NEDGROUP TRUST
TRUST TRANSFER FORM

NEDBANK PRIVATE WEALTH
SINCE 1834

Please complete in full, in BLOCK CAPITALS and black ink. If you need help to complete this form, please call us on +44 (0)1481 710895 (Guernsey Office) or +44 (0)1534 823202 (Jersey Office).

TRUSTS

Administration Centre

☐ GUERNSEY ☐ JERSEY

1. OBJECTIVES

DESCRIBE THE PURPOSE AND REASONS FOR ESTABLISHING THE TRUST INITIALLY (please provide a full explanation. Phrases such as "asset protection" or "tax planning" will be insufficient. If a complex tax driven structure, please provide the relevant tax advice)	
DESCRIBE THE REASONS FOR TRANSFERRING THE TRUST TO US	

2. INTRODUCERS DETAILS

COMPANY NAME		
LICENCE NUMBER		
ADDRESS		
POSTCODE		
CONTACT PERSON		
TELEPHONE NUMBER	+	
FAX NUMBER	+	
EMAIL ADDRESS		

3. ORIGINAL SETTLOR OR PRINCIPAL BENEFICIARY IF SETTLOR IS DECEASED (PLEASE SPECIFY)

TITLE (eg, Mr/Mrs/Miss/Ms/Other)	
SURNAME	
FORENAME(S)	
FORMER NAMES (eg, maiden name or any other names used)	
THIS WAS	☐ MY MAIDEN NAME ☐ MY FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL
MARITAL STATUS	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)
DATE OF BIRTH (DD/MM/YYYY)	
PLACE OF BIRTH	
COUNTRY OF BIRTH	
PRIMARY NATIONALITY	
OTHER NATIONALITIES (if appropriate)	
PRINCIPAL RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)	
POSTCODE	
SECURE EMAIL ADDRESS	

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TELEPHONE NUMBER	+	
MOBILE NUMBER	+	
CURRENT COUNTRY OF DOMICILE (if resident in the UK)		
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)		
OCCUPATION OR FORMER OCCUPATION IF RETIRED		
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 13 for a definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		

Tax residency – Tax regulations require us to collect certain information about each settlor or principal beneficiary's tax status. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

I **am/am not** a U.S. Person as defined by the Foreign Account Tax Compliance Act (FATCA) and will notify you if this situation changes.

Settlor's/Principal's Specimen Signature

Nedgroup Trust has a number of anti-fraud measures ensuring that we protect property held in trust. It is beneficial that we hold a specimen signature for future reference.

SETTLOR'S/PRINCIPAL'S SPECIMEN SIGNATURE	

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JOINT ORIGINAL SETTLOR OR SECOND PRINCIPAL BENEFICIARY IF SETTLOR IS DECEASED (PLEASE SPECIFY)

If this section is not relevant strike a line in pen diagonally across the section.

TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES (eg, maiden name or any other names used)		
THIS WAS	☐ MY MAIDEN NAME ☐ MY FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL	
MARITAL STATUS	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)	
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PRIMARY NATIONALITY		
OTHER NATIONALITIES (if appropriate)		
PRINCIPAL RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	
MOBILE NUMBER	+	
CURRENT COUNTRY OF DOMICILE (if resident in the UK)		
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)		
OCCUPATION OR FORMER OCCUPATION IF RETIRED		
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 13 for a definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		

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FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

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THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

I **am/am not** a U.S. Person as defined by the Foreign Account Tax Compliance Act (FATCA) and will notify you if this situation changes.

JOINT SETTLOR'S/PRINCIPAL'S SPECIMEN SIGNATURE	

4. BENEFICIARIES

There should be a Letter of Wishes held with the current Trustee. It is recommended that the original settlor(s) or principal beneficiary(ies) check the latest Letter of Wishes to ascertain whether any changes (if permitted) to guidance are required. It may be appropriate to issue a new Letter of Wishes. A sample Letter of Wishes can be found in Appendix 1 of this application form and can be completed to guide the new Trustees.

If the Letter of Wishes cannot be changed (eg, the original settlor is deceased) then we will be guided by the existing Letter of Wishes. If this is the case, the original Letter of Wishes should be included with this application.

Proof of identity and residence documents will be required for the named beneficiaries, unless for reasons outlined, the settlor or principal beneficiaries do not want the beneficiary to have knowledge of the trust at this time.

It is appreciated that beneficiaries will be named on the existing Trust deed. However, it is necessary for the new trustees to have sufficient information regarding beneficiaries, so that they may be identified and can be traced should that be necessary in the future.

Strike through if not true.

