

# NEDGROUP TRUST

## TRUST TRANSFER FORM



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).

### 1. TRUSTS

Administration Centre

GUERNSEY  JERSEY

### 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

TITLE (eg Mr/Mrs/Miss/Ms/Other)		
FORENAME(S)		
SURNAME		
FORMER NAMES (if any)		
THIS WAS	<input type="checkbox"/> MY MAIDEN NAME <input type="checkbox"/> MY FORMER MARRIED NAME(S) <input type="checkbox"/> CHANGED BY DEED POLL	
MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED/SEPARATED <input type="checkbox"/> WIDOW(ER)	
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
NATIONALITY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	
MOBILE NUMBER	+	
COUNTRY OF DOMICILE	CURRENT	AT BIRTH
OCCUPATION (or former occupation if retired)		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
POSTCODE		

# NEDGROUP TRUST

## TRUST TRANSFER FORM



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

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 IF ANY		
THIS WAS	<input type="checkbox"/> MY MAIDEN NAME <input type="checkbox"/> MY FORMER MARRIED NAME(S) <input type="checkbox"/> CHANGED BY DEED POLL	
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
NATIONALITY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	
MOBILE NUMBER	+	
COUNTRY OF DOMICILE	CURRENT	AT BIRTH
OCCUPATION (or former occupation if retired)		
EMPLOYER'S NAME		

# NEDGROUP TRUST TRUST TRANSFER FORM



EMPLOYER'S ADDRESS	
POSTCODE	

Tax residency – Tax regulations require us to collect certain information about each settlor or second principal 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)	

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	
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## 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.

# NEDGROUP TRUST

## TRUST TRANSFER FORM

### 4.1 Beneficiary details

	BENEFICIARY 1	BENEFICIARY 2
FORENAME(S)		
SURNAME		
FORMER NAMES (if any)		
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		
NATIONALITY		
FULL ADDRESS (please do not use PO Box addresses)		
POSTCODE		
CURRENT COUNTRY OF DOMICILE		
COUNTRY OF DOMICILE AT BIRTH		

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)		

# NEDGROUP TRUST

## TRUST TRANSFER FORM

	BENEFICIARY 3	BENEFICIARY 4
FORENAME(S)		
SURNAME		
FORMER NAMES (if any)		
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		
NATIONALITY		
FULL ADDRESS (please do not use PO Box addresses)		
POSTCODE		
CURRENT COUNTRY OF DOMICILE		
COUNTRY OF DOMICILE AT BIRTH		

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)		

**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)		
FORENAME(S)		
SURNAME		
FORMER NAMES IF ANY		
THIS WAS THEIR	<input type="checkbox"/> MAIDEN NAME	<input type="checkbox"/> FORMER MARRIED NAME(S)
	<input type="checkbox"/> NAME CHANGED BY DEED POLL	
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
NATIONALITY		
RESIDENTIAL ADDRESS (this means the actual physical address, not PO Box address)		
POSTCODE		
SECURE EMAIL ADDRESS		
TELEPHONE NUMBER	+	
MOBILE NUMBER	+	

Tax residency – Tax regulations require us to collect certain information about each joint settlor'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)	

SPECIMEN SIGNATURE OF PROTECTOR	
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**6. HOW DO YOU WISH THE TRUSTEES TO CONTACT YOU**

CONTACT	<input type="checkbox"/> THROUGH ADVISER <input type="checkbox"/> BY TELEPHONE <input type="checkbox"/> BY FAX <input type="checkbox"/> BY EMAIL <input type="checkbox"/> 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? <small>If YES complete details below.</small>	<input type="checkbox"/> YES <input type="checkbox"/> 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

## 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.

It is necessary that Nedgroup Trust holds certain information in relation to its clients both for regulatory and service purposes. The quality of the information provided may prevent future requests for information by the Trustees, and will allow 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 two sections:

<p><b>FROM WHICH COUNTRY DO THE FUNDS/INVESTMENTS ORIGINATE</b></p>	
<p><b>WHAT IS THE SETTLOR'S/PRINCIPAL BENEFICIARY'S OVERALL WEALTH/ VALUE AND HOW WAS THAT WEALTH ACCUMULATED?</b> Fill in the sections in Appendix 3.</p>	

## 10. SETTLOR'S OR PRINCIPAL BENEFICIARY 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 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.

