


 1. Proposed trust name (Please suggest 3 names and list in order of preference)

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 2. Purpose of trust

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 3. Settlor

Name

Residential Address

Please note that Confiance will require a completed Client Application Form – Personal in respect of the settlor. If such a form has not previously been completed, please submit one with this questionnaire.

 4. Details of trust funds

4.1 Initial settled assets (that is assets to be settled on trust immediately) including value, type, source (that is how did the settlor come to own the assets) and origin (that is, in the case of bank balances and/or investments, the name of the financial institutions currently holding the assets)

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4.2 Additional settled assets (that is proposed subsequent assets to be settled on the trust including value, type, source and origin)

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4.3 Please advise if you require that a holding company be incorporated to hold the assets of the trust.

Please note that if you do require a holding company, Confiance will require a completed Company Formation Questionnaire. If such a form has not previously been completed, please submit one with this questionnaire.

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4.4 Please advise as to the anticipated activity of the trust in terms of the number and amount of distributions each year.


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Please note that Confiance MAY require documentary evidence in relation to any settled assets.

 5. Type of trust (that is discretionary, life interest or other (please specify))

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If the trust is discretionary, please provide a letter of wishes (that is a letter offering the trustee guidance on how the trust fund should be administered during the settlor's lifetime and after their death)

 6. Creation of Trust

Is the trust being created by settlement (that is by the settlor and the trustee) or by declaration of trust (that is the trustee only)?

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 7. Trust Period

What is the proposed trust period? (Please note that a Guernsey law trust can last indefinitely.)

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 8. Proper Law of Trust

Is there to be power in the trust instrument to change the proper law and if so who is to have such power?

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 9. Details of protector (if applicable)

Name

Relationship to settlor

Residential/Registered Office Address

Occupation

Telephone No. Fax No.

Please describe how a new/replacement protector will be appointed.

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Please describe the powers of the protector, for example to appoint and remove trustees consent to adding and/or excluding beneficiaries, consent to capital distributions

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Please note that Confiance MAY require a completed Client Application Form – Personal in respect of the Protector. If such a form has not previously been completed please submit one with this questionnaire.



10. Beneficiaries

Please advise as to the class of beneficiaries, named beneficiaries and default beneficiary to be included in the trust deed.

(i) Class of beneficiaries – please describe. (If children and remoter issue are to be included in the class of beneficiaries, please specify whether or not this should include illegitimates. Also please specify if spouses, civil partners, widows and widowers of such persons to be included).

(ii) Named beneficiaries (please complete and initial a separate schedule if there is insufficient space below).

Beneficiary 1 Name
Relationship to settlor
Residential Address
E-mail
Telephone No. Fax No.
Date of Birth Place of Birth
Marital status Tax residence

Beneficiary 2 Name
Relationship to settlor
Residential Address
E-mail
Telephone No. Fax No.
Date of Birth Place of Birth
Marital status Tax residence

Please note that Confiànce MAY require a completed Client Application Form in respect of one or more of the named beneficiaries and WILL require such a completed form before any distribution can be made to a beneficiary. If such form has not previously been completed please submit one with this questionnaire.

(iii) Default Beneficiaries

In the event that none of the above beneficiaries or classes of beneficiaries are in existence at a point in time during or at the end of the trust period, please name a beneficiary (ordinarily a charity) who may benefit from/receive trust assets.

Is there to be power to add beneficiaries and, if so, who is to have this power?



11. Excluded Persons

Please detail any individuals or groups of people to be specifically excluded from benefiting.

Is there to be power to remove beneficiaries and, if so, who is to have this power?



12. Trustees

Confiànce usually accepts trustee appointments through its corporate trust company, Confiànce Limited. When necessary, Confiànce will, in addition to Confiànce Limited, provide individual trustees. In the event that an individual outside of Confiànce is to be appointed as a co-trustee please provide that individual's name and address.

Please note that Confiànce MAY require a completed Client Application Form – Personal in respect of such co-trustee from outside of Confiànce. If such form has not previously been completed, please submit one with this questionnaire.



13. Tax Advisor (if applicable)

Name
Address
Qualification
Telephone No. Fax No.
E-mail
Has independent tax advice been taken?



14. Investment Advisor (if applicable)

Name
Address
Qualification
Telephone No. Fax No.
E-mail



15. Accounting

Confiance are required to prepare annual accounts for all trusts which it manages. Please state:

Preferred accounting currency
Preferred accounting year end (if any)



16. Auditors

Where Confiance considers an audit appropriate given the size and/or nature of the trust, it will appoint local auditors unless specifically requested otherwise.



17. Other Instructions / Requirements

Please specify any further instructions, requirements or stipulations under which you wish the trust to operate on a separate piece of paper in writing and submit these with the application for consideration by Confiance



18. Declaration

I declare that the information contained in this Trust Formation Questionnaire is complete, accurate and up to date to the best of my knowledge and belief and I undertake to notify you immediately that I become aware of any changes to that information.

I confirm that I shall not and I shall procure that no person acting for me or on my account shall use the proposed trust for any illegal or immoral purpose.

I confirm that I take full responsibility for making all tax and/or other declarations, both now and in the future, in connection with the proposed trust.

I also confirm that I have read and understand the Confiance terms and conditions attached to this Trust Formation Questionnaire, and I agree and accept to be bound by those terms and conditions.

I confirm that I have been advised to take tax and/or legal advice in connection with the proposed trust formation and the services to be provided to us by Confiance in accordance with such terms and conditions, and that I have taken such tax and/or legal advice as I consider necessary.

Signed
Name
Date