I/we confirm that to the best of my/our knowledge the beneficiaries are not U.S. Persons as defined under FATCA (Foreign Account Tax Compliance Act). Please highlight any U.S. Person from the information provided, and advise us of any U.S. Persons if you become aware that they have subsequently become U.S. Persons.

CONTINUED OVER

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4.1 Beneficiary details

	BENEFICIARY 1	BENEFICIARY 2
TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES (eg, maiden name or any other names used)		
THIS WAS THEIR	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL
RELATIONSHIP TO SETTLOR		
MARITAL STATUS	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PRIMARY NATIONALITY		
OTHER NATIONALITIES (if appropriate)		
PRINCIPAL RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	+
MOBILE NUMBER	+	+
CURRENT COUNTRY OF DOMICILE (if resident in the UK)		
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)		
OCCUPATION OR FORMER OCCUPATION IF RETIRED		
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 13 for a definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		

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Tax residency – Tax regulations require us to collect certain information about each beneficiary's tax status which may be reported under tax transparency reporting. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

	BENEFICIARY 3	BENEFICIARY 4
TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES (eg, maiden name or any other names used)		
THIS WAS THEIR	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL
RELATIONSHIP TO SETTLOR		
MARITAL STATUS	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PRIMARY NATIONALITY		
OTHER NATIONALITIES (if appropriate)		
PRINCIPAL RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	+
MOBILE NUMBER	+	+
CURRENT COUNTRY OF DOMICILE (if resident in the UK)		
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)		

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	BENEFICIARY 3	BENEFICIARY 4
OCCUPATION OR FORMER OCCUPATION IF RETIRED		
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 13 for a definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		

Tax residency – Tax regulations require us to collect certain information about each beneficiary's tax status which may be reported under tax transparency reporting. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
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NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

NEDBANK PRIVATE WEALTH SINCE 1834

5. PROTECTOR

☐ NOT APPLICABLE

Only complete this section if currently appointed to the Trust.

Proof of identity and residence documents will be required as explained in Appendix 2.

TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES (eg, maiden name or any other names used)		
THIS WAS THEIR	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ CHANGED BY DEED POLL	
RELATIONSHIP TO SETTLOR		
MARITAL STATUS	☐ MARRIED ☐ SINGLE ☐ DIVORCED/SEPARATED ☐ WIDOW(ER)	
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PRIMARY NATIONALITY		
OTHER NATIONALITIES (if appropriate)		
PRINCIPAL RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	
MOBILE NUMBER	+	
CURRENT COUNTRY OF DOMICILE (if resident in the UK)		
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)		
OCCUPATION OR FORMER OCCUPATION IF RETIRED		
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 13 for a definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		

SPECIMEN SIGNATURE OF PROTECTOR	

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NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

I **am/am not** a U.S. Person as defined by the Foreign Account Tax Compliance Act (FATCA) and will notify you if this situation changes.

Settlor's/Principal's Specimen Signature

Nedgroup Trust has a number of anti-fraud measures ensuring that we protect property held in trust. It is beneficial that we hold a specimen signature for future reference.

SPECIMEN SIGNATURE OF PROTECTOR	

6. HOW DO YOU WISH THE TRUSTEES TO CONTACT YOU

CONTACT	☐ THROUGH ADVISER ☐ BY TELEPHONE ☐ BY FAX ☐ BY EMAIL ☐ THROUGH PROTECTOR
I REQUIRE A PASSWORD SO THAT THE TRUSTEES VERIFY COMMUNICATIONS FROM ME. Insert preferred password. Choose something easily remembered.	
SPECIAL INSTRUCTIONS	

7. TRUST DETAILS

NAME OF TRUST		
FULL NAME OF CURRENT TRUSTEES		
NAME OF CONTACT PERSON		
ADDRESS OF CURRENT TRUSTEES		
POSTCODE		
TELEPHONE NUMBER(S)	+	
ARE THERE ANY CO-TRUSTEES? If YES complete details below.	☐ YES ☐ NO	
FULL NAME		
ADDRESS		
POSTCODE		
TELEPHONE NUMBER	+	
PROPER LAW OF TRUST		

Please note that in case where the Trust has been set up under a different Proper Law, Nedgroup Trust may seek to change the Proper Law of the Trust to Jersey or Guernsey. If this may present you with any concerns, or conflicts with tax advice you have had previously, you should tick one of the following boxes.

☐ I/we have no objections to the Trustees changing the Proper Law of the Trust to Jersey or Guernsey

☐ I/we require the Proper Law of the Trust to remain as it is at the time of Transfer

8. TRUST ASSETS

What are the assets currently held by the Trust?