### 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 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 published terms and conditions made available to me/us.

### 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.

### 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 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. 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 and of the Trustees having acted or having refused to act on them but the Trustees 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. I/we understand that the Trustees 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 trust.

**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  
nedgrouptrust@nedbankprivatewealth.com  
www.nedbankprivatewealth.com

**Jersey**

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

**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](http://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.

**SAMPLE LETTER OF WISHES APPENDIX 1**

To: Nedgroup Trust Limited Fairbairn House Rohais St Peter Port Guernsey GY1 3LT Channel Islands.

To: Nedgroup Trust (Jersey) Limited 31 The Esplanade St Helier Jersey JE1 1FT 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 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	<input type="checkbox"/> JOINT SETTLORS (either may sign)	<input type="checkbox"/> BOTH SETTLORS WILL SIGN	<input type="checkbox"/> SOLE SETTLOR
	<input type="checkbox"/> 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	
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After the deaths of the persons listed above the principal beneficiaries of the Trust are (insert names)

	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 (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 (Only complete this section if relevant)		

# NEDGROUP TRUST TRUST TRANSFER FORM



THEY WILL TAKE THEIR ENTITLEMENT AT AGE:	
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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
NAME		
ADDRESS		
POSTCODE		
RELATIONSHIP		
DATE OF BIRTH (DD/MM/YYYY)		
PERCENTAGE (%)		

Do not date the Letter of Wishes.

	SETTLOR 1	SETTLOR 2
SIGNED		

## 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 regulations be fulfilled.

To ensure that Nedgroup Trust complies with our local regulations, 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 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."

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.

### Who can certify?

A member of the Judiciary, a Lawyer, Notary Public, Commissioner of Oaths, a senior Civil Servant, an Actuary, an Accountant, a member of the Institute of Chartered Secretaries and Administrators, a Bank Manager, a director or officer of a Financial Services Business subject to group/parent policy where the head office is situated in a country or territory designated by the Jersey Financial Services Commission/Guernsey Financial Services Commission as conforming to FATF recommendations.

### Proof of residence documents

1. Evidence of residential address (eg, copy of a recent utility bill, which must be less than three months old) 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 an independent source such as a central or local government department or agency, for example a tax document or rates bill
  - iii) A letter from a director or officer of a Financial Services Business who states that he/she has visited the residential address and confirms the beneficial owner resides there
  - iv) A certified leasehold agreement or rent book or official document.

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 a private business or making a loan to a private business

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.
6. Copy of the latest set of audited accounts.
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 a copy of the annual audited accounts and to be kept informed of any major decisions taken for the private company.

### Holding an investment or portfolio

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 – DUE DILIGENCE RELATING TO ASSETS APPENDIX 3**

Guide to completing source of funds and source of wealth information. If more than one Settlor, please copy and complete this section for each.

**1 Inheritance**

If your source of wealth is derived from an inheritance, would you please confirm the following information

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.

<b>FROM WHOM DID YOU INHERIT?</b> FULL NAME eg, Francis Joseph SMITH	
<b>RELATIONSHIP</b> eg, Father	
<b>NATIONALITY/COUNTRY</b> eg, South African	
<b>YEAR WHEN INHERITED?</b>	
<b>WHAT WAS INHERITED?</b> eg, If cash, amount and currency, if real property, the address	

**2 Regular income**

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

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

**3 Other income**

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

**4 Gifts**

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

**5 Savings**

<b>HOW WERE SAVINGS ACCUMULATED /COLLECTED</b>	
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# NEDGROUP TRUST

## TRUST TRANSFER FORM

### 6 Compensation

<b>TOTAL RECEIVED</b> eg, \$100,000	
<b>WHEN RECEIVED</b> eg, 2007	
<b>TYPE OF CLAIM</b> eg, medical negligence	
<b>WHO MADE PAYMENT</b> eg, ABC Medical Insurance Ltd	

