

Voltooi hierdie vorm en faks na:

Complete this form and fax to:

Tel: (012) 362 1552 Email: fineks@wvs.co.za

FINEKS, Posbus 11512, HATFIELD, 0028

(086) 639 1999



**Solidariteit
Solidarity**

VERSOEK VIR DIE OPSTEL VAN TESTAMENT REQUEST TO DRAFT A FINAL WILL AND TESTAMENT

Vorm moet met SWART ink voltooi word/ Form must be completed with BLACK ink

SOLIDARITEIT LIDNOMMER (indien van toepassing):

SOLIDARITY MEMBERSHIP NUMBER (if applicable): _____

TAAL / LANGUAGE: AFRIKAANS ENGLISH

STUUR ASB MY TESTAMENT PER / PLEASE SEND MY WILL BY:

POS FAKS E-POS
POST FAX E-MAIL

1. BESONDERHEDE VAN TESTATEUR / DETAILS OF TESTATOR

| | |
|--------------------------------------|-----------------------|
| Titel / Title: | Van / Surname: |
| Volle name / Full names: | |
| Identiteitsnommer / Identity number: | |
| Beroep / Occupation: | Werkgewer / Employer: |
| Tel (huis / home): | Tel (werk / work): |
| Selfoon / Cellphone: | E-pos / E-mail: |

2. BESONDERHEDE VAN TESTATRISE / DETAILS OF TESTATRIX

| | |
|--------------------------------------|-----------------------|
| Titel / Title: | Van / Surname: |
| Volle name / Full names: | |
| Identiteitsnommer / Identity number: | |
| Beroep / Occupation: | Werkgewer / Employer: |
| Tel (huis / home): | Tel (werk / work): |
| Selfoon / Cellphone: | E-pos / E-mail: |

3. SPESIALE BEMAKINGS / SPECIAL BEQUEATHMENTS

Do you wish to bequeath an amount to the following institutions?

Is dit u wens om 'n bedrag te bemaak aan die volgende instansies?

Solidariteit: R _____ Helpende Hand: R _____

Afriforum: R _____ Regshulpfonds: R _____

Soltech: R _____ Instituut vir Grondwetlike Studies: R _____

4. HUWELIKSTAAT / MARITAL STATUS

Getroud / Married:

Binne gemeenskap van goedere
In community of property

Buite gemeenskap van goedere
Anti- nuptual

Geskei Nooit getroud Sonder aanwas Met aanwas
 Divorced Never married Excluding Accrual Including Accrual
 Wewenaar Weduwee
 Widower Widow

5. POSADRES / POSTAL ADDRESS:

Kode / Code: _____

- 6. BESONDERHEDE VAN KINDERS** (LW volle name en vanne van alle kinders, ook vooroorlede kinders wat nakomelinge nagelaat het en kinders wat wettig aangeneem is – Volle name, geboortedatum, seun/dogter). – Dui asb. aan indien kinders voortspruit uit vorige huwelik
PARTICULARS OF CHILDREN (NOTE full names and surnames of children, as well as deceased children with dependents and legally adopted children – Full names, surname, date of birth, son/daughter) – Kindly indicate if children are from previous marriage

| Naam / Name | Geboortedatum / Date of Birth |
|-------------|-------------------------------|
| | |
| | |
| | |
| | |
| | |

7. ERFGENAME / HEIRS

- A. Testament van TESTATEUR as eerstesterwende / TESTATOR'S will as first deceased

Is die Testatrise die enigste erfgenaam?

Is the Testatrix the only heir?

| | |
|----------|----------|
| JA / YES | NEE / NO |
|----------|----------|

Indien nie, volle name, van, geboortedatum, en verwantskap/verhouding van bykomende erfgename

If not, full names, surname, date of birth, and relation/relationship of additional heirs

| Naam / Name | Geboortedatum / Date of Birth | Verwantskap / Relation(ship) |
|-------------|-------------------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |

- B. Testament van TESTATRICE as eerstesterwende / TESTATRIX'S will as first deceased

Is die Testateur die enigste erfgenaam?

Is the Testator the only heir?

| | |
|----------|----------|
| JA / YES | NEE / NO |
|----------|----------|

Indien nie, volle name, van, geboortedatum, en verwantskap/verhouding van bykomende erfgename

If not, full names, surname, date of birth, and relation/relationship of additional heirs

| Naam / Name | Geboortedatum / Date of Birth | Verwantskap / Relation(ship) |
|-------------|-------------------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |

- C. Testament van **langslewendende gade** en by **gelyktydige afsterwe**
Will of **surviving spouse** and when **deceased at the same time**

Is die kinders die enigste erfgename?
Are the children the only heirs?

| | |
|----------|----------|
| JA / YES | NEE / NO |
|----------|----------|

Indien nie, volle name, van, geboortedatum, en verwantskap/verhouding van bykomende erfgename
If not, full names, surname, date of birth, and relation/relationship of additional heirs

| Naam / Name | Geboortedatum / Date of Birth | Verwantskap / Relation(ship) |
|-------------|-------------------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |

- D. Testament by **gesinsuitwissing** (opsioneel) / Will in case the **whole family is deceased** (optional)
Volle name, van, geboortedatum en verwantskap/verhouding van erfgenaam
Full names, surname, date of birth, and relation/relationship of heir
(bv. Irma Louw, suster van Testateur)

| Naam / Name | Geboortedatum / Date of Birth | Verwantskap / Relation(ship) |
|-------------|-------------------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |

8. ERFENIS VAN MINDERJARIGES IN TRUST / INHERITANCE OF MINORS IN TRUST

Moet die erfenis van minderjariges in Trust gehou word?
Should the inheritance of minors be kept in Trust?

| | |
|----------|----------|
| JA / YES | NEE / NO |
|----------|----------|

Tot ouderdom: _____ / Until age: _____

9. TRUSTEE(S)

| | |
|----|--|
| 1. | |
| 2. | |

**10. VOOG / GUARDIAN
VERWANTSKAP/
RELATION**

**12. POSADRES
POSTAL ADDRESS**

Kode:

**13. EKSEKUTEUR: FINEKS EKSEKUTEURSDIENSTE
EXECUTOR**

14. Heg asb. enige verdere bykomende inligting aan (indien nodig)
Kindly attach any further additional information (if necessary)

15. Het Solidariteit Finansiële Dienste u toestemming om u te kontak met
betrekking tot boedel beplanning?
Do you give Solidarity Financial Services your consent to contact you
regarding estate planning?

| | |
|----------|----------|
| JA / YES | NEE / NO |
|----------|----------|