Please provide a copy of the latest Trust Valuation showing assets and liabilities by line.

ASSETS	VALUE

PLEASE SET OUT THE TYPE, VOLUME, VALUE AND REGULARITY OF ACTIVITY EXPECTED	
PLEASE SET OUT THE EXPECTED DURATION OF THE BUSINESS RELATIONSHIP WITH US	

The settlor(s)/beneficiaries is/are aware that direct equity, bond and unit trust holdings may be kept by a global custodian on behalf of Nedgroup Trust and that it will normally be necessary to hold real property via a company.

It is noted that UK situate assets (eg, UK stocks and shares, UK private company shares, UK Chattels) will necessitate the appointment of a tax advisor and UK tax reporting, if held directly in a trust.

9. COMPLIANCE – DUE DILIGENCE RELATING TO ASSETS

This page deals with the history of assets being settled into trust, and covers a client's general source of wealth, and the source of funds that will be transferred to Nedgroup Trust.

It is mandatory that Nedgroup Trust holds certain information in relation to its clients both for regulatory and service purposes. Good quality information will help us meet these requirements and and is likely to facilitate efficient opening of bank and investment accounts with other service providers. Nedgroup Trust will rely upon this information as being accurate and correct as possible. Nedgroup Trust retains the right to seek further information, and where necessary will request documentary proof.

Please refer to the guide below before completing the following three sections:

Source of funds

FROM WHICH COUNTRY DO THE FUNDS/INVESTMENTS ORIGINATE	
PLEASE PROVIDE DETAILS OF THE SOURCE OF THE FUNDS/ASSETS THAT HAVE BEEN SETTLED INTO THE TRUST, HOW THEY WERE GENERATED AND ALL GEOGRAPHICAL LOCATIONS (please supply supporting documentation). Please Refer to Appendix 3 for guidance	
WHAT IS THE SETTLOR'S/PRINCIPAL BENEFICIARY'S OVERALL WEALTH/ VALUE AND HOW WAS THAT WEALTH ACCUMULATED Please also complete Appendix 3 with full details.	

10. SETTLOR'S OR PRINCIPAL BENEFICIARY'S DECLARATION

10.1 Truth and accuracy

I/we certify that the information supplied by me/us and contained above in these application documents is true and accurate.

10.2 Professional advice

I/we confirm that we have taken appropriate professional advice regarding the taxation and legal implications of the proposed trust arrangement and that neither Nedgroup Trust, its officers nor employees have provided me/us with any such advice. I/we will provide written copies of such advice to Nedgroup Trust upon request. I/we acknowledge that neither Nedgroup Trust nor its officers and employees are specialist advisers in law and taxation.

10.3 Tax reporting

I/we acknowledge that Nedgroup Trust may have a legal or regulatory obligation to provide information regarding this structure and/or an individual's entitlement to relevant tax authorities without notifying individuals in advance.

I/we agree to inform Nedgroup Trust within 90 days if or when any of our/my tax information details change.

10.4 Proceeds of crime

I/we confirm that the assets transferred to Nedgroup Trust are not, and any further assets so transferred will not be, or represent, either directly or indirectly, the proceeds of criminal activity.

10.5 Terms and conditions

I/we understand and agree that the provision of trustee services is subject to the Trust deed and to Nedgroup Trust's terms and conditions published at nedgrouptrust.com in the Client Documents area or as may otherwise be made available to me and amended from time to time.

10.6 Defeating creditors

I/we declare that the trust is not to be established with the intention of defeating any creditors, whether past, present or future and I am/we are unaware of any litigation in progress, pending or threatened against me/us.

10.7 Trustees powers

I/we fully understand that under the terms of this application form and in accordance with Jersey and Guernsey Law, we will not be Trustees of the Trust and will have no powers to act on behalf of the Trustees, or the Trust without formal written consent of Nedgroup Trust.

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NEDBANK PRIVATE WEALTH SINCE 1834

10.8 Trust assets

I/we fully understand that we cannot represent ourselves to any third party as being empowered to act upon any assets within the trust, or to produce any document appearing to represent a Trust document empowering me/us to act for the Trust without the formal written consent of Nedgroup Trust.

10.9 Electronic mail and fax indemnity

I/We hereby request and authorise the Trustees from time to time without further authority or notice from me/us to act upon any requests/instructions given to the Trustees or purporting to be given to the Trustees on our behalf by electronic mail or fax. I/we hereby undertake to fully indemnify the Trustees against all losses, claims, costs, demands and expenses which the Trustees or I/we may incur or sustain through the Trustees acting upon such electronic mail or fax requests/ instructions whether or not such electronic mail or fax requests/instructions are made or transmitted without our authority; or such losses etc arise directly or indirectly from any operational failure or fault or any error howsoever occurring in the course of the transmission of the electronic mail or fax whether relating to equipment belonging to the Trustees, me or any other party. The Trustees shall be entitled but not bound to act on electronic mail or fax requests/ instructions in accordance with this authority and the Trustees shall give me/us written advice by way of confirmation of such requests/ instructions. The Trustees will act or refuse to act on such requests/instructions but shall not be liable in any way for failing to give such written advice.

