

#### TRUST FORMATION QUESTIONNAIRE

All information provided in this questionnaire should be comprehensive and **NO** questions are to be left unanswered.

Any documents provided that are not in English must be translated.

#### Section A – KYC Documentation

The following documents must be supplied:

|   |                                                                                                                                                                                                              | ✓ if<br>Supplied |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| a | Certified copy of the Settlor's passport                                                                                                                                                                     |                  |
| b | Certified copy of each<br>beneficiary's passport. If the<br>beneficiary is not a natural<br>person please provide certified<br>incorporation documents and<br>certificate of good standing, if<br>applicable |                  |
| С | Character reference<br>concerning the Settlor from a<br>Banker or Professional Advisor<br>not more than six month's old                                                                                      |                  |
| d | Settlor's source of wealth declaration                                                                                                                                                                       |                  |
| е | Verification of the full residential address of the Settlor, i.e. certified utility bill verifying the address                                                                                               |                  |
| f | Certified copy of the<br>Protector's passport, if any                                                                                                                                                        |                  |

In addition to the KYC documents outlined above, the following should be provided:

|   |                                                                   | ✓ if<br>Supplied |
|---|-------------------------------------------------------------------|------------------|
| a | Comprehensive structure diagram setting out the assets to be held |                  |

| b | Relevant documents regarding interests to be held in any underlying entity |  |
|---|----------------------------------------------------------------------------|--|
| С | Copy of any legal and/or tax<br>advice regarding the proposed<br>structure |  |

#### **Section B – Trust Information**

**Details of the Trust:** 

| Name of the<br>Trust |  |
|----------------------|--|
|----------------------|--|

Type of Trust: ✓ applicable boxes for Trust Type

| Discretionary | or | Fixed     |  |
|---------------|----|-----------|--|
| Irrevocable   | or | Revocable |  |

(NB: Trust will be assumed to be discretionary and irrevocable unless otherwise advised)

Purpose for which the Trust is to be established:

|                          | ✓ those applicable |
|--------------------------|--------------------|
| Estate Planning          |                    |
| Asset Protection         |                    |
| Forced Heirship Planning |                    |
| Tax Planning             |                    |
| Other, please specify:   |                    |



| Who is to have the ability to appoint new Trustees in the future? | Settlor's<br>Nationality         |                             |
|-------------------------------------------------------------------|----------------------------------|-----------------------------|
|                                                                   | Settlor's                        |                             |
|                                                                   | Domicile                         |                             |
|                                                                   | Settlor's                        |                             |
| If no instructions are given this will be the                     | County of Tax                    |                             |
| -                                                                 | Residence                        |                             |
| Settlor Details:                                                  | Settlor's                        |                             |
| Full name as stated on passport:                                  | Occupation                       |                             |
| Tull hame as stated on passport.                                  | Email Address                    |                             |
|                                                                   | Telephone                        |                             |
|                                                                   | Number                           |                             |
|                                                                   |                                  |                             |
| Marital Status                                                    | Fax Number                       |                             |
|                                                                   | Mobile                           |                             |
| ·                                                                 | Numbers                          |                             |
| applie                                                            |                                  |                             |
| Single                                                            | Skype Address                    |                             |
| Married                                                           |                                  |                             |
|                                                                   | <u>Beneficiaries:</u>            |                             |
| Separated                                                         |                                  |                             |
| Widowed                                                           |                                  | <b>✓</b><br>applicable      |
| Divorced                                                          | Will the Settlor be beneficiary? | e a                         |
| '                                                                 |                                  |                             |
| Other, please specify:                                            |                                  |                             |
|                                                                   | Who will benefit<br>Vesting Day? | from the Trust prior to the |
| NB: if matrimonial/relationship property is                       | being Who will benefit           | from the Trust upon the     |
| settled onto the trust there must be two se                       |                                  | nom the Trust upon the      |
| who both consent to the settlement of tho                         |                                  |                             |
| assets                                                            |                                  |                             |
|                                                                   |                                  |                             |
| Settlors Full Residential Address:                                |                                  |                             |
|                                                                   |                                  |                             |
|                                                                   |                                  |                             |
|                                                                   |                                  |                             |
|                                                                   |                                  |                             |
| Settlors Postal Address:                                          | <del> </del>                     |                             |
| Jemois i Ostai Addiess.                                           |                                  |                             |
|                                                                   |                                  |                             |
|                                                                   |                                  |                             |



