



JERSEY FOUNDATION CREATION QUESTIONNAIRE

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

1. ABOUT THE FOUNDATION

NAME OF FOUNDATION (must include the word "Foundation" or a foreign equivalent)	
IS THERE TO BE AN INITIAL ENDOWMENT AND IF SO HOW MUCH?	
WHO IS TO HAVE POWER TO VARY THE FOUNDATION? (please tick)	<input type="checkbox"/> LIMITED POWERS TO VARY <input type="checkbox"/> COUNCIL <input type="checkbox"/> FOUNDER THEN COUNCIL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (please specify) _____
WHO IS TO HAVE POWER TO WIND UP FOUNDATION?	<input type="checkbox"/> COUNCIL WITH GUARDIAN'S CONSENT <input type="checkbox"/> FOUNDER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (please specify) _____
ARE OTHER PEOPLE MAKING ENDOWMENTS TO BE TREATED AS FOUNDERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO IS TO HAVE POWER TO ADD BENEFICIARIES?	<input type="checkbox"/> COUNCIL <input type="checkbox"/> FOUNDER AND THEREAFTER COUNCIL <input type="checkbox"/> FOUNDER AND THEREAFTER GUARDIAN <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GUARDIAN OR COUNCIL WITH GUARDIANS CONSENT <input type="checkbox"/> OTHER (please specify) _____
WHO IS TO HAVE POWER TO REMOVE BENEFICIARIES?	<input type="checkbox"/> GUARDIAN OR COUNCIL WITH GUARDIANS CONSENT <input type="checkbox"/> COUNCIL <input type="checkbox"/> FOUNDER AND THEREAFTER GUARDIAN <input type="checkbox"/> FOUNDER AND THEREAFTER COUNCIL <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (please specify) _____

2. FOUNDATION'S OBJECTS

IS THE FOUNDATION TO BE ESTABLISHED FOR THE BENEFIT OF PERSONS OR CHARITABLE PURPOSES OR BOTH?	<input type="checkbox"/> PERSONS <input type="checkbox"/> CHARITABLE PURPOSES <input type="checkbox"/> BOTH
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3. PURPOSES

Please complete if "Charitable purposes" or "Both" selected above

IS THE FOUNDATION ESTABLISHED FOR CHARITABLE PURPOSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE FOUNDATION ESTABLISHED TO PROVIDE COMPANY TO ACT AS TRUSTEE OF A PRIVATE TRUST?	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. TYPES OF FOUNDATION

WHAT TYPE OF FOUNDATION DO YOU WANT?	<input type="checkbox"/> DISCRETIONARY <input type="checkbox"/> PROTECTED LIFE INTEREST <input type="checkbox"/> DEFEASIBLE LIFE INTEREST*
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*Defeasible life interest means one that can be defeated by an act of the Council. Protected life interest means that the life interest is entrenched and can only be defeated with the written consent of the life interest holder.

5. DURATION

IS THE DURATION OF THE FOUNDATION LIMITED OR UNLIMITED AND IF LIMITED, PLEASE SPECIFY THE TIME OR EVENT THAT WILL BRING IT TO AN END?	
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6. ABOUT THE FOUNDER/S

TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES IF ANY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
OCCUPATION (or former occupation if retired)		
PASSPORT NUMBER		
TAX IDENTIFICATION NUMBER		
COUNTRY OF DOMICILE	CURRENT	AT BIRTH
COUNTRY OF RESIDENCE FOR TAX PURPOSES	CURRENT	AT BIRTH
SOURCE OF WEALTH		
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED/SEPARATED <input type="checkbox"/> WIDOW(ER)	
FULL NAME OF SPOUSE (If applicable)		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
NUMBER OF DEPENDENTS		
PASSPORT NUMBER		
TAX IDENTIFICATION NUMBER		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
ADDRESS FOR CORRESPONDENCE (If different from above)		
POSTCODE		
TELEPHONE (HOME)	+	
TELEPHONE (OFFICE)	+	
FAX (HOME)	+	
FAX (OFFICE)	+	
MOBILE NUMBER	+	
HOME EMAIL ADDRESS		
OFFICE EMAIL ADDRESS		
IS SPOUSE TO BE JOINT FOUNDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THERE A NEED TO REFER TO THE FOUNDER IN ANY PART OF THE REGULATIONS FOR ANY REASON? (eg, as a power holder or to be excluded?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE FOUNDER AND SPOUSE TO BE EXCLUDED FROM BENEFIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS FOUNDER TO BE GIVEN SPECIFIC RIGHTS TO INFORMATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



