

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 – Trust Information

Details of the Trust:

| | |
|-------------------|--|
| Name of the 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? |
|---|

If no instructions are given this will be the Settlor

Settlor Details:

| |
|----------------------------------|
| Full name as stated on passport: |
|----------------------------------|

Marital Status

| | |
|------------------------|-----------------|
| | ✓ applicable |
| Single | |
| Married | |
| Separated | |
| Widowed | |
| Divorced | |
| Other, please specify: | |

NB: if matrimonial/relationship property is being settled onto the trust there must be two settlors who both consent to the settlement of those assets

| | |
|-------------------------------------|--|
| Settlors Full Residential Address: | |
| Settlors Postal Address: | |
| Settlor's Nationality | |
| Settlor's Domicile | |
| Settlor's County of Tax Residence | |
| Settlor's Tax Identification Number | |

| | |
|----------------------|--|
| Settlor's Occupation | |
| Email Address | |
| Telephone Number | |
| Fax Number | |
| Mobile Numbers | |
| Skype Address | |

Trustee Details

Please provide details for each Trustee

If there are more Trustees than places provided, please provide details on a separate piece of paper

Corporate Trustee

| | |
|---------------------------|--|
| Company Name | |
| Date of Incorporation | |
| Registration Number | |
| Directors | |
| Shareholders | |
| Tax Identification Number | |

Individual Trustees

| | |
|---------------------------|--|
| Full Name | |
| Date of Birth | |
| Residential Address | |
| Postal Address | |
| Tax Identification Number | |

| | |
|-----------------------------|--|
| Email Address | |
| Telephone Number | |
| Fax Number | |
| Mobile Numbers | |
| Skype Address | |
| Relationship to the Settlor | |

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

| | |
|---------------------|--|
| Full Name | |
| Date of Birth | |
| Residential Address | |
| Postal Address | |

| | |
|-----------------------------|--|
| Tax Identification Number | |
| Email Address | |
| Telephone Number | |
| Fax Number | |
| Mobile Numbers | |
| Skype Address | |
| Relationship to the Settlor | |

Beneficiaries:

| | |
|------------------------------------|--------------|
| | ✓ applicable |
| Will the Settlor be a beneficiary? | |

| |
|---|
| Who will benefit from the Trust prior to the Vesting Day? |
| Who will benefit from the Trust upon the Vesting Day? |

Other Beneficiaries

| | |
|---------------------------|--|
| Full Name | |
| Date of Birth | |
| Residential Address | |
| Postal Address | |
| Tax Identification Number | |
| Email Address | |
| Telephone Number | |

| | |
|-----------------------------|--|
| Fax Number | |
| Mobile Numbers | |
| Skype Address | |
| Relationship to the Settlor | |

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

| | |
|---------------------------|--|
| Full Name | |
| Date of Birth | |
| Residential Address | |
| Postal Address | |
| Tax Identification Number | |

| | |
|-----------------------------|--|
| Email Address | |
| Telephone Number | |
| Fax Number | |
| Mobile Numbers | |
| Skype Address | |
| Relationship to the Settlor | |

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

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

| |
|--|
| <p>Are there any Excluded Persons and please provide a reason for the exclusion:</p> |
|--|

| |
|--|
| |
|--|

An Excluded Person is a person who is not to benefit from the Trust

Protector:

| | |
|----------------------------|--------|
| | ✓ or x |
| Will there be a Protector? | |

Details of the Protector:

| | |
|---------------------|--|
| Full Name | |
| Date of Birth | |
| Residential Address | |
| Postal Address | |
| Email Address | |
| Telephone Number | |
| Fax Number | |
| Mobile 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:

| | |
|--|--|
| Initial Asset to be settled and value of the same: | |
| Details of any interest in underlying entities to be included in the Trust Fund: | |

If the underlying entity is already in existence:

| | |
|----------------------------------|--|
| Type of Entity | |
| Proof of Incorporation | |
| Current share/interest ownership | |
| Director details | |
| Business details of the 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 x |
| Will there be a Memorandum/Letter of Wishes? | |

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

Section B – Other Information

In addition to the KYC documents for all trust parties, the following should be provided:

| | | ✓ if Supplied |
|---|--|---------------|
| a | Comprehensive structure diagram setting out the assets to be held | |
| b | Relevant documents regarding interests to be held in any underlying entity | |
| c | Copy of any legal and/or tax advice regarding the proposed structure | |