

SINGLE WILL WITH TRUST (MULTIPLE BENEFICIARIES)

I, the undersigned,

(Full Name and Surname) _____

(Identity Number) _____

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

1. APPOINTMENT OF BENEFICIARIES

In the event of my death I bequeath my estate in equal shares to:

1.1 (Full Name and Surname) _____

(Identity Number) _____

1.2 (Full Name and Surname) _____

(Identity Number) _____

1.3 (Full Name and Surname) _____

(Identity Number) _____

1.4 (Full Name and Surname) _____

(Identity Number) _____

or the survivors of them.

2. TRUST PROVISIONS

Should any of my 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.

WITNESSES:

1 _____

TESTATOR / TESTATRIX

2 _____

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.
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.

3. 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.

4. EXECUTOR

As executors of my estate I nominate BUSINESS & LEGAL CONSULTANTS CC.

I hereby grant unto my executor the power of assumption.

I exempt my 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, I nominate BUSINESS & LEGAL CONSULTANTS CC. I exempt my 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.

My 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 / TESTATRIX

2 _____

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) _____