

COMPREHENSIVE 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		Yes No
2		Yes No
3		Yes No
4		Yes No
DECLARATION OF MARRIAGE Type: Customary Court	☐Christian ☐Islamic	
Year:	Marriage Certificate No:	<u> </u>
DIVORCE Have you had any marriage which ende	ed in divorce?	
If yes, when was the divorce?		
Please supply a copy of your divorce or	der 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:				
e). Phone Number(s)		(f). E-Mail Ad	dress:	
g.) Relationship (if any): _				
If the person or entity liste	ed above is unwilling or	unable to serve as guardia	an, please list an alternate:	
SUCCESSOR GUARDI	AN(S)			
a.) Name(s):				
e). Phone Number(s)		(f). E-Mail Ad	dress:	
g.) Relationship (if any): _				
ASSETS DATA				
PROPERTY Location Type of Proper			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 *	Owner	Beneficiary	Face Value
	of Policy			
BANK ACCOUNT DETA	AILS			
Bank Account Name		Bank Account No.	Branch	Account Type
EMPLOYEE BENEF	ITS			
PENSION-You				
1. Are you covered in a	a qualified pension plan	? 🗌 yes 🗌 no		
2. What is your RSA Nu	umber?			
Executors Names and addresses of trustee.	f first and second choice	es for Executors. You may name	e an individual or corp	oorate
1. Name				
Relationship to you				
Contact Address				
Phone Number(s) _				
E-Mail Address:				
2. Name				
Relationship to you				
Contact Address				
Phone Number(s) _				
Trustees Names and addresses of individual or corporate t		es for Trustees if different from	Executors. You may	name an
·				
* 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	e your accets to pass when you die
Option A : I want my assets to pass to my spouse and children as fo • To spouse, if surviving.	ollows:
• If my spouse predeceases me, my assets will be divided in equal s	hares among my children.
 If any of my children predecease me, that child's share shall be dis shares. 	stributed to his or her children in equal
 In the event my spouse and all of my children and descendants fall 	il 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	ç.
• In equal shares to my children.	
 If one or more of my children predeceases me, that child's share in children in equal shares. 	n my estate is distributed to his or her
• In the event all my children and descendants fail to survive me, I v	vant my assets to be distributed as follows:
ASSET	BENEFICIARY
AUDE I	DENEI IGIAILI

ASSET				
		BENEFICIARY		
Option D: None of the above. I want	my assets to pass in th	is manner:		
ASSET		BENEFICIARY		
NJJE I		DEINEFICIART		
At what age(s) do you want the mon	nies to be distributed to	your children/beneficiarie	25?	
List percentages:% at yea	ırs old;% at ye	, ears old;% at y	ears old:	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	
CHILD/BENEFICIARY	AGE		PERCENTAGE	

Option C: Death (with minor children): If my spouse dies before me or we die in a common disaster, leaving minor

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:
