

# LETTER OF WISHES NEDGROUP TRUST

**To: The Trustees**

Dear Sirs

RE: THE [REDACTED] 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.

<b>MY/OUR WISHES WILL BE CONVEYED TO YOU IN THE FORM OF AN ORIGINAL SIGNED LETTER</b> (tick as appropriate)	<input type="checkbox"/> <b>JOINT SETTLORS</b> (either may sign)	<input type="checkbox"/> <b>BOTH SETTLORS WILL SIGN</b>	<input type="checkbox"/> <b>SOLE SETTLOR</b>
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After my death I should like the Trust assets to be fully available to my spouse. (delete if not appropriate)

<b>FULL NAME OF SPOUSE</b> (please complete as beneficiary 1)	
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After the deaths of the persons listed above the principal beneficiaries of the Trust are (insert names)

**Please note: please put the names of all beneficiaries in the following pages. If any beneficiaries are named earlier in this trust application there is no need to duplicate the information here.**

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

# LETTER OF WISHES NEDGROUP TRUST

	BENEFICIARY 1	BENEFICIARY 2
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 7 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 7 for a definition)		
PERCENTAGE (%)		
I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE: (The settlor 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

# LETTER OF WISHES

## NEDGROUP TRUST



**NEDBANK**  
PRIVATE WEALTH  
SINCE 1834

	BENEFICIARY 3		BENEFICIARY 4	
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	<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL		<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> 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				
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 7 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 7 for a definition)				
PERCENTAGE (%)				

	BENEFICIARY 3	BENEFICIARY 4
<b>I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE:</b> (The settlor must please provide a full explanation. Only complete this section if relevant)		
<b>THEY WILL TAKE THEIR ENTITLEMENT AT AGE</b>		

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<b>NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN)</b> (or equivalent identity number)		

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

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<b>NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN)</b> (or equivalent identity number)		

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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

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	<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> NAME CHANGED BY DEED POLL		<input type="checkbox"/> MAIDEN NAME <input type="checkbox"/> FORMER MARRIED NAME(S) <input type="checkbox"/> 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				
ANY CURRENT OR FORMER PUBLIC POSITION(S) HELD (see page 7 for definition)				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
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PERCENTAGE (%)				

	ALTERNATIVE BENEFICIARY 1	ALTERNATIVE BENEFICIARY 2
<p><b>I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE:</b> (The settlor must please provide a full explanation. Only complete this section if relevant)</p>		

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<b>NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN)</b> (or equivalent identity number)		

<b>THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES</b>		
<b>NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN)</b> (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
<b>SIGNED</b>		

## 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.