inc. we have an Estates Department that deals with Wills, Will Trusts and the Administration of Deceased Estates on a daily basis.

Please fill in the following questionnaire and we will draft your will for free if you appoint PKF (PE) Inc. to be the Executor or Co-Executor in your Estate.

Full names:	
Surname:	
Title:	Mr. Mrs. Ms. Prof. Dr. Rev.
Gender:	M F
Identity number: Physical Address:	
Married	
Single	
Co-habiting	

Married: Married in Community of Property

Married out of Community of Property – with Accrual

Married out of Community of Property – without Accrual

If they choose one of the married or co-habiting options, then this box opens:

Name & Surname of Spouse/Partner:

Identity number:							

If married, then this drop box must appear:

## **EXECUTOR:**

<ul> <li>PKF (PE) Inc.</li> </ul>	
Co-Executor:	
Full names & Surname:	
ID Number:	
Contact Details:	
Other:	
Full names & Surname:	
ID number:	
Contact Details:	
Bank Details:	
PKF (PE) Inc.	
Bank: FNB	
Account Number: 5341006347	3
Branch Code: 261050	
Ref: Wills (initial & Surname)	
(If we are not appointed as Exc	ecutor or Co-Executor, there
will a fee of R that has to	be paid into the account as
stated above, and as soon as	you send us proof of payment
we will provide you with the wil	Il created)

Beneficiaries:														
Major					Min	or								
If Major: Name & Surna ID Number:	ame: _													
Bequest:														
In the event th	at the a	bove	persor	n prede	cease	s me	or	if w	e d	ie s	imult	tane	ously,	it
shall devolve u	pon his	s/her is	ssue –	or if yo	ou do r	not w	/ant	t it to	o go	o to	thei	r chil	dren t	0:
Name & Surna	ame: _													
ID Number:														
If Minor:														
If you want you your will for the after your child	eir bene	fit and	l wellbe	eing an										
We will create	and re	gister	the W	ill Trust	, while	e dea	alin	g wi	th y	/oui	r esta	ate a	ınd tra	nsfer
all necessary					•									linors
inheritance wil	I be pai	d into	the gu	ardian'	s fund	whic	ch i	s cc	ontro	olle	d by	the S	State.	
Will Trust Nam	ne: _													
Names & Surr	name of	Trust	ees wi	th their	ID Nu	mbe	rs a	and	cor	ntac	t det	ails i	if not t	he

same as Executors:

Names, Surname and ID Number of Beneficiaries in the Will Trust:
At what age can the benefit of the Trust be paid out to the Beneficiaries:
Specific instruction with regards to the Will Trust to the Trustees:
What happens to the amount left in the Trust if all of the beneficiaries of the Trust
were to pass away before the Trust can be distributed;
bequeath the Residue of my Estate to (Full names, surname and ID Number):
bequeatifule residue of my Estate to (i difinantes, surfiante and ib Number).

In the event that the above person predeceases me or if we die simultaneously, it shall devolve upon his/her issue – or if you do not want it to go to their children to:

Name & Surname:											
ID Number:											
W. T											
If the Testator or Tes	<u>statrix</u>	have	<u>mino</u>	r ch	<u>ildre</u>	<u>n – (</u>	<u>uar</u>	<u>dian</u>	<u>is:</u>		
Full name & surnam	ıe:										
ID No.:											
Contact Number:											
In the event that the	_		as ap	poir	nted	abov	ve p	ede	cea	ses	s me or if we die
simultaneously I nor	ninate:	•									
Full name & surnam	ie:										
ID No.:											
Contact Number:											
Last Wish:											
In case you want to	ho oro	moto	nd or b	urio	d in	0.00	ooifi	0 m	ann.	or.	
In case you want to	<u>be cre</u>	mate	ed OI L	une	<u>u in</u>	a sp	eciii	U IIIa	aririe	<u>31.</u>	