

# MONDAINE FIDUCIARY WILL APPLICATION



# MONDAINE FIDUCIARY

EMINENCE OF SUCCESS  
Established 2009

## CLIENT INFORMATION

### PERSONAL DETAILS

Title & full names:

Identity number:

If you do not have a SA ID, please complete your passport number and date of birth.

Passport number:

Date of Birth:

Email address:

Cell number:  Monthly income: R  Higher of own or Spouse

Do you consent to being contacted by email, SMS and WhatsApp?  Yes

**Protection of Personal Information:** We are committed to protecting your personal information. Your privacy is of utmost importance to us and we take our responsibility to protect your personal information very seriously. We will take the necessary measures to ensure that any and all information, provided by you for the purpose of this Application, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

## WILL INFORMATION

### DISTRIBUTION OF YOUR ESTATE

Who do you wish to inherit your general Estate?

For example: 50% to my Children, James and Tammy Smith, and 50% to my Spouse, Mary Smith, failing which, 100% to my Children.

Please provide the name(s), surnames, relationship(s), and year(s) of birth of your Beneficiaries.

Is there something specific you want to leave to someone, other than your general Estate?

For example: Life insurance payable to my Estate; or my primary residence; or my jewellery and to whom.

If so, please specify in detail.

## LAST WISHES

Cremated:

Buried:

Not specified:

Living Will:

## TRUST

Please complete the sections below, where applicable.

### CHILDREN'S TRUST

**A Testamentary Trust is required if minor Children are or could inherit from you.**

At which age may the Trust assets vest with the Beneficiary(ies)?

Vesting age:

18 years + (Recommended: 25 years)

### WIDOW'S TRUST

**This Trust will be created for the sole income needs of the nominated Spouse with the ultimate ownership of these assets vesting with your capital nominee(s) below. A monthly income will be payable to the Spouse for the duration of his or her lifetime. The income available will be dependent on the value of the inheritance left to the Trust, to be created in terms of the Will. NO initial inheritance taxes will be payable on any value received in this Trust, only on its termination. If any directly-held capital is required by the Spouse, please specify a separate special bequest or amend life insurance Beneficiaries to effect such.**

Please complete the information below to enable us to include a Widow's Trust in your Will.

#### Income Beneficiary

Spouse name:

Relationship:

#### Capital Beneficiary(ies)

Do you wish your Child(ren) to be the capital owners of these Trust assets?

Yes

No

If no, please specify who or which entity you wish to be the capital Beneficiaries.

Capital Beneficiary:

Relationship:

Capital Beneficiary:

Relationship:

Capital Beneficiary:

Relationship:

### PROVIDER'S TRUST

**It may be that a Beneficiary has special needs. In such a case, we recommend that a separate lifelong Trust be created for the interests of this Beneficiary and to provide capital and income to support this Beneficiary. The principal Beneficiary of your Will automatically inherits the balance of any remaining capital.**

Please complete the information below to enable us to create such a Trust in your Will.

#### Income and Capital Beneficiary

Beneficiary name:

Relationship:

## Additional Comments

## GUARDIAN AND TRUSTEE NOMINATIONS

In the event of both biological Parents being deceased, please provide full name(s) and relationship(s) of Guardians for your minor Children.

Guardian name:  Relationship:   
Guardian name:  Relationship:

In addition to Mondaine Consult, we strongly recommend a personal Co-Trustee. Please provide name(s) and relationship(s).

Co-Trustee name:  Relationship:   
Co-Trustee name:  Relationship:

### Additional Comments

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Signed on: \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_  
By: (please provide your Full Names & Surname)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed on Date:

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