



ADVANCED WILL APPLICATION FORM

IMPORTANT NOTES

By continuing with this will instruction form, you hereby agree to abide by these instructions and notes:

1. Please use proper character case, i.e. Upper Case and lowercase where necessary.
2. Please endeavour to use proper grammar and spelling, especially with personal details
3. Contact us if you wish to amend an existing will.

You agree that Wills Factory will not be held accountable in any way should a deviation from the above instructions/notes result in the validity or execution of your will being affected, or should it be detrimental to the devolution of your estate.

Once completed & signed, scan the form and email it to care@willsfactory.co.za.

Alternatively send by mail to Wills Factory, PostNet Suite 2008, Private Bag X2, Century City 7446, Western Cape

PERSONAL DETAILS

First Name	Middle Name				Surname						
ID Type	ID/Passport Number				Date of Birth						
Home Phone	Work Phone				Mobile Number						
Salutation	Married? Tick (✓) the correct option				Tick (✓) or provide the correct title						
Dear	No	COP	ANC	ANC + Accrual	Mr	Mrs	Ms	Miss	Prof	Dr	Other
Email					Gender – tick (✓) the correct option						
					Male				Female		

PHYSICAL ADDRESS

Address Line 1											
Address Line 2											
City/Town											
Province											
Code											

POSTAL ADDRESS

Address/PO Box Line 1											
Address Line 2											
City/Town											
Province											
Code											

SPOUSE'S PERSONAL DETAILS

First Name	Middle Name	Surname						
ID Type	ID/Passport Number	Date of Birth						
Home Phone	Work Phone	Mobile Number						
Salutation	Email	Tick (✓) or provide the correct title						
Dear		Mr	Mrs	Ms	Miss	Prof	Dr	Other

SPOUSE'S PHYSICAL ADDRESS (if not the same as Testator's)

Address Line 1							
Address Line 2							
City/Town							
Province							
Code							

SPOUSE'S POSTAL ADDRESS (if not the same as Testator's)

Address/PO Box Line 1							
Address Line 2							
City/Town							
Province							
Code							

APPOINTMENT OF EXECUTOR (Wills Factory by default)

Name		
Wills Factory (Pty) Ltd.		
Landline Number	Fax Number	Email
021 741 1338	086 457 6642	care@willsfactory.co.za
Physical Address		
Upper Ground, Block 3, No. 1 Waterhouse, 4 Waterhouse Place, Century City, Cape Town 7441, Western Cape		
Postal Address		
PostNet Suite 2008, Private Bag X2, Century City 7446, Western Cape		

MORTAL REMAINS

Here you can leave instructions for your mortal remains – whether you wish for it to be buried, cremated or donated to science, and whether you are an organ donor.

“My mortal remains should be ...” – please tick (✓) the preferred option:					
Buried		Cremated		Donated to Science/Medicine	
<p>If “Buried” or “Cremated” is selected, are you / do you wish to be an Organ Donor? Your family can still have your body to be buried or cremated after organ harvesting. You must be registered to be an organ donor. See https://www.odf.org.za. The following instruction will be added to your will: “I hereby direct that my body shall be delivered to any hospital selected by my nominated executor for the purpose of such hospital utilising any portion thereof for the benefit of any living person by way of transplant or in any other manner as the medical officer in charge of such hospital may in his discretion decide and I authorise my nominated executor to sign all of the prescribed forms to carry out my instructions.”</p>					
Please tick (✓) the correct option:			Yes		No
<p>If “Donated to Science/Medicine” is selected, please note: This refers to donating your entire mortal remains for the sake of science and/or medicine, for which you should be registered. Read more about the body donor programmes of the University of Stellenbosch or the University of the Witwatersrand. If it is for any reason not possible to donate your Mortal Remains to Science/Medicine, it should be:</p>					
Please tick (✓) the correct option:		Buried		Cremated	

APPOINTMENT OF GUARDIANS for Minors and Other Dependants, if applicable.

Trustees will only be appointed if your spouse (if applicable) has also passed away or is incapable of acting as Trustee due to illness or other reason as deemed proper and valid by the Executor of your estate.

Title, First Name & Surname	ID/Passport	Cell No.	Email	Guardian/Co-Guardian for:
				All / Name(s) of Dependand(s)
				Name(s) of Dependand(s)
				Name(s) of Dependand(s)
				Name(s) of Dependand(s)

APPOINTMENT OF TRUSTEES for Minors and Other Dependants, if applicable.

Trustees will only be appointed if your spouse (if applicable) has also passed away or is incapable of acting as Trustee due to illness or other reason as deemed proper and valid by the Executor of your estate.