# Other Beneficiaries

| Full Name                      |  |
|--------------------------------|--|
| Date of Birth                  |  |
| Residential<br>Address         |  |
| Postal Address                 |  |
| Email Address                  |  |
| Telephone<br>Number            |  |
| Fax Number                     |  |
| Mobile<br>Numbers              |  |
| Skype Address                  |  |
| Relationship to<br>the Settlor |  |

| Full Name                   |  |
|-----------------------------|--|
| Date of Birth               |  |
| Residential<br>Address      |  |
| Postal Address              |  |
| Email Address               |  |
| Telephone<br>Number         |  |
| Fax Number                  |  |
| Mobile<br>Numbers           |  |
| Skype Address               |  |
| Relationship to the Settlor |  |

| Full Name                      |  |
|--------------------------------|--|
| Date of Birth                  |  |
| Residential<br>Address         |  |
| Postal Address                 |  |
| Email Address                  |  |
| Telephone<br>Number            |  |
| Fax Number                     |  |
| Mobile<br>Numbers              |  |
| Skype Address                  |  |
| Relationship to<br>the Settlor |  |

| Full Name                   |  |
|-----------------------------|--|
| Date of Birth               |  |
| Residential<br>Address      |  |
| Postal Address              |  |
| Email Address               |  |
| Telephone<br>Number         |  |
| Fax Number                  |  |
| Mobile<br>Numbers           |  |
| Skype Address               |  |
| Relationship to the Settlor |  |

NB: if there are any other beneficiaries please provide on a separate piece of paper



| provide a reason for the exclusion:                                 | Fax Number                                                                                                                                                                                                              |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     | Mobile<br>Numbers                                                                                                                                                                                                       |
|                                                                     | Skype Address                                                                                                                                                                                                           |
|                                                                     | If the Protector is not a natural person then please provide certified incorporation documents and a Certificate of Good Standing and other documentation including the names of the current directors and shareholders |
|                                                                     | Who is to have the authority to appoint a new of additional Protector?  NB: This will vest in the Protector unless otherwise instructed                                                                                 |
|                                                                     | Assets:                                                                                                                                                                                                                 |
| An Excluded Person is a person who is not to benefit from the Trust | Initial Asset to be settled and value of the same:                                                                                                                                                                      |
| Protector:  ✓ or  ×                                                 | Details of any interest in underlying entities to be included in the Trust Fund:                                                                                                                                        |
| Will there be a Protector?                                          |                                                                                                                                                                                                                         |
| Details of the Protector:                                           | If the underlying entity is already in existence:  Type of Entity                                                                                                                                                       |
| Full Name                                                           | Proof of                                                                                                                                                                                                                |
| Date of Birth                                                       | Incorporation Current                                                                                                                                                                                                   |
| Residential<br>Address                                              | share/interest ownership                                                                                                                                                                                                |
| Postal Address                                                      | Director details                                                                                                                                                                                                        |
| Email Address                                                       |                                                                                                                                                                                                                         |
| Telephone<br>Number                                                 |                                                                                                                                                                                                                         |



| Business<br>details of the<br>entity |  |
|--------------------------------------|--|
| Approximate value                    |  |

NB: If the underlying entity is still to be established, please provide details of the proposed managers

| Details of     |  |
|----------------|--|
| assets held/to |  |
| be held within |  |
| any underlying |  |
| entity         |  |
| Details of     |  |
| banks, safe    |  |
| custody or     |  |
| nominees       |  |
| where assets   |  |
| are now        |  |
| situated       |  |

# Memorandum/Letter of Wishes:

|                                              | ✓ or<br>× |
|----------------------------------------------|-----------|
| Will there be a Memorandum/Letter of Wishes? |           |

(A draft memorandum/letter of wishes can be provided if required)

# Additional Information:

| Please provide any additional information relevant to the formation of the Trust: |  |
|-----------------------------------------------------------------------------------|--|
| relevant to the formation of the Trust:                                           |  |
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