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7. BENEFICIARIES

Please complete if "Persons" or "Both" selected in section 2

ARE CHARITIES TO BE INCLUDED AS BENEFICIARIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE FOUNDER TO BE A BENEFICIARY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE THE FOUNDER'S SPOUSE AND ISSUE TO BE BENEFICIARIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Beneficiary details

	BENEFICIARY 1	BENEFICIARY 2
TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES IF ANY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
RELATIONSHIP		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
CURRENT COUNTRY OF DOMICILE		
COUNTRY OF DOMICILE AT BIRTH		
CURRENT COUNTRY OF RESIDENCE FOR TAX PURPOSES		
COUNTRY OF RESIDENCE FOR TAX PURPOSES AT BIRTH		

8. GUARDIAN

IS THE GUARDIAN TO HAVE POWER TO ISSUE DIRECTIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE FOUNDER TO HAVE POWER TO REMOVE GUARDIAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS GUARDIAN'S CONSENT REQUIRED FOR ADDITION OF BENEFICIARIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS GUARDIAN'S CONSENT REQUIRED FOR EXCLUSION OF BENEFICIARIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS GUARDIAN'S CONSENT REQUIRED FOR PAYMENTS AND APPLICATIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS GUARDIAN'S CONSENT REQUIRED FOR VARIATION OF FOUNDATION BY COUNCIL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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Guardian's Details

TITLE (eg Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES IF ANY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
RELATIONSHIP		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF DOMICILE	CURRENT	AT BIRTH
COUNTRY OF RESIDENCE FOR TAX PURPOSES	CURRENT	AT BIRTH

9. GUARDIAN DIRECTIONS

DIRECTIONS AS TO INVESTMENTS AND/OR SPECIAL COMPANIES*?	
DIRECTIONS AS TO EXERCISE OF COUNCIL'S DISPOSITIVE POWERS?	

*The words Special Company mean a company owned by the Foundation, which at some point in the life of the Foundation, is designated a "Special Company" by the Guardian, which thenceforth the Council of Members have no power to interfere with. Their role becomes execution only for all matters other than simple administrative tasks such as filing annual returns for such Special Company (ie a non-interference clause). The point is that this means that Council members are released from any duty to act with a view to the best interests of the Foundation as owner of such a company.

10. INVESTMENT DIRECTION POWERS

DIRECTIONS AS TO INVESTMENTS AND/OR SPECIAL COMPANIES?	<input type="checkbox"/> BOTH INVESTMENTS AND SPECIAL COMPANIES	<input type="checkbox"/> SOLELY AS THE INVESTMENTS
	<input type="checkbox"/> SOLELY AS THE SPECIAL COMPANIES	
DIRECTIONS AS TO BORROWING PLEDGING AND CHARGING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIRECTIONS AS TO MANAGEMENT OF FOUNDATION PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIRECTIONS AS TO APPOINTMENT AND REMOVAL OF INVESTMENT MANAGERS AND ADVISERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIRECTIONS AS TO POWERS AND RIGHTS** IN RELATION TO FOUNDATION PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

** For example the exercise of voting rights attaching to shares in an underlying company.

11. LIFE INTEREST

Please complete if "Protected Life Interest" or "Defeasible Life Interest" selected in section 4

WHO IS TO HAVE LIFE INTEREST?	<input type="checkbox"/> FOUNDER	<input type="checkbox"/> NAMED PERSON
THEREAFTER, WILL SPOUSE HAVE A LIFE INTEREST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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12. NAMED PERSON WITH LIFE INTEREST

Please complete if "Named Person" selected in section 11

	NAMED PERSON 1	NAMED PERSON 2
TITLE (eg, Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES IF ANY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
RELATIONSHIP		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
CURRENT COUNTRY OF DOMICILE		
COUNTRY OF DOMICILE AT BIRTH		
CURRENT COUNTRY OF RESIDENCE FOR TAX PURPOSES		
COUNTRY OF RESIDENCE FOR TAX PURPOSES AT BIRTH		

13. COUNCIL MEMBERS AND ADDITIONAL DETAILS

Qualified Member's full name and address: Nedgroup Trust (Jersey) Limited 31 The Esplanade St Helier Jersey JE1 1FT Channel Islands. Any additional Council members, if any:

