



DATE:
BI:
Own Business: Yes/No

WILL APPLICATION FORM

Lyoness Membership
No. _____

Personal Details:

| | | |
|-----------------|----|-------|
| Name: | | |
| Identity No: | | |
| Address: | | |
| Tel. H. | W. | Cell. |
| e-mail address: | | |

Marital Details:

| | | | |
|------------------------------------|---------------------------|-----------------|---------|
| Tick whichever is applicable: | | | |
| Single | Married | Divorced | Widower |
| | In Community | | Widow |
| | Out of Community | Separated | |
| | Without accrual system | | |
| | With accrual system | Living together | |
| | In a foreign country | | |
| | Husband's domicile | | |
| | Same sex couple | | |
| | In terms of religious law | | |
| Spouse's details: | | | |
| Name: | | | |
| Identity No: | | | |
| Address: (if different from above) | | | |

Tel. H. W. Cell.
e-mail address:

Children:

| | | |
|-------|----------------|--|
| Name: | Date of birth: | Address(if different to yours) or e.mail address |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Please also advise if step-child or adopted.

2.

Devolution of Estate:

A. Legacies

Amount / _____ To whom: Full names _____ Address or contact no. _____

1.

2.

3.

4.

B. Residue

Share/% _____ To whom: Full names _____
Address and/or contact no. _____ Alternate _____

1.

2.

3.

4.

5.

6.

7.

3.
Financial Details

| Assets | Value | Liabilities | Value |
|--|-------|---|-------|
| 1. Fixed property: Address/Erf No. | | Bond/s | |
| 2. Movables: Value Furniture Motor car/s Guns Other | | H.P. Agreements | |
| 3. Shares/Units | | Loans | |
| 4. Investments/Cash assets | | Sureties signed by you: To/for whom: | |
| Your bankers: | | | |
| 5. If married in community of property, give details of your spouse's assets: | | Credit Cards: | |
| 6. Amounts paid outside your estate: Insurance policies | | Loans against any policies: | |
| Funeral benefits | | | |
| Group Life/Pension payments | | | |
| TOTALS: Assets | _____ | Liabilities | _____ |
| Difference/Balance: | | | |

4.

Minors

Appointment of guardian:

Name

Address

Contact no.

If any of your heirs/legatees are minors, please tick how you would like their inheritance dealt with:

Paid to their guardian Please state name and address of guardian:

Paid to Master of the High Court
Guardians Fund

Paid to a Trustee Until Age: 18 years 21 years 25 years
Other – please state age:

Executor/Trustee

PROACTIVE WILLS & ESTATES and ATTORNEYS CLOETE, BAKER & PTNRS

Please tick if you require:

Cremation

Living Will – see website www.livingwill.co.za

Further advice on:

Trusts(Testamentary or Inter Vivos)

Capital Gains Tax

Tax

Financial Planning/Wealth Creation

Providing liquidity in your estate

Maintenance claims against your estate

Property transactions

Effects of CGT

YES

Proactive may send me emails from time-to-time related to their Services and updates in the Industry, as well as related matters which may be of interest.

NO

SIGNATURE.....

DATE.....