10.10 Data protection

I/we understand that the Trustees are subject to the provisions of The Data Protection (Bailiwick of Guernsey) Law, 2017 and the Data Protection (Jersey) Law 2018 and will hold my personal data in accordance with these laws, as set out in Nedgroup Trust's Privacy Notice available on its website. I/we understand that the Trustees will also be required to send personal details, including, where required, copies of my/our identification and those of our chosen beneficiaries and proof of residence documents to counterparties such as banks, custodians, agents and investment houses. I/we fully consent to such details and documents being released in this manner for the purpose of facilitating the efficient and lawful administration of the trust, in accordance with Nedgroup Trust's Privacy Notice and Terms and Conditions as amended from time to time.

10.11 Fees

I/we confirm that I/we have read and fully understand Nedgroup Trust's Tariff of Charges and note that these may be updated from time to time.

	SETTLOR/PRINCIPAL BENEFICIARY 1	SETTLOR/PRINCIPAL BENEFICIARY 2
SIGNATURE		
DATE (DD/MM/YYYY)		

Guernsey
Fairbairn House PO Box 192 Rohais St Peter Port Guernsey
GY1 3LT Channel Islands
Tel +44 (0)1481 710895
Fax +44 (0)1481 710789

Jersey
31 The Esplanade St Helier Jersey
JE1 1FT Channel Islands
Tel +44 (0)1534 823202
Fax +44 (0)1534 888836

trustnewbusiness@nedbankprivatewealth.com
www.nedgrouptrust.com

DEFINITIONS

A **Politically Exposed Persons** ("PEP") is defined as:

1. A natural person who has, or has had at any time, a prominent public function, or who has been elected or appointed to such a function, in a country or territory. This includes:

   (i) heads of state or heads of government;

   (ii) senior politicians and other important officials of political parties;

   (iii) senior government officials;

   (iv) senior members of the judiciary;

   (v) senior military officers; and

   (vi) senior executives of state owned body corporates
2. A natural person who is, or has been at any time, entrusted with a prominent function by an international organisation. Some examples of an international organisation would be the UN, the World Bank or NATO.
3. An immediate family member of a person referred to in 1 or 2.

   An immediate family member includes without limitation, a spouse, partner, parent, child, sibling, parent-in-law or grandchild of such a person.
4. A close associate of a person referred to in 1 or 2 above. A close associate includes, without limitation

   (i) a person who is widely known to maintain a close business relationship with such a person in 1 or 2 above, or

   (ii) a person who is in a position to conduct substantial financial transactions on behalf of such a person in 1 or 2 above.

Public position – a position of official authority that is conferred by state. For example a person that holds a legislative, administrative or judicial position of any kind whether appointed or elected.

Source of wealth needs to describe the activities which have generated the total net worth of the settlor(s) over their lifetime both within and outside of the business relationship being established with Nedgroup Trust.

Source of funds refers to the activity/activities which generate(s) the specific funds/assets which will be used to establish and fund on an ongoing basis the business relationship with Nedgroup Trust.

11. DATA PROTECTION

The information requested on this form will be used by us to assist us in providing the service you are applying for, to confirm, update and enhance our records, and to assess your credit rating and establish your identity.

You acknowledge that you have read and accept our Privacy Notice, which can be found on www.nedgrouptrust.com in the Client Documents area. This document details how we collect, process, store and dispose of the personal information you have provided to us. It also outlines your individual rights to your information and how you can access it.

If you wish to receive our newsletters and other marketing communications or promotions, please tick this box. ☐

If you wish to cease these communications in the future, you can do so by contacting us.

NEDBANK PRIVATE WEALTH SINCE 1834

SAMPLE LETTER OF WISHES APPENDIX 1

To: The Trustees

Dear Sirs

RE: THE ______ TRUST/SETTLEMENT

While I/we in no way wish to fetter your discretionary powers as trustee, I/we would like you to take into consideration my/our wishes, as set out below, for the future administration of the trust. I understand that I should review the terms of this Letter of Wishes with the trustees on a regular basis, and I will update the trustees of any relevant changes that I/we may require.

