WIGWE & PARTNERS

Estate Planning Organizer

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Introduction

The purpose of this Personal Information Questionnaire (PIQ) is to help prepare you for our upcoming consultation and to provide us with important personal and asset information related to your estate so that we are able to properly advise you on your situation and needs. If additional space is needed for any subject, please add extra sheets. (Approximate completion time: 30-60 minutes). Please complete as best you can and feel free to omit any information you are not comfortable providing.

I. Personal information

***Kindly attach a copy of your Birth Certificate, International Passport, National ID Card, Marriage Certificate**

Name ----------

Maiden Name (if any) ---------- Nicknames ----------

Home Address ----------

City ---------- State ---------- Zip code ----------

Telephone Number: ----------

Cell ---------- Work---------- Home ----------

Residential Address outside Nigeria ----------

City ---------- State ---------- Country ----------

Date of birth -------/----------/----------

List any special needs or health concerns ----------

National ID number ----------

State of Origin ----------Religion ---------- Ethnic Group ----------

Occupation ---------- Employer----------

Office Address ----------

Citizenship ---------- Passport number ----------

Email address ----------

II. Family information

Marital status: single ☐ Married☐ Widowed☐ legally separated☐ Divorced☐

Type of Marriage: Statutory/Church Marriage ☐ Traditional Marriage☐

Statutory Marriage outside Nigeria☐ Form of Marriage: Monogamy☐ Polygamy☐

Spouse(s) or Partner(s)

Number of Partners ----------

Spouse or Partner's name ----------

Spouse or partner's date of birth -----/----------/---------- ID number----------

Spouse or Partner's Address (if different) ----------

[We require a copy of your marriage certificate and any prenuptial or separate agreement (if any)]

2nd Spouse or Partner's name ----------

2nd Spouse or partner's date of birth -----/----------/---------- ID number----------

2nd Spouse or Partner's Address (if different) ----------

(attach more sheets if necessary)

Previous Marriage (If any, please bring divorce decree or death certificate and post marital agreement (if any) as applicable)

Were you previously married? Yes☐ No☐

If Yes, Manner of termination ----------Date --------/----------/----------

Ex-Spouse's Name ----------

Ex-Spouse's date of birth ----------/----------/---------- ID number----------

Ex-Spouse's Address ----------

(attach more sheets if necessary)

Social Media Accounts

User name ---------- Account ---------- Password ----------

User name ---------- Account ---------- Password ----------

(you can also prepare a list of online accounts and passwords and store them in your safety deposit box Or another secure location)

Children *(kindly specify if a child is adopted, from a previous marriage or relation, or deceased.)*

1. Child's name ---------- Nickname ----------

Date of birth ---------/----------/--------- Of Which Spouse/Partner ----------

Child's address (if different) ----------

Does the child have any special needs? Yes☐ No

(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: ----------

Marital status: single ☐ Married☐ Widowed☐ Legally separated☐ Divorced☐

Childs spouse or partner----------

Names and dates of birth of child's children (your grandchildren)
(kindly specify if a child is adopted, from a previous marriage or relation, or deceased.)

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

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

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

Name ---------- Date of Birth----------
(attach more sheets if necessary)

2. Child's name ---------- Nickname ----------

Date of birth ---------/----------/--------- Of Which Spouse/Partner ----------

Child's address (if different) ----------

Does the child have any special needs? Yes☐ No

(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: ----------

Marital status: single ☐ Married☐ Widowed☐ Legally separated☐ Divorced☐

Childs spouse or partner----------

Names and dates of birth of child's children (your grandchildren)
(kindly specify if a child is adopted, from a previous marriage or relation, or deceased.)

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

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

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

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

(attach more sheets if necessary)

3. Child's name ---------- Nickname ----------

Date of birth ---------/----------/--------- Of Which Spouse/Partner ----------

Child's address (if different) ----------

Does the child have any special needs? Yes☐ No

(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: ----------

Marital status: single ☐ Married☐ Widowed☐ Legally separated☐ Divorced☐

Childs spouse or partner----------

Names and dates of birth of child's children (your grandchildren)
(kindly specify if a child is adopted, from a previous marriage or relation, or deceased.)

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

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

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

(attach more sheets if necessary)

4. Child's name ---------- Nickname ----------

Date of birth ---------/----------/--------- Of Which Spouse/Partner ----------

Child's address (if different) ----------

Does the child have any special needs? Yes☐ No

(e.g., health issues, disabilities, concerns about marriage, concerns about ability to manage assets, etc.)

If yes, please briefly explain: ----------

Marital status: single ☐ Married☐ Widowed☐ Legally separated☐ Divorced☐

Childs spouse or partner----------

Names and dates of birth of child's children (your grandchildren)
(kindly specify if a child is adopted, from a previous marriage or relation, or deceased.)

