

Will Instructions:

PLEASE USE CAPITALS & COMPLETE IN FULL

Please specify whether the instruction relates to: Single Will ☐ Mirror Wills ☐

DIFC FULL WILL ☐ ADJD WILL ☐ DUBAI COURTS NOTARY WILL ☐

HOME JURISDICTION ☐

[“Mirror Wills” mean the Will of a spouse/partner that is identical to your Will]

PERSONAL DETAILS - CLIENT A

| | |
|------------------------------|--------------------------------------|
| Title: Mr / Mrs / Ms / Other | Email address |
| Surname | Full Forenames |
| Postal address | Physical address |
| Date of birth | Telephone number |
| Nationality | Marital Status |
| Home country/Domicile | Home Country Identity Number, if any |
| Passport Number | Religion |
| Emirates ID No., if any: | Do you have a current Will? |

PERSONAL DETAILS - CLIENT B - YOUR SPOUSE OR PARTNER

| | |
|------------------------------|--------------------------------------|
| Title: Mr / Mrs / Ms / Other | Email address |
| Surname | Full Forenames |
| Postal address | Physical address |
| Date of birth | Telephone number |
| Nationality | Marital Status |
| Home country/Domicile | Home Country Identity Number, if any |
| Passport Number | Religion |
| Emirates ID No., if any: | Do you have a current Will? |

CHILDREN – CLIENT A

Please provide details of **all of your children**, including any children from previous relationships:

CHILD 1

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILD 2

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILD 3

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILD 4

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILDREN – CLIENT B – YOUR SPOUSE OR PARTNER

Please provide details of **all of your children**, including any children from previous relationships:

CHILD 1

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILD 2

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILD 3

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

CHILD 4

| | |
|-------------------------|--|
| Name | Nationality |
| Date of Birth | Gender |
| Passport Number | Address if not currently residing with you |
| Emirates ID No., if any | |

EXECUTOR

Executors are the people you appoint to deal with your estate after your death. We recommend that you appoint two Executors. Please nominate substitute Executors / Trustees in addition to your spouse.

Note: For DIFC Wills, it is advisable that the Executor and the Trustee is one and the same person.

Executor 1 (Please provide Executor details only if it is not the spouse)

| | |
|------------------------------|------------------|
| Name | Home Country |
| Date of Birth | Physical Address |
| Passport Number | |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |
| Relationship to the Testator | |

Substitute Executor 1

| | |
|------------------------------|------------------|
| Name | Home Country |
| Date of Birth | Physical Address |
| Passport Number | |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |
| Relationship to the Testator | |

Substitute Executor 2

| | |
|------------------------------|------------------|
| Name | Home Country |
| Date of Birth | Physical Address |
| Passport Number | |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |
| Relationship to the Testator | |

TRUSTEE

If you have minor children (that is, children under the age of 18 years in most Commonwealth jurisdictions, or under the age of 21) they cannot inherit from your estate until they are of majority age and thus you will need to appoint a Trustee/s who will administer (hold in trust) the assets due to them, until they attain majority age.

Note: For DIFC Wills, it is advisable that the Executor and the Trustee is one and the same person.

Trustee 1 (Please provide Executor details only if it is not the spouse)

| | |
|------------------------------|------------------|
| Name | Home Country |
| Date of Birth | Physical Address |
| Passport Number | |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |
| Relationship to the Testator | |

Substitute Trustee 1

| | |
|------------------------------|------------------|
| Name | Home Country |
| Date of Birth | Physical Address |
| Passport Number | |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |
| Relationship to the Testator | |

Substitute Trustee 2

| | |
|------------------------------|------------------|
| Name | Home Country |
| Date of Birth | Physical Address |
| Passport Number | |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |
| Relationship to the Testator | |

GUARDIAN

If you have minor children (that is, children under the age of 18 years in most Commonwealth jurisdictions, or under the age of 21), in the event of the death of you and your child's other parent simultaneously, you will need to appoint a Guardian/s to look after them. Appoint a couple where possible.

Permanent Guardian

| | |
|-------------------------|--------------------------|
| Name | Relation to the Testator |
| Date of Birth | Gender |
| Passport Number | Physical Address |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |

Permanent Guardian

| | |
|-------------------------|--------------------------|
| Name | Relation to the Testator |
| Date of Birth | Gender |
| Passport Number | Physical Address |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |

Temporary Guardian

| | |
|-------------------------|--------------------------|
| Name | Relation to the Testator |
| Date of Birth | Gender |
| Passport Number | Physical Address |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |

Temporary Guardian

| | |
|-------------------------|--------------------------|
| Name | Relation to the Testator |
| Date of Birth | Gender |
| Passport Number | Physical Address |
| Emirates ID No., if any | Phone number |
| Nationality | Email address |

GIFTS

Many people choose to make gifts of money or special items to those close to them. These are known as “legacies”. What is left of your possessions after you have made these gifts is known as “residue”.