During my/our lifetime(s) I/we should like you to be guided by my/our preferences with regard to the distribution of income or capital of the trust.

MY/OUR WISHES WILL BE CONVEYED TO YOU IN THE FORM OF AN ORIGINAL SIGNED LETTER	☐ JOINT SETTLORS (either may sign) ☐ BOTH SETTLORS WILL SIGN ☐ SOLE SETTLOR ☐ PRINCIPAL BENEFICIARY

After my death I should like the Trust assets to be fully available to my spouse. (delete if not appropriate)

FULL NAME OF SPOUSE (please complete as beneficiary 1)	

After the deaths of the persons listed above the principal beneficiaries of the Trust are (insert names)

Please put the names of all beneficiaries in the following pages. If any beneficiaries are named earlier in this trust transfer application form, there is no need to duplicate the information here.

	BENEFICIARY 1		BENEFICIARY 2	
TITLE (eg, Mr/Mrs/Miss/Ms/Other)				
SURNAME				
FORENAME(S)				
FORMER NAMES (eg, maiden name or any other names used, please specify in the boxes below)				
THIS WAS THEIR	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ NAME CHANGED BY DEED POLL		☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ NAME CHANGED BY DEED POLL	
RELATIONSHIP TO SETTLOR				
DATE OF BIRTH (DD/MM/YYYY)				
PLACE OF BIRTH				
COUNTRY OF BIRTH				
PRIMARY NATIONALITY				
OTHER NATIONALITIES (if appropriate)				
PRINCIPAL RESIDENTIAL ADDRESS (please do not use PO Box addresses)				
POSTCODE				
SECURE EMAIL ADDRESS				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER	+		+	
CURRENT COUNTRY OF DOMICILE (if resident in the UK)				
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)				
OCCUPATION OR FORMER OCCUPATION IF RETIRED				

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NEDBANK PRIVATE WEALTH
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	BENEFICIARY 1	BENEFICIARY 2
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 10 for definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		
PERCENTAGE (%)		
I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE: (The settlor/principal beneficiary must please provide a full explanation. Only complete this section if relevant)		
THEY WILL TAKE THEIR ENTITLEMENT AT AGE		

Tax residency – Tax regulations require us to collect certain information about each beneficiary's tax status. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

☐ I attach certified copies of this beneficiary's passport/ID card and proof of residence

OR

☐ I do not attach certified copies of this beneficiary's passport/ID card and proof of residence as, for the reasons outlined in my Letter of Wishes, I do not wish the beneficiary to know at this time that they may benefit from the Trust

THEY WILL TAKE THEIR ENTITLEMENT AT AGE:	

Before they attain this specified age please consider using the Trust assets to provide for their maintenance and/or education.

In these circumstances please consult with:

NAME	
RELATIONSHIP	
ADDRESS	
POSTCODE	

as to whether payments to the above beneficiaries are appropriate. A certified copy of their identity card/passport, proof of residence and signature is attached. Delete if not appropriate

If any of the named persons should fail to survive me or having done so shall fail to attain the age of ______ years then I should like the share that should have gone to such beneficiaries to be divided among his/her issue upon their attaining the age of ______ years. Please refer to attached family tree (delete if not attached). If any beneficiary shall die without issue then the share which should have gone to that child shall devolve upon my surviving beneficiaries.

In the event of my death leaving no surviving beneficiaries remaining, please consider holding the trust assets for the benefit of:

	ALTERNATIVE BENEFICIARY 1	ALTERNATIVE BENEFICIARY 2
TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES (eg, maiden name or any other names used, please specify in the boxes below)		
THIS WAS THEIR	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ NAME CHANGED BY DEED POLL	☐ MAIDEN NAME ☐ FORMER MARRIED NAME(S) ☐ NAME CHANGED BY DEED POLL
RELATIONSHIP TO SETTLOR		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PRIMARY NATIONALITY		
OTHER NATIONALITIES (if appropriate)		
PRINCIPAL RESIDENTIAL ADDRESS (please do not use PO Box addresses)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	+
MOBILE NUMBER	+	+
CURRENT COUNTRY OF DOMICILE (if resident in the UK)		
COUNTRY OF DOMICILE AT BIRTH (if connected to the UK)		
OCCUPATION OR FORMER OCCUPATION IF RETIRED		

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	BENEFICIARY 1	BENEFICIARY 2
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 13 for definition)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		
ARE YOU A POLITICALLY EXPOSED PERSON (PEP) CLOSELY RELATED TO A PEP OR A CLOSE ASSOCIATE OF A PEP (see page 13 for a definition)		
PERCENTAGE (%)		
I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE: (The settlor/principal beneficiary must please provide a full explanation. Only complete this section if relevant)		
THEY WILL TAKE THEIR ENTITLEMENT AT AGE		

Tax residency – Tax regulations require us to collect certain information about each beneficiary's tax status. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

☐ I attach certified copies of this beneficiary's passport/ID card and proof of residence

OR

☐ I do not attach certified copies of this beneficiary's passport/ID card and proof of residence as, for the reasons outlined in my Letter of Wishes, I do not wish the beneficiary to know at this time that they may benefit from the Trust

Do not date the Letter of Wishes.