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

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

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

**(attach more sheets if necessary)*

Parents

Mother's name ----------Date of birth --------/----------/----------

Mother's address (if different) ----------

Father's name ----------Date of birth --------/----------/----------

Father's address (if different) ----------

Siblings

Sibling's name ----------Date of birth --------/----------/----------

Sibling's address (if different) ----------

Sibling's name ----------Date of birth ------/----------/----------

Sibling's address (if different) ----------

**(attach more sheets if necessary)*

Dependents

If you have any other dependents to consider in your estate plan, please provide their names, addresses and relationship below:

(1) Dependent's name ----------Date of birth ------/---------/------

Dependent's address (if different) ----------

Relationship ----------

(2) Dependent's name ----------Date of birth ------/---------/------

Dependent's address (if different) ----------

Relationship ----------

**(attach more sheets if necessary)*

Next-of kin/Other

Name ----------

Relationship ---------- Date of birth ------/---------/------

Address (if different) ----------

**(attach more sheets if necessary)*

III. Employment History

S/N	Employer's Name	Job description	Dates	Duration of employment	Post-employment interests (Pensions, Gratuities, Arrears of salary)

IV. Notification list

Kindly provide us with details of persons who you wish to be notified of your death:

1. Name ----------
   Address ----------
   -
   Phone number ----------
2. Name ----------
   Address ----------
   -
   Phone number ----------
3. Name ----------
   Address ----------
   -
   Phone number ----------
4. Name ----------
   Address ----------
   -
   Phone number ----------
5. Name ----------
   Address ----------
   -
   Phone number ----------

**(attach more sheets if necessary)*

V. Financial Information

**(attach more sheets if necessary)*

Bank Accounts (savings, current, deposits, etc.)

Bank Verification Number ----------

S/N	Bank	Bank Account Name (Type)	Bank Account Number	Card Numbers	Password	Bank Branch	Ownership (individually or jointly)

Real Estate Assets (houses, lands etc.)

S/N	Address	Title Documents	Estimated Value	Date of purchase	Encumbrance (if any)	Ownership (individually or jointly)

**We require copies of the title documents to the assets stated above.*

Investment Assets (Interest in an unincorporated business or a partnership, Term Deposits, Guaranteed investment certificates, stocks, shares, bonds, mutual funds etc.)

S/N	Company/ Financial Institution /Fund/Business	Type (Title Documents)	Principal Value	Beneficiary	Maturity Date	Encumbrance (if any)	Ownership (Individually or Jointly)

Is there any stockholder, partnership, operating, buy-sell, or other types of agreements which affect your rights in the business or your power to dispose of your business interests?

☐YES ☐NO (If yes, please provide copies of relevant documents)

**We require copies of the title documents to the assets stated above.*

Retirement Assets (Employment benefits, Annuity, Pensions, Profit sharing, etc.)

S/N	Institution/ Custodian	Type/Title Documents	Value/ Benefits	Beneficiaries	Encumbrance (if any)

**We require copies of the title documents to the assets stated above.*

Life Assurance Policies

S/N	Insurance Company	Insured	Value	Beneficiaries	Encumbrance (if any)

**We require copies of the necessary documentations stated above.*

Tangible Personal Property (Vehicles, jewelry, art works, antiques, art collections, household furnishings, etc.)

S/N	Property	Value	Insurance Policy on the property		
			Value	Beneficiaries	Encumbrances (if any)

**We require copies of the necessary documentations stated above.*

Future or Contingent Assets/Income

Are you aware that you will be receiving any inheritances? For example, are you the beneficiary of any trust; or do you expect to inherit from someone else?

☐ YES ☐NO If yes, fill the table below.

S/N	Testator/ Benefactor	Property	Type/Source of Inheritance	Approximate Value	Encumbrance (if any)

**We require copies of the necessary documentations stated above.*

Other Assets

S/N	Property	Description	Value	Encumbrance (if any)

**We require copies of the necessary documentations stated above.*

Money owed to you

Does any person or entity owe you money? ☐ YES ☐NO if Yes kindly fill in the table below:

S/N	Debtor	Debt/Amount Owed	Security for the Debt	Payment Due Date

**We require copies of the necessary documentations stated above.*

Liabilities

S/N	Creditor	Debt/Amount Owed	Security for the Debt	Payment Due Date

Responsibilities

(Executor, Trustee, Guardian, Personal Representative or Administrator of another person)

S/N	Principal	Asset	Responsibility	Details

**We require copies of the necessary documentations stated above.*

VI. Estate Planning Objectives

*If you possess any estate planning documents (wills, trusts, powers of attorney, powers of attorney for health care proxies etc.) kindly avail us a copy of same
The answers to the following questions will assist us in deciding on the estate planning framework to adopt.

1. Do you have any current estate planning document, personal directives, trust or living wills? Yes☐ No☐ if yes please provide copies of your current estate planning documents.

   Primary Agent ----------

   Address ----------

   Phone Number ---------- Email ----------

   Alternative Agent ----------

   Address ----------

   Phone Number ---------- Email ----------

2. Do you have a Will? Yes☐ No☐

3. What should happen to your estate after your death?

• Do you wish to provide for your spouse or partner, children, grandchildren, friends, or parents (should you predecease them)? Yes☐ No☐

• Do you wish to provide for Charitable Organisations? Yes☐ No☐

• How do you wish to provide for people, outright or through trusts?

