

# Preparing a Will

## You need a will if you:

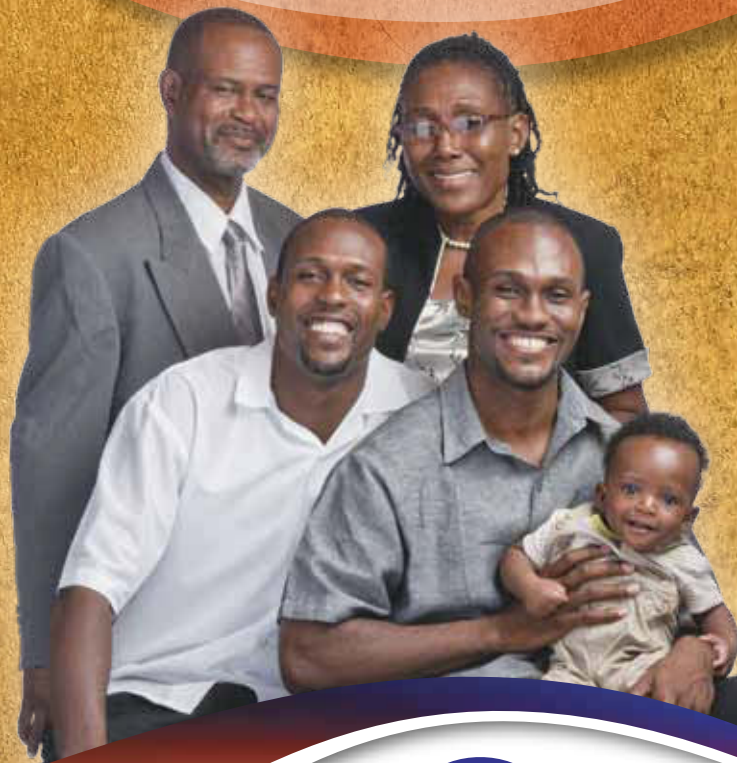
- ✓ own property or assets of any kind
- ✓ have children, a spouse or others to whom you wish to provide a benefit
- ✓ want to make sure that things are taken care of when you are gone



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**  
Belmont Road • Broad Street • Six Roads  
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Fax: (246) 437-8745  
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[www.publicworkers.bb](http://www.publicworkers.bb)

Please call or visit any of our branches for more information and special conditions regarding specific products or services. The enclosed information was correct at the time of printing but is subject to change without notice.

WILLS 022011



**BARBADOS PUBLIC WORKERS'  
CO-OPERATIVE CREDIT UNION LIMITED**

## Helping Secure Your Peace of Mind

For your convenience, Barbados Public Workers' Co-operative Credit Union Limited offers a **Will Preparation Service**.

Preparation of a Will represents an important aspect of your financial planning and we are here to assist you.

In order to make this as affordable as possible the Credit Union provides this service to you at a nominal fee.

Follow the four (4) steps below and let us help you create your Will and secure your peace of mind:

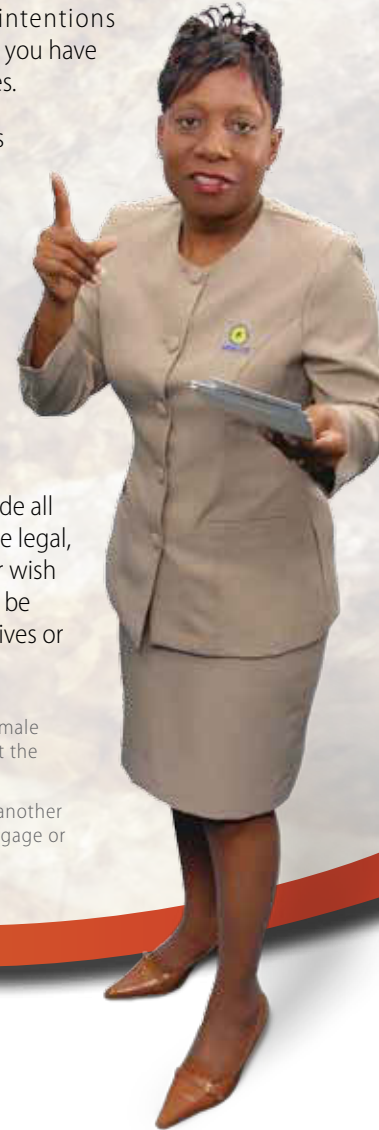
- Collect and complete a **Will Preparation Application Form** from any of our branches or from our website, [www.publicworkers.bb](http://www.publicworkers.bb).
- Make an appointment to meet with our **General Counsel** in the Legal Department at our Belmont Road office. Call **430-5248, 430-5211**, or our Contact Centre at **430-5200**, between 8 a.m. and 4 p.m., Monday to Friday, to make your appointment.
- Bring your completed Will Preparation Application form with you to the appointment.
- Our General Counsel will advise you and prepare a Will based on your specific instructions and tailored to meet your family situation.

