ELECTUS TRUST

APPLICATION FOR A WILL

Please use Acrobat Reader to complete the form.

Type of application: Selection

Assets in Trust till age: Selection

TESTATOR / TESTATRIX

Individual 1

Title

Full Names

Maiden Surname

Passport Number

Previous Marriages

Previous Surnames

Gender

Initials

Surname

ID Number

Country of issue

Current Marital Status: Selection

Date of marriage

Marriage regime: Not Applicable

Marriage regime extra notes

Individual 2

Title

Full Names

Maiden Surname

Passport Number

Previous Marriages

Previous Surnames

Gender

Initials

Surname

ID Number

Country of issue

OFFSHORE INFORMATION

Emigrated to the Republic of South Africa? Yes No

Previous domicile

Any wills held offshore? Yes No

Who would be contacted relating to the offshore will?

Contact details of the person or institution.

Do you hold any offshore assets? Yes No

Short list the assets.

CHILDREN

Parent linked relating to will application

Child detail

Title | ID Number

Full Names | Surname

From previous marriage, with whom or current marriage

Parent linked relating to will application

Child detail

Title | ID Number

Full Names | Surname

From previous marriage, with whom or current marriage

Parent linked relating to will application

Child detail

Title | ID Number

Full Names | Surname

From previous marriage, with whom or current marriage

Parent linked relating to will application

Child detail

Title | ID Number

Full Names | Surname

From previous marriage, with whom or current marriage

GUARDIANS OF MINOR CHILDREN

Full Names | Surname

ID Number | E-mail

Contact Numbers

LIST OF ASSETS AND LIABILITIES

Item	Owner	Purch Date	Purchase Price	Outst Debt	Bequeath to

OTHER BEQUESTS

For example Non Profit Organisations with their registration number and other individuals.

SPECIAL REQUESTS

Living Will	
Funeral	
Cremation	
Registered as Organ Donor	
Other	

EXISTING TRUSTS

Trust Name and other contact person

TRUSTEE FOR THIS WILL (If required)

Full Names | Surname

ID Number | E-mail

Contact Details

EXECUTOR	*Per Default*	Optional / Jointly
Name	Ilse Anene	
Surname	De Klerk	
ID Number		
E-mail	ilse@rifin.co.za	
Contact Number	082 342 4848	

INSTRUCTION

I/We, the undersigned, hereby instruct RI Financial Management Services (RIFin) and Electus Trust to process my Last Will and Testament application. RIFin must confirm and advise if my wishes are executable and on the liquidity of my estate.

To be able to assess your executability and liquidity of your estate, authority from you is needed to obtain your policy and investment information from the product providers. Please ensure that we receive the Last Will and Testament Application with the Authority Letter.

Authority Letter

DISCLOSURE

RI Financial Management Services (PTY) Ltd, FSP 47004, Electus Trust and staff, acknowledge that in the course of rendering services in terms of this instruction, they shall come into possession of information of a confidential nature.
No staff shall at any time use or disclose or allow third parties to use or disclose any of your confidential information except with your written permission. Information on this application form would only be used for this specific purpose,
if or when this information would be used for further servicing options, your written confirmation would be requested.

Signed at | on Day | Month | Year

Individual 1 | Individual 2

FEES

First Draft	R300
Amendments	R100
Specialised	R500
Outsourced Specialist	Their rates
Specialised Amendments	R250
Linked Estate Administration Policy	Premium From R150 pm

RIFin wil action the annual review of the Will
Executors Fee 3.5% (Excl VAT) of gross estate value and 6% (Excl VAT) of income accrued and collected after death.
Application will be processed when proof of payment was received.

Banking details RI Financial Management Services FNB - Cradlestone Mall 210636
Account 62405678303 REF:Initial Surname / ID LWApp