

## W.I.L.L.S. QUESTIONNAIRE

**NOTE TO PARTICIPANT:** Please email or fax this completed questionnaire to probono@metlife.com or (212) 251-1599. Please keep a copy for your records.

### **INTRODUCTION:**

#### **What is a Will?**

A Will directs the disposition of your property at death. It has no force or effect during your lifetime, and you may revoke your Will at any time by making a new Will or destroying the original. After death, your original Will is put on record (probated) with your local court.

It's important to remember that your Will has no effect on certain assets you own and control. Primary examples of those assets include life insurance, retirement benefits and certain annuity contracts, which pass by beneficiary designation, and property held jointly with rights of survivorship (real estate, joint bank accounts, etc.). Some commonly held assets, like certificates of deposit, bank accounts and brokerage accounts are set up with a POD or TOD (pay on death or transfer on death) designation as well. These assets pass at death in accordance with beneficiary designations and not under your Will.

### **GENERAL INFORMATION:**

<u>About You</u>	
1. Principal's Full Name:	
2. Principal's Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Residence Address:	
4. County Name	
4. Telephone:	
5. Email:	
6. Marital Status (select the most appropriate) – [NOTE: use check boxes →]	<input type="checkbox"/> Married, no prior marriage(s) <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married, with prior marriage(s) <input type="checkbox"/> Widow/widower <input type="checkbox"/> Divorced, not presently married <input type="checkbox"/> Single, never married
7. Full Name of Current Spouse or Domestic Partner (if applicable):	

**DISTRIBUTION OF PROPERTY:**

1. Specific Items: Please list any specific bequests you wish to make with a full description of the property and the person who is to receive it (e.g., "My diamond engagement ring to my daughter, Jane Doe"):

2. Legacies: Please list any specific amounts you'd like to leave to one or more individuals or charities. (e.g., "I give \$500 to the Firemen's Association of the State of New York). \_\_\_\_\_

3. Remainder of Estate: Please select only one of the following options to indicate how you would like the remainder of your estate to be distributed:

My Spouse, if he/she survives me, and if not, then my children.  My children (share of any deceased child passing to that child's children, if applicable).

My parents in equal shares, or if not, then my siblings in equal shares (list names and relationships):  To these beneficiaries (list name, relationship, and percentage of estate to each beneficiary):

_____	_____
_____	_____
_____	_____

4. Last Resort Clause: If none of your beneficiaries survive you, who do you want to receive your property? (e.g., heirs, charity, etc...) \_\_\_\_\_

5. Disinheritance: Do you intend to omit or exclude a child or other descendant from inheriting from your estate?

Yes  No

If Yes, please list name(s) and relationship(s) below:

\_\_\_\_\_

**EXECUTOR:**

An executor is the person or persons named in the Will charged with carrying out your intentions expressed in the Will. The executor is responsible to the beneficiaries and entitled to compensation. You can name a spouse, child, other relative or anyone else your executor so long as the person is a competent adult. Because the person named in your Will as executor may not be able to act or may decline the position, you may want to name an alternate.

	<u>Executor(s)</u>	<u>Alternate</u>
1. Full Name:		
2. Residence Address:		
3. Telephone:		
4. Email		

5. Relationship To You:		
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**BOND REQUIREMENT:**

Unless you provide otherwise, your Personal Representative (Executor) may be required to post a bond insuring the faithful exercise of the Personal Representative's duties. Because the bond is an added expense and because the bond issuer may require additional work, you may choose to excuse the bond.

If there are multiple beneficiaries in your Will, you do not know the Personal Representative well or you do not trust the Personal Representative, a bond may add a layer of security to the estate.

- Bond is not required of my Personal Representative of my estate
- Bond may be required of my Personal Representative of my estate

**GUARDIAN:**

If your children are minors when you die, and if the other natural parent is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name in your Will to act as legal guardian(s) of your minor children. The individual(s) named will have physical control and custody of the children until they reach 18. If you are divorced, the court will usually appoint the child's natural parent (your ex-spouse) as guardian even if you provide otherwise in your Will. You should still name a guardian, however, in case your former spouse dies before you, or for any reason cannot act as the guardian.

	<u>Guardian or Co-Guardian #1</u>	<u>Alternate Guardian or Co-Guardian #2</u>
1. Full Name:		
2. Residence Address:		
3. Telephone:		
4. Email:		
5. Relationship To You:		

**POWER OF ATTORNEY:**

A Power of Attorney allows someone to act on your behalf if you become incapacitated and are unable to conduct your own affairs. The person you name as your agent under your Power of Attorney is responsible to you. You may make your Power of Attorney effective immediately or effective only if you become incapacitated.

Would you like to appoint an Agent for your Power of Attorney?  
 Yes                       No

If Yes, please provide the following information:

	<u>Agent(s)</u>	<u>Alternate Agent(s)</u>
1. Full Name:		
2. Residence Address:		
3. Telephone (home and cell):		
4. Email:		
5. Relationship To You:		

- Do you want your Power of Attorney to become effective immediately?
- Do you want your Power of Attorney to become effective only upon your physical or mental incapacity?

New York permits you to name a person or persons (known as a Monitor(s)) to oversee your agent's management of your assets. The Monitor may request records of transactions by your agent.

- Would you like to appoint a Monitor(s)?
- Yes  No

If Yes, please provide the Monitor's name, address and contact information on the day of the event.

### **HEALTH CARE PROXY:**

This document (which is also sometimes known as a Health Care Power of Attorney) authorizes your agent to make health care decisions for you if you cannot make them yourself.

- Would you like an Agent for your Health Care Proxy?
- Yes  No

If Yes, please provide the following information:

	<u>Agent(s)</u>	<u>Alternate Agent(s)</u>
1. Full Name:		
2. Residence Address:		
3. Telephone:		
4. Email:		
5. Relationship To You:		