## Things to Think About First

- ✓ **Executor/Executrix**—Decide who will be your Executor/Executrix prior to preparation of the Will. This will require careful thought, as that person must be ethical, absolutely dependable and prepared to assume the responsibilities of Executor/Executrix\*.
- ✓ **Guardian**—Consider issues of guardianship for minors or incapacitated children and the possible special needs of these beneficiaries.
- ✓ **Your Spouse**—Discuss your intentions with your spouse to ensure that you have thought of all your financial issues.
- ✓ **Assets**—Identify all of your assets and liabilities—both local and overseas—and indicate what encumbrances\*\* may be in place over those assets.
- ✓ **Taxes**—Discuss with your financial or tax advisor options to minimize the impact of taxes on assets intended for beneficiaries.
- ✓ **Provision**—Remember to include all those persons for whom you have legal, moral or emotional obligation, or wish to provide for. These persons can be your spouse, children, other relatives or friends.

\* An Executor/Executrix is the male/female who has been appointed to carry out the instructions in someone's will.

\*\* An encumbrance is a claim held by another party against an asset, e.g. by a mortgage or bill-of-sale.



LAST WILL  
AND TESTAMENT

I, the undersigned,

I hereby declare this to be my Will.





# WILL PREPARATION APPLICATION FORM

(Please complete ALL information in CAPITAL letters)

## 1. PERSONAL INFORMATION

1. FULL NAME OF PERSON REQUESTING SERVICE CALLED TESTATOR/TESTATRIX (as stated and spelt on his/her birth certificate)

MR.  MRS.  MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

2. DATE OF BIRTH (mm/dd/yyyy):

3. MARITAL STATUS:  Single  Married  Divorced

4. PERMANENT ADDRESS: STREET/AVENUE:

5. CITY/TOWN:

6. PARISH/STATE:

7. ZIP/POSTAL CODE:

8. COUNTRY:

9. TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

10. LOCAL CONTACT ADDRESS: STREET/AVENUE:

11. CITY/TOWN:

12. PARISH/STATE:

13. ZIP/POSTAL CODE:

14. COUNTRY:

15. LOCAL CONTACT TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

16. FULL NAME OF SPOUSE (as applicable; as stated and spelt on his/her birth certificate)

MR.  MRS.  MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

17. DATE OF BIRTH (mm/dd/yyyy):

18. PERMANENT ADDRESS: STREET/AVENUE:

19. CITY/TOWN:

20. PARISH/STATE:

21. ZIP/POSTAL CODE:

22. COUNTRY:

23. TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

24. "ARE YOU A PARTY TO A UNION OTHER THAN A MARRIAGE"?

(Union Other Than Marriage means a relationship between a man and a woman who have been continually living together in a household for a period of five (5) years or more as an economic and family unit)

Yes  No

25. FULL NAME OF YOUR COMMON LAW PARTNER (as stated and spelt on his/her birth certificate)

MR.  MRS.  MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

26. DATE OF BIRTH (mm/dd/yyyy):

27. TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:





**4. DECLARATION OF DEBTS** *(debts owed by Testator/Testatrix)*

NATURE OF DEBT	AMOUNT OUTSTANDING	CREDITOR/LENDER	CONTACT PERSON AT CREDITOR/LENDER
MORTGAGE			
HIRE PURCHASE			
PERSONAL LOANS			
CREDIT UNION(S)			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			

Is there an existing **Engagement to be married**, pending Divorce or Dissolution of a Union other than Marriage?  Yes  No

Signed this ..... day of ..... in the year ..... in the presence of .....  
*(Name in BLOCK letters)*

SIGNATURE OF TESTATOR/TESTATRIX: ..... SIGNATURE OF WITNESS: .....

National Registration Number of Testator/Testatrix: .....

1. FEES PAID:  Yes  No

2. DISPOSITION OF WILL:

Depository of Will at Supreme Court:  Yes  No

To be retained by Member: .....  Yes  No

**FOR OFFICIAL USE ONLY**

NAME OF STAFF MEMBER VERIFYING APPLICATION FORM *(please print)*:

SIGNATURE OF STAFF MEMBER VERIFYING APPLICATION FORM: ..... DATE (mm/dd/yyyy): .....