

**JOINT WILL WITH TRUST  
(SURVIVOR SOLE BENEFICIARY)**

We, the undersigned,

1. (Full Name and Surname) \_\_\_\_\_

(Identity Number) \_\_\_\_\_

and

2. (Full Name and Surname) \_\_\_\_\_

(Identity Number) \_\_\_\_\_

hereby revoke all wills, codicils and other testamentary acts previously made by us, whether jointly or severally, and declare the following to be our will:

**1. DEATH OF THE FIRST DYING**

The first dying of us bequeath his or her estate, nothing excluded, to the survivor of us or his/her lawful issue by representation.

**2. DEATH OF THE SURVIVOR**

Should the survivor of die without leaving a further valid will, such survivor bequeaths his or her estate to his/her lawful issue by representation.

**3. TRUST PROVISIONS**

Should any of our beneficiaries not yet have attained the age of **21** (Twenty-One) years, his or her inheritance shall be held in trust by our trustee to whom we grant and upon whom we impose the following powers and duties, respectively:

1. To accept any assets, to control, to administer, to let, to alienate or to sell such assets or to lease or purchase any movable or immovable property whenever he in his sole discretion considers it to be in the best interest of the trust.
2. To invest any cash in such manner as he in his sole discretion may deem fit without being fettered by any of the considerations which otherwise would cause him to restrict the investments to recognised trustee securities. The trustee is also empowered to call up any investments and to reinvest the proceeds in accordance with the foregoing provisions.

**WITNESSES:**

1 \_\_\_\_\_

\_\_\_\_\_  
**TESTATOR**

2 \_\_\_\_\_

\_\_\_\_\_  
**TESTATRIX**

3. To borrow any sum of money in order to carry out any condition of this trust and to furnish any form of security for the proper repayment thereof including the power to pledge or mortgage any assets of the trust
4. To apply so much of the income and, in need, of the capital as he in his sole discretion may deem fit for the maintenance and education of the beneficiary or for any other purpose in his or her interest. Any income not utilized for these purposes may be capitalized.
5. To terminate the trust when the beneficiary attains the age of **21** (Twenty-One) years and to make over or pay the capital, as it then exists, and any accrued income to him or her. Notwithstanding the above, we direct that our trustee shall have the power, in his absolute discretion to postpone termination of this trust, either in whole or in part, should circumstances warrant such action.

**4. PROTECTION OF BENEFITS**

It is a specific condition of this will that any benefit which may accrue to any beneficiary in terms hereof as well as any income derived therefrom, shall be excluded from the legal consequences of any existing or future marriage or relationship.

**5. EXECUTOR**

As executors of our respective estates we nominate BUSINESS & LEGAL CONSULTANTS CC.

We hereby grant unto our executor the power of assumption.

We exempt our executor and any assumed executor, from the necessity of furnishing security to the Master of the High Court or to any official or institution for the due fulfilment of his obligation as Executor.

As trustee of any trust that may emanate from this will, we nominate BUSINESS & LEGAL CONSULTANTS CC. We exempt our trustee and any assumed trustee, from the necessity of furnishing security to the Master of the High Court or to any official or institution for the due fulfilment of their obligation as Trustees.

Our executor and trustee are authorised to utilize in their sole discretion the services of any company or affiliated authority which will be entitled to the customary remuneration for such services rendered.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

In the presence of the undersigned witnesses, all being present at the same time.

**WITNESSES:**

1 \_\_\_\_\_

\_\_\_\_\_  
**TESTATOR**

2 \_\_\_\_\_

\_\_\_\_\_  
**TESTATRIX**

## CONTACT INFORMATION

**TESTATOR** (Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_  
(Residential address) \_\_\_\_\_  
\_\_\_\_\_  
(Contact number/s) \_\_\_\_\_  
(Email) \_\_\_\_\_

**TESTATRIX** (Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_  
(Residential address) \_\_\_\_\_  
\_\_\_\_\_  
(Contact number/s) \_\_\_\_\_  
(Email) \_\_\_\_\_

**WITNESS NO. 1** (Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_  
(Residential address) \_\_\_\_\_  
\_\_\_\_\_  
(Contact number/s) \_\_\_\_\_

**WITNESS NO. 2** (Name) \_\_\_\_\_  
(Surname) \_\_\_\_\_  
(Residential address) \_\_\_\_\_  
\_\_\_\_\_  
(Contact number/s) \_\_\_\_\_