

This is the Last Will & Testament of \_\_\_\_\_  
*Full Names*

made this \_\_\_\_\_ day of \_\_\_\_\_ 20.....

**PRELIMINARY DECLARATIONS**

1. I, \_\_\_\_\_  
*Title First Name Middle Name Surname*

of \_\_\_\_\_  
*Full Residential Address*

\_\_\_\_\_ State, Nigeria, born on the \_\_\_\_\_ of \_\_\_\_\_,  
*Day Month Year*

and being of sound mind and body hereby revoke all previous Wills, Codicils and other testamentary dispositions made by me and therefore declare this Will to be **MY LAST WILL & TESTAMENT.**

2. **EXECUTORS:**

I hereby appoint the following to be the Executors of this my Will:

i. \_\_\_\_\_ of  
*Full Name*

\_\_\_\_\_  
*Full Residential Address*

\_\_\_\_\_  
*Mobile Number Relationship*

ii. \_\_\_\_\_ of  
*Full Name*

\_\_\_\_\_  
*Full Residential Address*

\_\_\_\_\_  
*Mobile Number Relationship*

3. **DEFINITION/INTERPRETATION**

- (a) The term "Estate" refers to my pension benefits and /or all entitlements due from my employer and/or proceeds realised from my personal bank accounts.
- (b) The term "Children" refers to my blood descendants as listed in this my Will and no other person(s) shall receive and benefit under this Will under their appellation.

4. **BANK ACCOUNTS**

I declare that I own and/or operate the following bank accounts (BVN number – .....). I hereby give the cumulative proceeds to the persons(s) listed hereunder and such proceeds shall fall part of the Estate to be distributed in the

proportions indicated against their respective names with particulars of which are set forth in the schedule below;

S/N	Bank Name	Bank Account	Bank Account No.	Branch	Account Type
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

*(Please note that my wishes shall apply to my personal bank accounts and /or business bank accounts held in my personal capacity).*

**Bank Accounts Percentage Sharing**

S/N	Full names of Beneficiary(ies)	Address of Beneficiaries	Relationship	Percentage
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

*(Total Percentage sharing must be equal to 100%)*

**5. PENSION**

RSA No.: PEN

**PENSION FUND ADMINISTRATOR:** \_\_\_\_\_

I hereby bequeath to the person(s) listed hereunder in the proportions indicated against their respective names all pension benefits due from my employer by virtue of the provisions of the Pension Reform Act 2014 as well as any entitlements due from my employer for my benefit.

**Pension Percentage sharing**

S/N	FullNames of Beneficiary(ies) and Relationship	Address of Beneficiaries	Percentage	OtherComment (If any)
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

*(Total Percentage sharing must be equal to 100%)*

**6. EMPLOYMENT BENEFITS**

I hereby direct that all my other employment benefits shall be distributed as follows:

S/N	FullNames of Beneficiary(ies) and Relationship	Address of Beneficiaries	Percentage	OtherComment (If any)
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

**7. GUARDIANS**

I appoint the undermentioned as the Physical Guardian to this my Will in respect of any of my Beneficiaries who are yet to attain the age of 18 as at the time of my demise.

- i. \_\_\_\_\_ of  

*Full Name*

  
 \_\_\_\_\_  

*Full Residential Address*

  
 \_\_\_\_\_  

*Mobile Number*
*Relationship*

8. I appoint the undermentioned as the Financial Guardian to this my Will in respect of any of my Beneficiaries who are yet to attain the age of 18 and above at the time of my demise.

- ii. \_\_\_\_\_ of  

*Full Name*

  
 \_\_\_\_\_  

*Full Residential Address*

.....  
*Mobile Number*

.....  
*Relationship*

9. I direct my Executors to open an Estate account and to utilize the entitlements due to my minor beneficiaries in the proportion stated by me above strictly for the welfare of my minor beneficiaries until they each attain the age of 18 years or upon completion of their education, whereupon the residues shall then revert to each beneficiary respectively in the proportion to which they are entitled under this my Will.
10. In the event that any of my children become deceased before receiving his/her benefits under this Will, such benefits shall be distributed among their children per stirpes and if there are no children, such benefits shall be equally distributed among my living Beneficiaries.
11. That the costs, charges and fees whatsoever required to prove and administer this my Will, as well as all other pecuniary liabilities that may arise in course of administering my Will (hereinafter referred to as the "Fees") shall borne by my Estate. The Executors are hereby mandated to deduct the charges from the Estate before paying same over to the beneficiaries in the proportions stated herein.
12. Upon thepayment of all Charges required to prove and administer my Will, I hereby devise and bestow the residue of all Estate which are specifically disposed under this Will or by any amendment hereto to the beneficiaries listed in clause 3 above, in equal proportions.
13. I hereby undertake and declare that all the statements made above and overleaf are true and correct and that I have not withheld any material information. I also agree to give notice to FCMB TRUSTEES LIMITED in the event of any change in the information given.

**IN WITNESS WHEREOF the TESTATOR has executed this Will this** \_\_\_\_\_ **of** \_\_\_\_\_ **,** \_\_\_\_\_ **Year**  
*Day Month Year*

**Name Of Testator:** \_\_\_\_\_

**Signature of the Testator:** \_\_\_\_\_

In our presence and attested by us in the presence of him/her and of each other as Witnesses:

**1<sup>ST</sup> WITNESS**

**2<sup>ND</sup> WITNESS**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature \_\_\_\_\_



AFFIX ONE  
LATEST  
PASSPORT

## SIMPLE WILL ON BOARDING FORM

### PERSONAL DATA

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED

GENDER:  MALE  FEMALE      DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

SPOUSE NAME (IF APPLICABLE) \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MEANS OF IDENTIFICATION:  International Passport  Driver's License  National ID Card  INEC Voter's Card

ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

RSA No.: PEN

PENSION FUND ADMINISTRATOR: \_\_\_\_\_

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### NEXT OF KIN (For emergency and contact purpose only and need not be beneficiary)

NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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**EMPLOYMENT DETAILS**EMPLOYMENT STATUS: EMPLOYED SELF-EMPLOYED RETIRED UNEMPLOYED

EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

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**HUMAN RESOURCES CONTACT**

NAME OF COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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**CERTIFICATION**

I, \_\_\_\_\_ certify that the information provided is complete and correct.

DD MMM YYYY

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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**KYC DOCUMENTS**

**Documents Required:**

- A valid copy of Means of Identification of Testator.
  - Two Passport Photographs of the Testator.
  - The Sighted copy of proof of residential address of the Testator(s) (individual or joint).
  - The Sighted copy of the valid residence permit of a resident non-Nigerian Testator.
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**Bank:** First City Monument Bank

**Account Name:** FCMB Trustees Limited Call A/c.

**Account Number:** 0678691020

**Branch:** Head office

**\*DEPOSITORS NAME – Your Full Name and Telephone number**

- ✓ *If you choose to have your Will registered at the Probate Registry, an additional cost of N10,000.00(Ten thousand Naira Only) will be paid by the Testator for this purpose.*
- ✓ *Please ensure updates are carried out with FCMB Trustees Limited whenever there is a change in any of the information provided in this form.*
- ✓ *Kindly ensure that KYC documents are submitted together with the completed form.*