Title, First Name & Surname	ID/Passport	Cell No.	Email	Trustee/Co-Trustee for:
				All / Name(s) of Dependand(s)
				Name(s) of Dependand(s)
				Name(s) of Dependand(s)
				Name(s) of Dependand(s)
Age at Which Trust(s) Should Terminate				18 or Older

LEGACY INHERITANCE FOR SPOUSE

Specify items, specific sums of money, investments etc. Be as specific and descriptive as possible in describing every item.

Description of Item	Value (optional)

LEGACY INHERITANCE FOR BENEFICIARIES

List each item in the second column and be as descriptive as possible. If an item is cash or a similar item with a fixed value, also stipulate the amount. Please ensure that you do due diligence in researching the validity of your bequest to someone who is not your spouse, if you are married in Community of Property or under ANC with Accrual.

Name & Surname ID or Registration No Email Phone No	Description of Item(s) incl. Value if Applicable

REMAINDER OF ESTATE

How the remainder of the estate (after expenses and fees, and legacy item distribution if applicable) should be distributed.

Please tick (✓) the preferred option:

To My Spouse in Full	<input type="checkbox"/>	In Full to One or Equally Divided Among Beneficiaries	<input type="checkbox"/>	Divided in Percentages	<input type="checkbox"/>
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REMAINDER OF ESTATE IN FULL TO ONE, OR EQUALLY DIVIDED AMONG BENEFICIARIES

Complete only if the relevant option above was selected. Please ensure that you do due diligence in researching the validity of your bequest to someone who is not your spouse, if you are married in Community of Property or ANC with Accrual.

Title, First Name & Surname	ID/Passport	Cell No.	Email

REMAINDER OF ESTATE IN DIVIDED AMONG BENEFICIARIES IN VARYING PERCENTAGES (must total 100%)

Complete only if the relevant option above was selected. Please ensure that you do due diligence in researching the validity of your bequest to someone who is not your spouse, if you are married in Community of Property or under ANC with Accrual.

Title, First Name & Surname	ID/Passport	Cell No.	Email	Percentage

WILL PAYMENT OPTIONS (please select)

<input type="checkbox"/>	R49 per Month (Life-long changes permissible) – Monthly Debit Order
<input type="checkbox"/>	R525 per Annum (Life-long changes permissible) – Annual Discounted Debit Order
<input type="checkbox"/>	R1 495 Once-Off – Advanced Will professionally drafted, amendments charged extra
<input type="checkbox"/>	R150 Once-Off – Registration Fees (includes courier fees to collect your signed will for storage)

<input type="checkbox"/>	Bank Debit Order	<input type="checkbox"/>	Credit/Debit Card Payment	If card payment is chosen you will be sent a link to complete payment online – safely and securely.
<input type="checkbox"/>		<input type="checkbox"/>		

BANK DEBIT ORDER DETAILS (complete **only** if Bank Debit Order is selected above)

Account Holder Name & Surname		Account Holder Email			
Billing Address					
Bank Name		Bank Code		Bank Branch	
Bank Account Number		Account Type		Tick (✓) the Day of the Month for Deduction	
				1	15

IMPORTANT: The **Registration Fee** will be deducted by ad hoc debit order as soon as possible after receipt of this Will Instruction form – kindly ensure that funds are available in the bank account. The recurring **Membership Fee** deduction will commence on the first available occurrence of your selected Day of the Month for Deduction, *following receipt of your signed Will* by our office.

AUTHORISATION TO DEBIT

I, the undersigned, request Wills Factory (Pty) Ltd. to arrange with my bank to collect fees payable in terms of the Advanced Will provisions (as they may be amended from time to time) against my bank account (wherever it may be) in terms of a debit order. I authorise Wills Factory (Pty) Ltd. to draw against this account all amounts due in terms of this application. This authorisation is to remain in force until terminated by Wills Factory or myself. I agree to advise Wills Factory in writing of any changes that may occur. I warrant that the information supplied is true and correct.

Signed at		on this		day of		20	
Signature			Print Name				

Terms and Conditions Apply: www.willsfactory.co.za/terms-and-conditions

WHAT TO EXPECT NEXT:

Once completed & signed, scan the form and email it to care@willsfactory.co.za.

Alternatively, send it by postage to Wills Factory, PostNet Suite 2008, Private Bag X2, Century City 7446, W/Cape.

1. Upon receipt of your Will Instruction form an ad hoc deduction of the Registration Fee will be made a.s.a.p. by bank debit order.
2. Once we have received confirmation that the Registration Fee had been paid, one of our legal professionals will contact you to set a convenient time for a telephonic consultation about your Will.
3. After the telephonic consultation, the Will is drafted and, together with instructions, sent to your physical address for signing.
4. Once the Will has duly been signed, simply contact our office by phone, live chat or email and we will arrange to have the will collected and delivered to our office for safekeeping.
5. The monthly debit order for the Advanced Will membership fee will commence on the first occurrence of your selected Day of the Month for Deduction, after receipt of your duly signed Will by our office.



Office Use

Sales Reference