	SETTLOR 1	SETTLOR 2
SIGNED		

NEDBANK PRIVATE WEALTH SINCE 1834

COMPLIANCE REQUIREMENTS APPENDIX 2

Jersey and Guernsey are highly regulated jurisdictions which place great emphasis on the provision of a secure and reputable financial services industry for the protection of investors and clients. Jersey and Guernsey legislation require that certain mandatory money laundering and counter terrorist financing laws, rules and regulations etc, be fulfilled.

To ensure that Nedgroup Trust complies with the above we require the following to be provided:

1. One certified copy of the settlor's passport or a copy of any other government issued ID document bearing their photograph and signature.
2. One recent, original utility bill or bank statement, not more than three months old, showing name and residential address (a certified copy is acceptable if completed as stated below).
3. Documentary evidence regarding the origin of the source of wealth, and source of funds to be added to the structure.

If you have difficulties supplying any of these documents, please contact us and we will try to advise you. Nedgroup Trust may request additional information or documentation if it is deemed necessary to complete the due diligence process.

To certify a document proving address

The certifier must state on the copy documents the following: "Certified a true copy of the original".

To certify a document proving identity

The certifier must state on the copy document "Certified a true copy of the original and the photo is a true likeness of the bearer, whom I have met".

In either case the certifier should sign and date the copy documents, print his/her name clearly in capitals underneath and indicate his/her position or capacity on it and the company that they work for, and affix a stamp of the institution to authenticate the certification. The certifier must also provide contact details (postal address, telephone number and/or email address).

Who can certify?

A member of the Judiciary, a Lawyer, Notary Public, Commissioner of Oaths (except a police officer), an Actuary, an Accountant, a member of the Institute of Chartered Secretaries and Administrators or a Bank Manager.

Proof of residence documents

1. Evidence of residential address (eg, copy of a recent utility bill, which must be less than three months old) must be either in original format, or a copy certified as above. Nedgroup Trust appreciates that in some areas of the world it is difficult to provide utility bills bearing the residential address. PO box addressed documents will not be accepted. Therefore the following documents may fulfil the requirements.
   i) A bank statement
   ii) Correspondence from a government source such as income tax or social insurance
   iii) A letter from a lawyer or regulated financial advisor or reguated financial services business who states that he/she has visited the residential address, has an existing business relationship with the person and confirms the person resides there
   iv) Tenancy agreement or property purchase.

Nedgroup Trust appreciates that in some cases clients cannot receive utility bills or other post in their own name. If this is the case, you may consider the following:

- For a spouse, where the head of the household receives utility bills in his/her name, a cohabitee form may be signed by both parties accompanied by a recent utility bill in the householder's name.
- A letter from a residential home or care home confirming the residence of the beneficial owner.

Nedgroup Trust reserves the right to request any additional information or documentation it deems necessary to establish identity, proof of residence or source of wealth or funds.

If you find difficulties supplying any of these documents, please contact us and we will try to advise you.

The following additional documents and information will be needed depending on the trust's activities:

Holding an unquoted company or making a loan to one

We will require at a minimum the following:

1. Copies of the formation documents for the private company.
2. Address and Registered Office of company.
3. List of the Directors and Officers of the private company.
4. Current register of Members (Shareholders) and percentage owned.
5. Details of the private company's activities, its purpose and the rationale for the choice of location.
6. Copy of the latest set of audited accounts, or unaudited if audited accounts are not prepared.
7. Details of the percentage of the shares to be held by the Trust.
8. Are there any shareholders agreements YES/NO (attach copy if YES).
9. Whether the shares will be purchased or transferred. Details of the price if purchased.

On an ongoing basis, we shall require at a minimum a copy of the annual audited accounts or unaudited if audited accounts are not available, and to be kept informed at the time of any major decisions taken for the private company.

CONTINUED OVER

NEDBANK PRIVATE WEALTH SINCE 1834

Holding an investment or portfolio

We will require details of how and where the portfolio is currently held. The existing custodian will need to provide a valuation as at the date of transfer for book-keeping purposes.

