

# LETTER OF WISHES NEDGROUP TRUST



TO: NEDGROUP TRUST (JERSEY) LIMITED 31 ESPLANADE ST HELIER JERSEY JE1 1FT CHANNEL ISLANDS

TO: NEDGROUP TRUST LIMITED FAIRBAIRN HOUSE PO BOX 192 ST PETER PORT GUERNSEY GY1 3LT CHANNEL ISLANDS

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/we understand that I/we should review the terms of this Letter of Wishes with the trustees on a regular basis, and I/we 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 | <input type="checkbox"/> JOINT SETTLORS (EITHER MAY SIGN) | <input type="checkbox"/> BOTH SETTLORS WILL SIGN | <input type="checkbox"/> SOLE SETTLOR |
|--|---|--|---------------------------------------|

|  |   |
|--|---|
| IN THE EVENT OF MY DEATH I SHOULD LIKE THE TRUST ASSETS TO BE FULLY AVAILABLE TO MY SPOUSE, NAMED: | <input type="checkbox"/> NOT APPLICABLE |
|--|---|

After the deaths of the persons listed above the principal beneficiaries of the Trust are shown below:

|   | BENEFICIARY 1 | BENEFICIARY 2 |
|---|---------------|---------------|
| NAME  |               |               |
| ADDRESS   |               |               |
| POSTCODE  |               |               |
| RELATIONSHIP  |               |               |
| DATE OF BIRTH (DD/MM/YYYY)  |               |               |
| PERCENTAGE (%)  |               |               |
| I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE:<br>(Only complete this section if relevant) |               |               |

|   | BENEFICIARY 3 | BENEFICIARY 4 |
|---|---------------|---------------|
| NAME  |               |               |
| ADDRESS   |               |               |
| POSTCODE  |               |               |
| RELATIONSHIP  |               |               |
| DATE OF BIRTH (DD/MM/YYYY)  |               |               |
| PERCENTAGE (%)  |               |               |
| I/WE DO NOT WANT THE BENEFICIARY TO HAVE KNOWLEDGE OF THE TRUST AT THIS TIME BECAUSE:<br>(Only complete this section if relevant) |               |               |

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|  |  |
|--|--|
| 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 THE FOLLOWING DOCUMENT(S) IS ATTACHED: | <input type="checkbox"/> IDENTITY CARD/PASSPORT | <input type="checkbox"/> PROOF OF RESIDENCE | <input type="checkbox"/> SIGNATURE |
|--|---|---|------------------------------------|

If any of the named persons should fail to survive me/us or having done so shall fail to attain the age of  years then I/we 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/our surviving beneficiaries.

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

|                            | PERSON 1 | PERSON 2 |
|----------------------------|----------|----------|
| NAME                       |          |          |
| ADDRESS                    |          |          |
| POSTCODE                   |          |          |
| RELATIONSHIP               |          |          |
| DATE OF BIRTH (DD/MM/YYYY) |          |          |
| PERCENTAGE (%)             |          |          |

## Signatures

|                   |  |  |
|-------------------|--|--|
| SIGNED            |  |  |
| DATE (DD/MM/YYYY) |  |  |