Do you wish to include any gifts in your Will? YES ☐ NO ☐ ► If ‘No’ go to the next section entitled “Residue”.

1ST LEGACY

Name and address of person or organisation to whom you wish to make a gift, along with the amount or description.

| | |
|------------------------------|-----------------------|
| Name | Date of Birth |
| Relationship to the Testator | Description of legacy |

1) If a gift is to a child, at what age should he or she receive it?

18 ☐ 21 ☐ 25 ☐

3) Should the gift be made on your death?

YES ☐ NO ☐ N/A ☐

2) Should the gift be made on the death of
your spouse / partner?

YES ☐ NO ☐ N/A ☐

4) Should the gift be made on the death of both you
or your spouse / partner?

YES ☐ NO ☐ N/A ☐

2ND LEGACY

Name and address of person or organisation to whom you wish to make a gift, along with the amount or description.

| | |
|------------------------------|-----------------------|
| Name | Date of Birth |
| Relationship to the Testator | Description of legacy |

1) If a gift is to a child, at what age should he or she receive it?

18 ☐ 21 ☐ 25 ☐

3) Should the gift be made on your death?

YES ☐ NO ☐ N/A ☐

2) Should the gift be made on the death of
your spouse / partner?

YES ☐ NO ☐ N/A ☐

4) Should the gift be made on the death of both you
or your spouse / partner?

YES ☐ NO ☐ N/A ☐

3RD LEGACY

Name and address of person or organisation to whom you wish to make a gift, along with the amount or description.

| | |
|------|---------------|
| Name | Date of Birth |
|------|---------------|

| | |
|------------------------------|-----------------------|
| Relationship to the Testator | Description of legacy |
|------------------------------|-----------------------|

1) If a gift is to a child, at what age should he or she receive it?

18 ☐ 21 ☐ 25 ☐

3) Should the gift be made on your death?

YES ☐ NO ☐ N/A ☐

2) Should the gift be made on the death of
your spouse / partner?

YES ☐ NO ☐ N/A ☐

4) Should the gift be made on the death of both you
or your spouse / partner?

YES ☐ NO ☐ N/A ☐

4TH LEGACY

Name and address of person or organisation to whom you wish to make a gift, along with the amount or description.

| | |
|------|---------------|
| Name | Date of Birth |
|------|---------------|

| | |
|------------------------------|-----------------------|
| Relationship to the Testator | Description of legacy |
|------------------------------|-----------------------|

1) If a gift is to a child, at what age should he or she receive it?

18 ☐ 21 ☐ 25 ☐

3) Should the gift be made on your death?

YES ☐ NO ☐ N/A ☐

2) Should the gift be made on the death of
your spouse / partner?

YES ☐ NO ☐ N/A ☐

4) Should the gift be made on the death of both you
or your spouse / partner?

YES ☐ NO ☐ N/A ☐

CONTINUE ON A SEPARATE PAGE IF NECESSARY

THE 'RESIDUE' OF YOUR ESTATE

The 'residue' of your estate is what is left after liabilities, taxes and any gifts listed in the previous sections have been paid. You must now consider who will receive the 'residue' of your estate. The possibilities are endless, but we have identified the four most common ways of dealing with the 'residue' of an estate. Read them carefully and choose which best suits you.

If you are in any doubt, say so and we will advise.

I wish to leave all the 'residue' of my estate to my partner, but if he/she dies before me, then equally between all my children.

☐

I wish to leave all the 'residue' of my estate to my partner, but if he/she dies before me, to the people named below in equal shares.

☐

I wish to leave all the 'residue' of my estate to my partner, but if he/she dies before me, to the people named below in the percentages indicated.

☐

I wish to leave all the 'residue' of my estate to the person(s) or organisations listed below in the percentages indicated.