COMPLIANCE – SOURCE OF WEALTH APPENDIX 3 (please see page 13 for a definition)

If more than one Settlor, please copy and complete this section for each. Detailed source of wealth information is required in all cases. Note that short phrases or single words such as "inheritance from father" or "savings" will not be acceptable and will lead to delays in approving the application.

1. Inheritance

Please note that if the assets being settled into a Nationality/Country eg, South African trust derive from a recent inheritance, Nedgroup Trust will require either a letter from the executors explaining the inheritance, or a copy of the Will.

FROM WHOM DID YOU INHERIT? FULL NAME eg, Francis Joseph SMITH	
RELATIONSHIP eg, Father	
NATIONALITY/COUNTRY eg, South African	
YEAR WHEN INHERITED?	
WHAT WAS INHERITED? eg, If cash, amount and currency, if real property, the address	
HOW WERE THE FUNDS GENERATED IN RESPECT OF THE INHERITANCE	

2. Regular income

Is your source of wealth in part or totally from earnings? If so would you please confirm the following:

EMPLOYER'S NAME eg, Smith Footware (Pty) Ltd.	
APPROXIMATE AMOUNT eg, amount accumulated	
ANNUAL INCOME eg, average $40,000 over last 5 years	
PERIOD OF TIME EMPLOYED eg, '1982 'to '1992'	
EMPLOYMENT TYPE eg, Managing Director, shoe manufacturers	

3. Other income

OTHER BONUSES	
ALLOWANCES/TYPE AND WHERE FROM	
RENTAL INCOME eg, address(es) frequency of payments	

4. Gifts

TOTAL AMOUNT/VALUE	
TYPE OF GIFT eg, cash/property/shares	
WHEN RECEIVED eg, 1989	
FROM WHOM? eg, Francis Joseph SMITH	

5. Savings

HOW WERE SAVINGS ACCUMULATED /COLLECTED	

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6. Compensation

TOTAL RECEIVED eg, $100,000	
WHEN RECEIVED eg, 200	
TYPE OF CLAIM eg, medical negligence	
WHO MADE PAYMENT eg, ABC Medical Insurance Ltd	
IN WHICH JURISDICTION(S) DID THE EVENT LEADING TO COMPENSATION OCCUR	

7. Property sale

TOTAL AMOUNT RECEIVED eg, £500,000	
HOW WERE THE FUNDS GENERATED TO ORIGINALLY ACQUIRE THE PROPERTY	
ADDRESS OF PROPERTY (IES) eg, 41 Park Street, London	
TYPE OF PROPERTY eg, residential/commercial/hotel	
YEAR OF SALE eg, 2003	

8. Investments maturing/investments/policy maturing/pension transferred etc.

VALUE/AMOUNT	
HOW WERE FUNDS BUILT UP eg, earnings	
COMPANY NAME eg, ABC pension fund	
TERM OR PERIOD HELD WITHIN INVESTMENT	
IN WHICH JURISDICTION(S) WERE THE INVESTMENTS HELD	

9. Self-employed/own business/entrepreneurs

HOW WAS THE BUSINESS ORIGINALLY FUNDED (include dates and confirm if still active)	
BUSINESS NAME/BUSINESS ACTIVITIES	
JURISDICTIONS OF BUSINESS ACTIVITIES	
HOW ARE THE FUNDS BEING TRANSFERRED TO US	
PLEASE PROVIDE A COPY OF THE ACCOUNTS OF THE BUSINESS	

10. Other activity

TYPE OF ACTIVITY eg, Trading, loan repayments, sale of companies	
RELEVANT AMOUNTS eg, $1,000,000	
RELEVANT NAMES eg, ABC Brokers Limited (Insurance)	
RELEVANT DATES eg, 2004 to 2007	
IN WHICH JURISDICTION(S) DID THE ACTIVITY OCCUR	

CONTINUED OVER

NEDBANK PRIVATE WEALTH SINCE 1834

PLEASE DETAIL WHICH ASPECTS OF YOUR SOURCE OF WEALTH WILL BE PROVIDED TO NEDGROUP TRUST (please insert relevant numbers from the ten sections above. This will be your "source of funds")	

In some instances we will need to corroborate the information you have given. Please therefore ensure documentary evidence is provided where possible to support what you have told us about your source of wealth.

INVESTMENT ADVISERS/MANAGERS TO BE RETAINED OR CONSIDERED APPENDIX 4

	ADVISER/MANAGER 1		ADVISER/MANAGER 2	
NAME				
COMPANY				
ADDRESS				
POSTCODE				
CONTACT DETAILS				
TELEPHONE NUMBER	+		+	
EMAIL ADDRESS				
LICENSING BODY				
LICENCE NUMBER				
INVESTMENT ADVISOR OR MANAGER (please delete as applicable)				
DISCRETIONARY MANAGEMENT OR ADVISORY (please delete as applicable)				

Valuation reports and financial statements

Nedgroup Trust will provide annual/quarterly/ad-hoc reporting as agreed detailing the value of assets held within the Trust.

