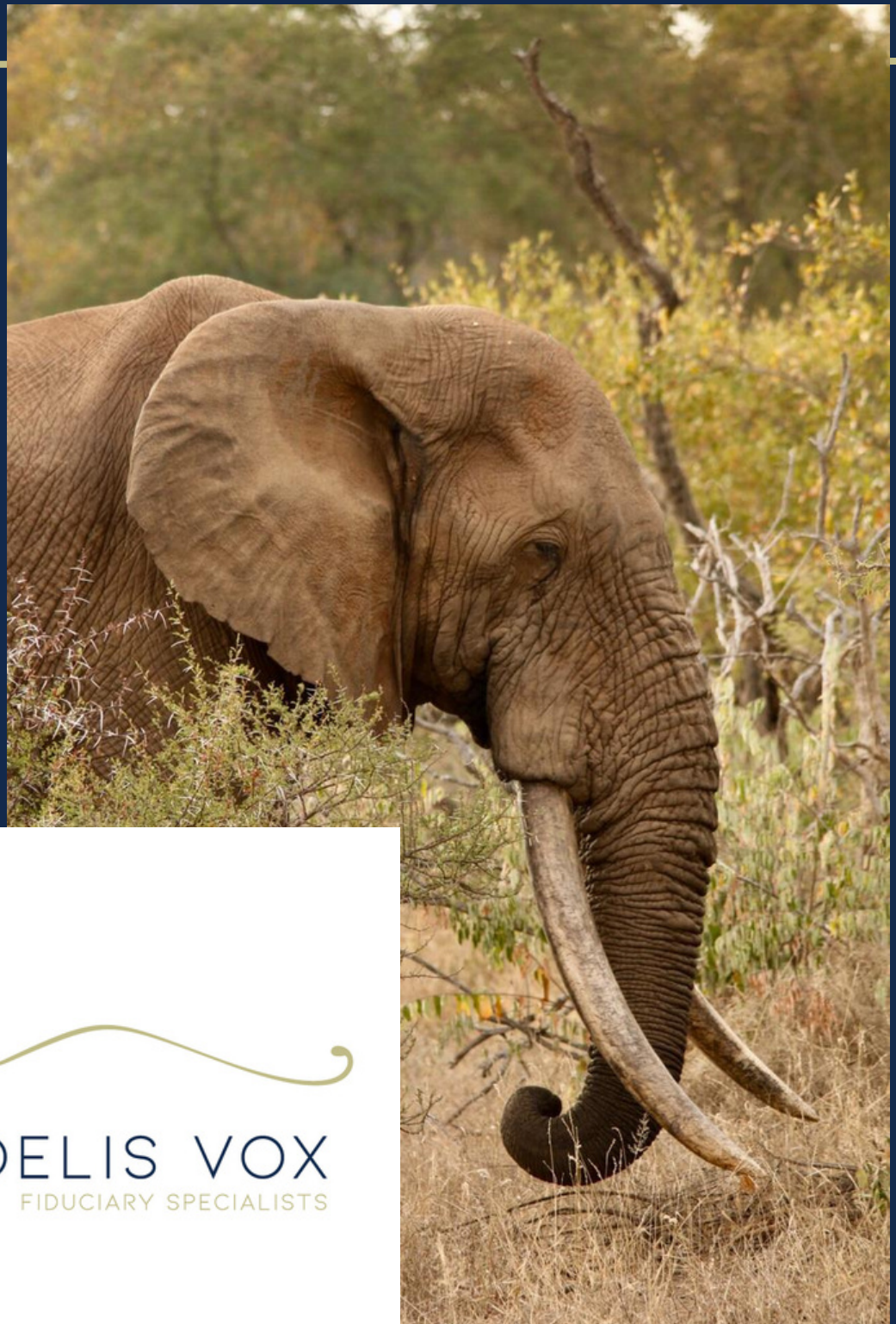


CHECKLIST

FOR IMPORTANT ESTATE PLANNING
DOCUMENTS FOR SAFEKEEPING



fv
FIDELIS VOX
FIDUCIARY SPECIALISTS

1. LAST WILL AND TESTAMENT

Original Copy

If copy, where is the original stored?

.....
.....
.....

Contact person and number for executor/executor's agent

.....
.....

ID copies for all beneficiaries and contact details for each

2. LIVING WILL (if applicable)

Original Copy

If copy, where is the original stored?

.....
.....
.....

Was a copy given to family general practitioner to keep on file

Yes No

If YES, name and telephone number of doctor

.....
.....

Have family members been informed hereof?

Yes No

3. REGISTERED ORGAN DONOR

Yes No

(Please make sure your family has been informed of these wishes)

4. COPIES OF IDENTITY DOCUMENT AND PASSPORT

5. LETTER OF WISHES (if any)

to trustees/executor/family/jewellery/guardian

6. MARRIAGE CERTIFICATE AND ANTENUPTIAL CONTRACT (if applicable)

Original Copy

If copy, where is original stored?

.....
.....
.....

7. DIVORCE AND MAINTENANCE ORDERS (if applicable)

Original Copy

If copy, where is the original stored?

.....
.....
.....

8. COPIES OF INTER VIVOS TRUST DEED(S) AND LETTERS OF AUTHORITY (if applicable)

Name, address and telephone number of trustees for each trust.