• At your death, please describe how you want your property to be distributed:

(a) If your spouse survives you, do you want to leave the assets to your spouse outright and trust that they will leave them to your children? Yes☐ No☐ If not,

explain: ----------

(b) If you spouse does not survive you and your children survive you?

(e.g. equal shares to your children?) ----------

(c) If a child should predecease you, how do you want the predeceased child's share distributed? (e.g. to the deceased child's descendants?) ----------

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(d) In the event your spouse and all of your children and descendants fail to survive you, how do you want your property distributed?----------

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• Are there particular items of your real and personal property you wish to give to specific individuals? ----------

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• If no beneficiaries survive you, how do you want your estate distributed? ----------

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• Who will receive the balance of your estate? ----------

• Who will receive the balance of your estate in the event that all the above beneficiaries die? ----------

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• Do you wish to disinherit anyone? Yes☐ No☐ If yes, Who? ----------

4. Whom do you wish to administer your estate? Executor☐ Trustee☐

• Whom do you wish to name as executor or personal representative of your will?

Executor ----------

Address ----------

Phone Number ---------- Email ----------

Alternative Executor ----------

Address ----------

Phone Number ---------- Email ----------

• If you have a trust, whom do you wish to name as trustee?

Trustee ----------

Address ----------

Phone Number ---------- Email ----------

Alternative Trustee ----------

Address ----------

Phone Number ---------- Email ----------

• If you have minor children, whom do you wish to name as their guardian?

Guardian ----------

Address ----------

Phone Number ---------- Email ----------

Alternative Guardian ----------

Address ----------

Phone Number ---------- Email ----------

5. What are your preferred funeral and burial/cremation instructions?

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6. Do you currently have an enduring power of attorney? Yes☐ No☐ if yes fill in these: Primary Attorney ----------

Address ----------

Phone Number ---------- Email ----------

Alternative Attorney ----------

Address ----------

Phone Number ---------- Email ----------

7. Who can make medical decisions if you become incapacitated? you can name a health care agent or an attorney-in-fact under a health care proxy or under a power of attorney for health care.

Attorney-in-fact or Health care agent ----------

Address ----------

Phone Number ---------- Email ----------

Alternate Attorney-in-fact or health care agent ----------

Address ----------

Phone Number ---------- Email ----------

8. What are your wishes regarding the receipt of life-sustaining treatment in the event of an incurable condition?

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9. Whom do you wish to name as your attorney-in-fact under a power of attorney for finances? this person can make financial decisions for you if you become

incapacitated. Attorney-in-fact ----------

Alternate Attorney-in-fact ----------

10. Where do you which to keep your Will and Powers of Attorney after they are signed?

☐ Fireproof waterproof safe at home ☐ Safety deposit box

☐Lawyer's office ☐ Other. If other, please explain.

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11. Whom do you wish to name as your attorney-in-fact under a power of attorney for

finances? this person can make financial decisions for you if you become

incapacitated. Attorney-in-fact ----------

Alternate Attorney-in-fact ----------

12. May I use email to send you any or all of the following?

Correspondence ☐ Draft documents ☐ Newsletters ☐ Will review reminders ☐

We advise that:

- *the persons stated in question 4 and 6 should be the same.*
- *You may name one person to act alone, or two or more people to act unanimously or by majority.*
- *The executors should be comfortable with financial matters, have sound judgment, not have any conflict of interest (e.g. as your business partner), have a good relationship with your beneficiaries and with each other, and have consented to act.*
- *It is also helpful to choose an executor who lives close by, or in any event (for tax purposes and to reduce administration expenses) in Nigeria.*
- *You should name enough alternate executors to survive for the duration of any trusts that you create for young or disabled beneficiaries. If there are no individuals who fit this criteria, consider appointing a trust company. Alternatively, you can establish a mechanism for appointing replacement executors.*

VII. Safety Deposit Box

This is where your valuable papers and records are to be kept

S/N	Box Location	Box Number	Who has access? (Name/Address/Phone number/Email)	Key Location/Password

VIII. Safety Deposit Box

S/N	Document	Location

IX. Professional Advisors

X.*(attach more sheets if necessary)

Solicitor

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

Accountant

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

Banker

Bank Name ----------

Branch Location ----------

Phone Number ----------Email ----------

(attach more sheets if necessary)

Trust Officer

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

Investment Advisor

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

Stock Broker

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

Life Insurance Agent

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

Other Insurance Agent (if any)

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

**(attach more sheets if necessary)*

Other Advisors (if any)

Firm Name ----------

Firm Address ----------

Contact ----------

Phone Number ----------Email ----------

**(attach more sheets if necessary)*

XI. Supplementary Information

Please use this page for any additional information or questions.

Protect your loved ones today.
Call us and begin your audit now!