	COUNCIL MEMBER 1	COUNCIL MEMBER 2
TITLE (eg Mr/Mrs/Miss/Ms/Other)		
SURNAME		
FORENAME(S)		
FORMER NAMES IF ANY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
RELATIONSHIP		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
CURRENT COUNTRY OF DOMICILE		
COUNTRY OF DOMICILE AT BIRTH		
CURRENT COUNTRY OF RESIDENCE FOR TAX PURPOSES		
COUNTRY OF RESIDENCE FOR TAX PURPOSES AT BIRTH		



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WHO IS TO HAVE POWER TO APPOINT MEMBERS TO THE COUNCIL?	<input type="checkbox"/> COUNCIL	<input type="checkbox"/> FOUNDER THEN COUNCIL	<input type="checkbox"/> GUARDIAN
IS ANYONE TO HAVE THE POWER TO REMOVE MEMBERS AND IF SO, WITH WHOM SHOULD THIS POWER REST?	<input type="checkbox"/> NO	<input type="checkbox"/> FOUNDER	<input type="checkbox"/> GUARDIAN
	<input type="checkbox"/> FOUNDER AND THEREAFTER GUARDIAN		

14. ADMINISTRATION

WILL NEDGROUP TRUST BE RESPONSIBLE FOR PROVIDING THE ADMINISTRATIVE SERVICE TO THE FOUNDATION TO INCLUDE THE MAINTENANCE OF FINANCIAL RECORDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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15. SIGNATURE

To: Nedgroup Trust

Please proceed with the creation of a foundation in accordance with instructions and/or advice from me and/or my professional advisers with whom you are free to liaise. I/we accept full responsibility for seeking and obtaining legal and taxation advice particular to my/our own circumstances. I/we acknowledge that neither your company nor its officers and employees are specialist advisers in law or taxation. I/we confirm that neither I/we, nor any of the foundations intended beneficiaries, are at present resident in the Island of Jersey and that assets which are to be introduced to the foundation have no connection whatsoever with criminal activity.

I/we agree that my/our signature shall be my/our acknowledgement that:

- I/we have received a copy of Nedgroup Trust's Terms of Business for Foundation Services and agree to be bound by them; and
- The Terms of Business as amended from time to time shall form an agreement between me/us and Nedgroup Trust.
- Electronic mail and fax indemnity: I/We hereby request and authorise Nedgroup Trust from time to time without further authority or notice from me/us to act upon any requests/instructions given to Nedgroup Trust or purporting to be given to Nedgroup Trust on our behalf by electronic mail or fax. I/we hereby undertake to fully indemnify Nedgroup Trust against all losses, claims, costs, demands and expenses which Nedgroup Trust or I/we may incur or sustain through Nedgroup Trust 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 and other matters above 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 you, us or any other party. Nedgroup Trust shall be entitled but not bound to act on electronic mail or fax requests/instructions in accordance with this authority and Nedgroup Trust shall give me/us written advice by way of confirmation of such requests/instructions and of Nedgroup Trust having acted or having refused to act on them but Nedgroup Trust shall not be liable in any way for failing to give such written advice.
- Data protection: I/we understand that Nedgroup Trust is subject to the provisions of The Data Protection (Bailiwick of Guernsey) Law, 2017 and the Data Protection (Jersey) Law 2018. I/we understand that Nedgroup Trust will be required to send personal details, including, where required, copies of my/ our identification 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 Foundation.

	SIGNATURE 1	SIGNATURE 2
NAME		
SIGNATURE		
DATE (DD/MM/YYYY)		



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Compliance requirements

Jersey is a highly regulated jurisdiction which requires a certain degree of mandatory anti-money laundering regulations to be complied with. To ensure that Nedgroup Trust complies with our local regulations, we require the following to be provided:

1. For the founder/s, any other person who has endowed the foundation, beneficiaries, guardian, third party council members - a copy of their passport or a copy of any other government issued ID document bearing their photograph and signature certified by an independent solicitor, accountant, notary public, British Embassy official or an officer of an authorised credit or financial institution.
2. One original utility bill or bank statement showing name and residential address (a certified copy is acceptable if completed as stated below).
3. Documentary evidence regarding the origin 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:

The certifier must state on the copy documents the following:

I certify that this is a true copy of the original document (and that the photograph is a true likeness) where applicable.

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 affix a stamp of the institution to authenticate the certification.

Nedgroup Trust

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Tel +44 (0)1534 823202 Fax +44 (0)1534 888836

trust@nedbankprivatewealth.com

www.nedbankprivatewealth.com

16. 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.