Name, address and telephone number of the accountant for each trust.

Copy of the latest Trust financial statements.

Copies of loan agreements (if any)

Minute book for Trust: Yes No

Kept where:

9. OFFSHORE TRUST (if applicable)

Copy of Deed of Settlement

Contact details of offshore trustees

Latest financial statement of offshore trust assets

10. BANK ACCOUNT DETAILS

Copy of a bank statement for every bank account (including credit cards) - showing account number and name on account

Name and telephone number of private banker (if applicable)

.....
.....

11. SOURCES OF INCOME

a) Salary details. Copy of employment agreement, payslip and latest IRP 5 certificate

b) Group Life, pension or provident fund details. Copy of policy schedule

c) Loan Agreements/Acknowledgement of Debts. Copy of Loan Agreements/Acknowledgement of Debts

d) Profit sharing arrangements, partnership agreements, shareholders' agreements. Copy of Agreements or arrangements

e) Pension fund details. Copy of fund schedule

f) Business interests. Details of type of business interest, agreements pertaining thereto (such as shareholders agreements, subscription agreements) and financials of the different businesses, company details, details of directors, contact details of accountant of each business, tax number of each business

12. MEDICAL AID DETAILS

Copy of Medical Aid Policy - showing policy name, type and number.

Copy of Gap Cover Policy - showing policy name, type and number.

Contact person and number for Medical Aid Broker

.....
.....

13. DETAILS OF ASSURANCE

All policies of assurance, including life assurance and short-term insurance - Copy of policy schedule showing policy name, type and number, benefits, beneficiary nominations.

Copy of ID and contact details of nominated beneficiaries.

Name, address and telephone number of insurance agent/broker

.....
.....

Details of Buy and sell/key man policies and agreements (if applicable)

Policy Schedule of Accident insurance (if applicable) - showing policy name, type and number.

14. INCOME TAX

Income tax number and location of previous assessments

.....
.....

Copy of SARS current year assessment or statement of account

Capital gains tax valuations

Name, address and telephone number of accountant or tax practitioner

.....
.....

15. INVESTMENTS

Last statements of all investments held.

Wealth manager, portfolio manager or broker name and contact details:

.....
.....

16. MOTOR VEHICLES (boats/trailers/caravans/motor bikes etc)

Registration and other papers

Original Copy

If copy, where is the original stored?

.....
.....

Copy of finance agreement (if applicable) - showing the details of the finance agreement

17. HOUSE

Title Deed

Original Copy

If copy, where is the original stored?

.....
.....

Bond holder details - name of institution and bond account statements

.....
.....

Lease agreement if renting

Original Copy

If copy, where is the original stored?

.....
.....

18. OTHER ASSETS

a) Timeshare certificates and latest levy statements and contact details

b) Acknowledgement of debt in estate planner's favour

c) Details of any usufruct or fideicommissum rights

d) Details of Valuables such as jewellery, antiques, camera equipment, sports equipment - valuation certificates, guarantees, cash slips etc.

19. LIABILITIES

- a) A list of all liabilities
- b) Full names, addresses and telephone numbers of creditors
- c) Store accounts and statements
- d) Rates and taxes/municipality accounts/levy statements

20. OTHER

- a) Latest copy of TV licence
- b) Cellphone contract - copy of cellphone contract
- c) Telkom contract - copy of Telkom agreement
- d) Wifi/ADSL/Fibre - copy of contract
- e) Pet medical insurance - copy of policy document
- f) Copy of gym contract
- g) DSTV/Netflix/Showmax account details

h) Copy of firearm licences
Where are the firearms kept?

.....
.....

- i) Memberships of professional bodies/clubs/associations
- j) Funeral policy - copy of policy document
- k) Shareblock certificates and agreements

l) Safety deposit box details (if any)

- m) Details of Directorships
- n) Log in details, passwords etc
- o) UIF registration details for employees
- p) Employment details of household staff
- q) Pool service/garden services
- r) Details of family members you financially support

ADDITIONAL INFORMATION REQUIRED

1. Place of birth

.....
.....

2. Place where you married your surviving spouse (if applicable)

.....
.....

3. Names of divorced or predeceased spouses (if predeceased please provide the date of death of the predeceased spouse)

.....
.....
.....
.....

4. Full names of children and dates of birth

.....
.....
.....
.....

5. Full names of predeceased children, their date of death and the full names of their children (if applicable)

.....
.....
.....
.....

6. Full names of parents and dates of birth (if predeceased please provide the date of death of the predeceased parent)

.....
.....
.....
.....

Disclaimer: This list is not a complete and exhaustive list and there could be other items, documentation or information needed in the administration of a deceased estate which are not listed above.

Contact Details

Marteen Michau 082 375 9507
Paul Michau 082 554 8530
Tamryn Michau 072 569 9525

Email

marteen@fidelisvox.co.za; paul@fidelisvox.co.za; tamryn@fidelisvox.co.za

Physical & Postal Address

2nd Floor, Building B, Knightsbridge Office Park
33 Sloane Street, Bryanston, Johannesburg
South Africa

Office Hours

Monday - Friday: 08:00 - 17:00
Saturday - Sunday: Closed
Public Holidays: Closed