



GENEVA TRUST

TRUST
PROPOSAL

1. SETTLOR

Name

.....

Residential Address

.....

.....

.....

.....

.....

Country of residence

If different from current address

.....

Nationality

.....

Place of Birth

.....

Date of Birth

.....

Passport/ID Number

.....

Occupation

.....

NOTES

1. If there is more than one settlor, please provide the necessary information on a continuation sheet.
2. GENEVA TRUST is obliged to verify the identity of new clients and to retain copies of the documents used to verify their identity. Documents used for verification will be secured in compliance with the GENEVA TRUST privacy policy. We kindly ask for your understanding in providing the following information:
 - a) An authenticated copy of your passport. The copy must be certified by a Lawyer, Accountant, Bank Manager, Commissioner of Oaths, Notary Public, Justice of the Peace/Member of the Judiciary, British Embassy Official or a serving Police Officer who must write on the photocopy 'I certify that this is a true copy of the original document and that the photograph is a true likeness'. The authenticator must then stamp, date and sign the copy together with his/her full name, address and professional capacity.
 - b) A completed bank reference request (which is provided) **OR** 1 (one) professional reference addressed to GENEVA TRUST.
 - c) An original or authenticated utility bill, for example, an electricity account, bank statement, credit card statement or mortgage statement issued within the past six months, evidencing your current residential address. Any original documents will be returned.

2. PURPOSE OF TRUST

a) For what purpose is the Trust being established?

.....

.....

b) Is there a preferred name for the Trust?

If YES, please specify

.....

3. LETTER OF WISHES

I/we appreciate and accept that under the terms of the trust deed GENEVATRUST has wide discretionary powers and that this letter of wishes is not intended to fetter or limit those powers. Neither is it intended to bind GENEVATRUST in any way nor create any trusts nor vary any of the trusts included in the instrument of trust.

Should GENEVATRUST require guidance in any matters relating to the trust I/we request you take into account my/our wishes which I/we record hereunder.

1. During my/our lifetime I/we would like GENEVATRUST to be guided by my/our preferences in relation to the assets of the Trust.
2. In administering the trust, I wish the trust fund to be primarily utilised for the maintenance, education, advance in life and general well-being of the beneficiaries and I wish you to advance to any of the beneficiaries such sums as they may reasonably require for these purposes.
3. After my/our death, I/we would like the assets of the Trust to be for the benefit of the beneficiaries identified in Part 4. Such beneficiaries are to benefit in the following order:

.....
failing that

.....

.....

failing that

.....

.....

4. Should any of the beneficiaries predecease myself/ourselves or die prior to the winding-up of the trust, I/we wish his or her benefits in terms of the trust deed to devolve upon his or her issue *per stirpes*. In the event of any of the beneficiaries dying without leaving any issue, I/we wish his or her benefits to pass equally to the surviving beneficiaries or failing them their issue *per stirpes*.
5. Should all of the beneficiaries predecease me/us, I/we would like the assets of the trust to be for the benefit of my/our intestate heirs in such shares as they would be entitled under the intestate laws of Anguilla.
6. I/we confirm that this letter of wishes should remain in force indefinitely, but may be cancelled or altered in writing at any time so that I/we may give GENEVATRUST further indications of any preferences I/we might have in regard to the Trust.
7. Additional wishes

.....
.....
.....

4. BENEFICIARIES

Who are to be the beneficiaries?

Beneficiary 1

Name

.....

Country of residence

If different from current address

.....

Address

.....

Passport/Identity Number

.....

Nationality

.....

Place of Birth

.....

Relationship to settlor(s) *(if any)*

.....

Date of Birth

.....

Beneficiary 2

Name

.....

Country of residence

If different from current address

.....

Address

.....

Passport/Identity Number

.....

Nationality

.....

Place of Birth

.....

Relationship to settlor(s) *(if any)*

.....

Date of Birth

.....

Beneficiary 3

Name

.....

Normal country of residence

If different from current address

.....

Address

.....

Passport/Identity Number

.....

Nationality

.....

Place of Birth

.....

Relationship to settlor(s) *(if any)*

.....

Date of Birth

Beneficiary 4

Name

.....

Address

.....

.....

Relationship to settlor(s) (if any)

.....

Country of residence

If different from current address

.....

Passport/Identity Number

.....

Nationality

.....

Place of Birth

.....

Date of Birth

.....

Beneficiary 5

Name

.....

Address

.....

.....

Relationship to settlor(s) (if any)

.....

Country of residence

If different from current address

.....

Passport/Identity Number

.....

Nationality

.....

Place of Birth

.....

Date of Birth

.....

Beneficiary 6

Name

.....

Address

.....

.....

Relationship to settlor(s) (if any)

.....

Country of residence

If different from current address

.....

Passport/Identity Number

.....

Nationality

.....

Place of Birth

.....

Date of Birth

.....

NOTES

- a) If the beneficiaries form a class, for example, the children of the Settlor, please give information about each, if known, on a separate sheet.
- b) Please supply an authenticated copy of the birth certificate, identity document or passport of each minor beneficiary.
- c) For each adult beneficiary aware of the Trust or to immediately receive benefit from the Trust, please provide a clear authenticated copy of his/her passport. The copy must be certified by a Lawyer, Accountant, Bank Manager, Commissioner of Oaths, Notary Public, Justice of the Peace/Member of the Judiciary, British Embassy Official or a serving Police Officer who must write on the photocopy 'I certify

that this is a true copy of the original document and that the photograph is a true likeness'. The authenticator must then stamp, date and sign the copy together with his/her full name, address and professional capacity. Where a beneficiary is not in possession of a passport, please provide an authenticated copy of his/her identity document, which must show his/her photograph and signature.

d) The beneficiaries of a family trust may be identified in the following manner: The Settlor(s) (usually the name of the client). The spouse for the time being of the Settlor. The children and the remoter issue of the Settlor(s). (The term 'remoter issue' denotes grandchildren, great grandchildren, etc.)

5. TRUST REQUIREMENTS

Will the beneficiaries be entitled to receive

Capital

Income

Capital and Income

If so, when and in what proportions?

.....

In the event that all the proposed beneficiaries die or cease to exist, who should be the ultimate beneficiary(ies) (for example, the heirs of the Settlor(s) or a charity)?

.....

6. TRUST ASSETS

Initial Fund: this should include sufficient cash to meet the cost of establishing the Trust and the Trustees' fees and expenses for the first year.

Is property other than cash to form part of the Trust assets, for example, shares in a private company, securities, real property or other assets?

YES

NO

If YES, please give details (if known)

.....

.....

7. DETAILS OF PROFESSIONAL CONTACTS AND BANKERS

This information is **optional** and will be used only in the event of GENEVATRUST not being able to perform its fiduciary duties for the benefit of the named beneficiaries

Solicitor

Name of Contact

Name of Firm

Address

.....

Telephone Fax

E-mail

Bankers

Name of Contact

Name of Firm

Address

.....

Telephone Fax

E-mail

Other

Name of Contact

Name of Firm

Address

.....

Telephone Fax

E-mail

Optional