PLEASE INDICATE THE DATE EACH YEAR YOU REQUIRE THE ASSETS TO BE VALUED AT (normally fiscal tax year end)	

The Trustees will regularly monitor the performance of investment advisers. Please indicate the currency in which we should measure performance and produce valuation reports.

VALUATION CURRENCY	☐ GBP	☐ USD	☐ EURO
BASE CURRENCY FOR INVESTMENT	☐ GBP	☐ USD	☐ EURO

Please select the description that best fits how you would like the portfolio to be invested:

PORTFOLIO RISK STRATEGY	EXPECTED PERFORMANCE CHARACTERISTICS IN NORMAL CONDITIONS*		
	POSITIVE ANNUALISED 5-YEAR ROLLING RETURN	WORST CASE 12 MONTH DOWNSIDE	TICK
CAPITAL PRESERVATION	0% TO 1%	0% TO -2%	☐
LOW RISK	1% TO 3%	-2% TO -4%	☐
BALANCED	3% TO 5%	-8% TO -10%	☐
GROWTH	5% TO 7%	-15% TO -20%	☐
MAXIMUM GROWTH	7% TO 10%	-25% TO -40%	☐

* This is for illustrative purposes only to assist you in identifying an appropriate investment strategy. For further information, reference should be made to the Nedgroup Trust Trusts Investment Questionnaire. In any event, Nedgroup Trust Limited are not investment managers and cannot be held liable for the performance of any investments.

NEDBANK PRIVATE WEALTH SINCE 1834

Income requirements

DO YOU ANTICIPATE ANY NEED FOR REGULAR INCOME IN THE NEXT 3 YEARS?	☐ YES ☐ NO
IF YOU HAVE ANSWERED YES, PLEASE SUPPLY DETAILS OF YOUR REQUIREMENTS	

Liquidity/capital requirements

DO YOU ANTICIPATE ANY NEED FOR A CAPITAL WITHDRAWAL FROM THE TRUST IN THE NEXT THREE YEARS?	☐ YES ☐ NO
IF YOU HAVE ANSWERED YES, PLEASE SUPPLY DETAILS OF YOUR REQUIREMENTS	

Please note: Nedgroup Trust is not an investment advisor and cannot be held liable for the performance of any investments.

NEDGROUP TRUST
TRUST TRANSFER FORM

***ADDRESS:**

Dear Sirs

Trust

I/We are writing to you in my/our capacity as Settlor(s)/Beneficiary(ies)/Protector of the above Trust.

Kindly accept this letter as my/our formal request that you transfer the trusteeship of the above trust to

Nedgroup Trust Limited
Fairbairn House
P.O. Box 192
Rohais
St Peter Port
Guernsey
Channel Islands GY1 3L

Telephone +44 (0)1481 710895
Fax +44 (0)1481 710789
nedgrouptrust@nedbankprivatewealth.com

MY/OUR REASON FOR MAKING THIS REQUEST IS	

In this regard I would be grateful if you would kindly liaise with the New Business Department at Nedgroup Trust Limited to transfer and release to them all of the information necessary to ensure that the matter is concluded in the shortest possible time frame.

Yours faithfully,

**Print name

*Name of existing Trust Company

** Settlor(s)/Beneficiary(ies)/Protector

NEDGROUP TRUST
TRUST TRANSFER FORM

NEDBANK PRIVATE WEALTH
SINCE 1834

***ADDRESS:**

Dear Sirs

Trust

I/We are writing to you in my/our capacity as Settlor(s)/Beneficiary(ies)/Protector of the above Trust.

Kindly accept this letter as my/our formal request that you transfer the trusteeship of the above trust to

Nedgroup Trust (Jersey) Limited
31 The Esplanade St Helier Jersey
JE1 1FT Channel Islands
Tel +44 (0)1534 823202
Fax +44 (0)1534 888836

trust@nedbankprivatewealth.com

MY/OUR REASON FOR MAKING THIS REQUEST IS	

In this regard I would be grateful if you would kindly liaise with the New Business Department at Nedgroup Trust (Jersey) Limited to transfer and release to them all of the information necessary to ensure that the matter is concluded in the shortest possible time frame.

Yours faithfully,

**Print name

*Name of existing Trust Company

** Settlor(s)/Beneficiary(ies)/Protector

T9a 01/20