



Fact Finder

Please complete this form in **BLOCK LETTERS**

SECTION 1 – Testator's / Testatrix's particulars **** Delete whichever not applicable**

Name (as in ID)		ID No.	
Gender	** Male / Female	Date of birth	
Address	SINGAPORE		
Email address			
Mobile No.		Home Tel No.	
Religion	** Muslim / Non Muslim	Any existing Will?	** Yes / No
Marital status	** Single / Married / Separated / Divorced / Widowed		
No. of children below 21 years old			

SECTION 2 – Appointing Executor and Trustee (must be at least 21 years of age)

Details of Main Executor and Trustee			
Gender	Relationship	Name as per ID	ID No.
M / F			
Details of Substitute Executor and Trustee			
Gender	Relationship	Name as per ID	ID No.
M / F			
Details of 2nd substitute Executor and Trustee			
Gender	Relationship	Name as per ID	ID No.
M / F			

SECTION 3 – Appointing substitute Guardian (only if you have children below 21 years old)

The surviving biological parent will be the Main Guardian.			
Details of Substitute Guardian			
Gender	Relationship	Name as per ID	ID No.
M / F			
Details of 2nd substitute Guardian			
Gender	Relationship	Name as per ID	ID No.
M / F			

SECTION 4 – Please tick if you have any of the following types of assets:

	Yes	No		Yes	No
Property in Single Name			Joint Bank or Investment Account		
Property in Joint Name (Joint Tenancy)			Jewellery or Safe Deposit box		
Property in Joint Name (Tenancy- in-Common)			Business Interest in Private Company		
Mortgage Insurance Policy for Outstanding Property Loan			Property or Land in Other Company		
Insurance, Investment-linked or Annuity Policy					

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SECTION 5 – Distribution of all personal properties by percentage (including bank accounts, cash, shares, insurance policies without nomination, motor vehicle etc) :

**** CPF monies not included, you need to make a separate CPF nomination.**

Name of Primary beneficiary	ID No.	Relationship	Share	Substitute beneficiary	
			%	Surviving beneficiary	
			%	Surviving beneficiary	
			%	Surviving beneficiary	
			%	Surviving beneficiary	
			%	Surviving beneficiary	

Details of Secondary beneficiaries			
Name	ID No.	Relationship	Share
			%
			%
			%
			%
			%

SECTION 6 – Specific gifts (\$25 per clause), only complete this section for items which you don't want to distribute according to Section 5 indicated above

Description of asset	Beneficiary (Name & ID)	Substitute beneficiary

SECTION 7 – Execution of Will and Translation Service

Will to be executed by: ** Signature / Thumbprint

Is translation required? ** Yes / No. If yes, indicate language/dialect: _____

SECTION 8 – Other matters

	Yes	No
Is duplicate Will required? (\$25 per set)		
No. of copies	_____ copies	
Is Safe Keeping Service required?	<input type="checkbox"/> 03 years – \$200 <input type="checkbox"/> 05 years – \$300 <input type="checkbox"/> 10 years – \$500	

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