

# Wills nomination form

## INTRODUCER INFORMATION

Introducers name:

Company name:

Introducers address:

### Introducer contact details

Tel no.

Mobile:

Email:

## CLIENT INFORMATION

Client 1 full name:

Address:

### Client contact details

Mobile:

Daytime telephone number

Evening telephone number

Email:

Client 2 full name:

Address:

Mobile:

Daytime telephone number

Evening telephone number

Email:



**COST**

(please tick the appropriate box)

Please tick the relevant box and state your required Legal and Administration fee in the box opposite.

Standard Fee (including vat)

Single Will	£99.00	<input type="checkbox"/>	Additional Legal and Administration	£
Double Will	£149.00	<input type="checkbox"/>	Additional Legal and Administration	£
Single Complex Wills (Tax planning / trusts)	£199.00	<input type="checkbox"/>	Additional Legal and Administration	£
Joint Complex Wills (Tax planning / trusts)	£299.00	<input type="checkbox"/>	Additional Legal and Administration	£

**Note regarding complex wills:** We do not offer any pre or post death tax planning or estate planning advice. Please obtain independent specialist advice from a suitably qualified adviser and supply us with written instructions from the adviser, which we will incorporate into your clients will.

**WILLS CHECKLIST**

Please tick as appropriate

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all relevant information to my client in accordance with the Solicitors Code of Conduct 2007.
<input type="checkbox"/>	<input type="checkbox"/>	I have examined appropriate identification and confirm the identity of my client(s) as correct.
<input type="checkbox"/>	<input type="checkbox"/>	I have given appropriate financial advice to my client(s) in respect of any financial provisions
<input type="checkbox"/>	<input type="checkbox"/>	Have you made any recommendations for tax saving provisions that should be built into the clients will? If so, please let us know in writing.
<input type="checkbox"/>	<input type="checkbox"/>	I intend to be present when my client(s) execute(s) the final Will together with a second witness as required under the terms of execution of a Will.
<input type="checkbox"/>	<input type="checkbox"/>	I have received my client's authority to complete this nomination form on their behalf and instruct you in accordance with the Solicitors Code of Conduct 2007.
<input type="checkbox"/>	<input type="checkbox"/>	I have provided my client(s) credit card details
		<u>or</u>
<input type="checkbox"/>	<input type="checkbox"/>	I have posted a cheque to you in respect of the fees for making the will.



PAYING YOUR LEGAL FEES BY CREDIT CARD / DEBIT CARD

Goldsmith Williams will accept payments via credit cards. Should you wish to avail yourself of this facility, please complete and return this form to us.

ONLY THE FOLLOWING TYPES OF CARD ARE ACCEPTED



CARDHOLDER'S DECLARATION: The issuer of the card identified on this item is authorised to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

N.B. PAYMENT BY CREDIT CARD FOR COSTS, VAT AND DISBURSEMENTS ONLY. WE CANNOT ACCEPT PAYMENT OF ANY DEPOSIT OR COMPLETION MONIES BY CREDIT CARD.

MATTER REFERENCE NO:

CARDHOLDERS NAME .....

CARDHOLDERS ADDRESS .....

MY CARD IS: DELTA MAESTRO M/CARD SOLO VISA ELECTRON

( Please note we do not accept American Express Cards )

MY CARD NO IS: .....

MY CARD SECURITY CODE IS ..... / ..... / ..... (the 3 digit number on the signature strip)

ISSUE NO (IF SWITCH) .....

START DATE ...../..... MY CARD EXPIRES ..... / .....

CARDHOLDERS SIGNATURE: .....

TOTAL £ .....

REQUESTED BY: .....

DATE: .....

Please note a Credit Card Transaction slip will be sent to you upon request.

DATE OF SUBMISSION [ ]

PLEASE FAX BACK TO 0845 373 6297