### 7 Property sale

<b>TOTAL AMOUNT RECEIVED</b> eg, £500,000	
<b>ADDRESS OF PROPERTY (IES)</b> eg, 41 Park Street, London	
<b>TYPE OF PROPERTY</b> eg, residential/commercial/hotel	
<b>YEAR OF SALE</b> eg, 2003	

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

<b>VALUE/AMOUNT</b>	
<b>HOW WERE FUNDS BUILT UP</b> eg, earnings	
<b>COMPANY NAME</b> eg, ABC pension fund	
<b>TERM OR PERIOD HELD WITHIN INVESTMENT</b>	

### 9 Other activity

<b>TYPE OF ACTIVITY</b> eg, Trading, loan repayments, sale of companies	
<b>RELEVANT AMOUNTS</b> eg, \$1,000,000	
<b>RELEVANT NAMES</b> eg, ABC Brokers Limited (Insurance)	
<b>RELEVANT DATES</b> eg, 2004 to 2007	

**INVESTMENT ADVISERS/MANAGERS TO BE RETAINED OR CONSIDERED APPENDIX 4**

	ADVISER/MANAGER 1	ADVISER/MANAGER 2
NAME		
COMPANY		
ADDRESS		
POSTCODE		
CONTACT DETAILS		
TELEPHONE NUMBER	+ <input type="text"/>	+ <input type="text"/>
EMAIL ADDRESS	<input type="text"/>	<input type="text"/>
LICENSING BODY	<input type="text"/>	<input type="text"/>
LICENSE NUMBER	<input type="text"/>	<input type="text"/>

**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)	<input type="text"/>
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The Trustees will regularly monitor the performance of investment advisers.

PLEASE INDICATE THE CURRENCY IN WHICH WE SHOULD MEASURE PERFORMANCE AND PRODUCE VALUATION REPORTS	<input type="text"/>
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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 2%	0% TO -2%	<input type="checkbox"/>
LOW RISK	2% TO 4%	-2% TO -4%	<input type="checkbox"/>
BALANCED	4% TO 6%	-8% TO -10%	<input type="checkbox"/>
GROWTH	6% TO 8%	-15% TO -20%	<input type="checkbox"/>
HIGH RISK	8% TO 13%	-25% TO -40%	<input type="checkbox"/>

\* 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.

**NEDGROUP TRUST**  
TRUST TRANSFER FORM



**Income requirements**

<p>DO YOU ANTICIPATE ANY NEED FOR REGULAR INCOME IN THE NEXT 3 YEARS?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>IF YOU HAVE ANSWERED YES, PLEASE SUPPLY DETAILS OF YOUR REQUIREMENTS</p>	

**Liquidity/capital requirements**

<p>DO YOU ANTICIPATE ANY NEED FOR A CAPITAL WITHDRAWAL FROM THE TRUST IN THE NEXT THREE YEARS?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>IF YOU HAVE ANSWERED YES, PLEASE SUPPLY DETAILS OF YOUR REQUIREMENTS</p>	



**NEDGROUP TRUST**  
TRUST TRANSFER FORM



\*ADDRESS:

Dear Sirs

[Redacted] 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

<p><b>MY/OUR REASON FOR MAKING THIS REQUEST IS</b></p>	
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this regard I would be grateful if you would kindly liaise with 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,

[Redacted signature]

\*\*Print name

[Redacted name]

\*Name of existing Trust Company

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

**NEDGROUP TRUST**  
TRUST TRANSFER FORM



\*ADDRESS:

Dear Sirs

[Redacted] 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  
Channel Islands JE1 1FT  
Tel +44 (0)1534 887889  
Fax +44 (0)1534 509725  
trust@nedbankprivatewealth.com

<p><b>MY/OUR REASON FOR MAKING THIS REQUEST IS</b></p>	
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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,

[Redacted signature]

\*\*Print name

[Redacted name]

\*Name of existing Trust Company

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