☐

COMPLETE DETAILS FOR RESIDUE OF YOUR ESTATE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|-----------|--|--|-----------------|--|--|---------------|--------------------------|---|------------------------------|--|--|---|---|-----------|--|--|-----------------|--|--|---------------|--------------------------|---|------------------------------|--|--|
| 1 | <table><tr><td colspan="3">Full Name</td></tr><tr><td colspan="3">Contact address</td></tr><tr><td>Date of Birth</td><td>Percentage if applicable</td><td>%</td></tr><tr><td colspan="3">Relationship to the Testator</td></tr></table> | Full Name | | | Contact address | | | Date of Birth | Percentage if applicable | % | Relationship to the Testator | | | 4 | <table><tr><td colspan="3">Full Name</td></tr><tr><td colspan="3">Contact address</td></tr><tr><td>Date of Birth</td><td>Percentage if applicable</td><td>%</td></tr><tr><td colspan="3">Relationship to the Testator</td></tr></table> | Full Name | | | Contact address | | | Date of Birth | Percentage if applicable | % | Relationship to the Testator | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Percentage if applicable | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to the Testator | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Percentage if applicable | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to the Testator | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Percentage if applicable | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to the Testator | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Percentage if applicable | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to the Testator | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <table><tr><td colspan="3">Full Name</td></tr><tr><td colspan="3">Contact address</td></tr><tr><td>Date of Birth</td><td>Percentage if applicable</td><td>%</td></tr><tr><td colspan="3">Relationship to the Testator</td></tr></table> | Full Name | | | Contact address | | | Date of Birth | Percentage if applicable | % | Relationship to the Testator | | | 6 | <table><tr><td colspan="3">Full Name</td></tr><tr><td colspan="3">Contact address</td></tr><tr><td>Date of Birth</td><td>Percentage if applicable</td><td>%</td></tr><tr><td colspan="3">Relationship to the Testator</td></tr></table> | Full Name | | | Contact address | | | Date of Birth | Percentage if applicable | % | Relationship to the Testator | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Percentage if applicable | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to the Testator | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Percentage if applicable | % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to the Testator | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FUNERAL INSTRUCTIONS

You can complete this section if you have any particular preferences.

CLIENT A BURIAL ☐ CREMATION ☐

CLIENT B BURIAL ☐ CREMATION ☐

Special Instructions/ Place

Special Instructions/ Place

ADDITIONAL INFORMATION

Please use the space provided below for any special instructions or information you feel may be relevant for the preparation of your Will(s).

Your Assets As At the Date of Your Will

This section is wholly optional. It is not necessary to complete a list of your assets as these may change many times during your life. However, it is sometimes helpful for your surviving spouse/beneficiaries to understand the nature and whereabouts of your assets. If you decide to complete this list, please update it regularly.

Your home

Do you own a home?

Sole Owner

☐

Joint owner with
Someone else

☐

Name of all owners

Mortgage over property held with:

Joint assets - NOT WITH SPOUSE / PARTNER

Do you or your spouse / partner have any assets owned jointly with someone other than each other? YES ☐ NO ☐

If "Yes", please give the following details:

Name(s) of joint owner(s)

Total value of asset(s)

Share which you own

 %

Details of asset(s)

Other assets

What other assets do you own?

CLIENT A

CLIENT B

Details of assets

Details of assets

Foreign assets

This section is wholly optional. We are asking for this info so we can assess and give you relevant advice whether you need to have a separate Will for your assets elsewhere.

Do you or your spouse / partner have any assets in another country?

YES ☐ NO ☐

If "Yes", please give the following details:

Details of asset(s) (i.e. what the asset is, country held in and who it is owned by)

CLIENT A

CLIENT B

Details of assets

Details of assets

Have you made a Will in the particular country / countries?

YES ☐ NO ☐

DECLARATION

Please ensure this declaration is completed and signed, and then return the completed form to Abdo Rafiq & Partners.

PLEASE PREPARE A WILL(S) FOR ME (AND/OR MY SPOUSE) BASED ON THE INSTRUCTIONS CONTAINED IN THIS FORM.

This was completed by myself ☐ or

I understand that:

- ▶ The information requested in this form is required for the purpose of preparing my Will and to ensure that my Will reflects my wishes.
- ▶ The information is being used by Abdo Rafiq & Partners who are responsible for preparing my Will. Abdo Rafiq & Partners may contact me to confirm my instructions.

Abdo Rafiq & Partners is a Law Firm registered and licensed under the Abu Dhabi Global Market (ADGM). The services provided by Abdo Rafiq & Partners are only provided to me upon the express condition and confirmation by me that I have read, agree to and understand the Terms of Business (available at <http://legalwillsonline.com/terms-of-business/>) which shall apply to the services offered hereunder.

- ▶ Information about me will be put on the database of and used by Abdo Rafiq & Partners in servicing my relationship with them and monitoring service levels.
- ▶ I certify that the information given in this form is true and complete and correctly represents my wishes.

CLIENT A

| | |
|------------|-----------|
| Print name | Signature |
| Date | |

CLIENT B

| | |
|------------|-----------|
| Print name | Signature |
| Date | |