



Find enclosed herewith our trust questionnaire and related documentation required to commence a business relationship with St. George's Trust Company Limited. This documentation is requested such that we may fully understand your circumstances and will enable us to provide fiduciary services to best meet your estate planning objectives. In the event that certain information requested is not applicable to your personal circumstances, please complete the relevant box by stating "Not applicable".

POLICY ON ACCEPTANCE OF NEW BUSINESS

It is the policy of St. George's Trust Company to enter into client relationships with reputable individuals. We will not knowingly assist in the contravention of the laws and regulations of any country, nor will we accept any business, the nature of which would, or might, for any reason, call into question the integrity of St. George's Trust Company. It is our mandate to "know our client" and this will help to ensure that our clients enjoy the advantages of a reputable service provider.

In accordance with our obligations under Bermuda law, every prospective customer, named beneficiary, protector or other individual who contributes property to the trust will be required to provide in advance of the commencement of business relationship a number of customer due diligence documents ("CDD"), as detailed further in this New Client Document Package. We understand that such information may be sensitive and we undertake to hold same in confidence.

On acceptance of new business we will observe the following business practices:

- Whenever possible, we prefer to meet with prospective clients before accepting the business;
- All appointments of individual staff members of St. George's Trust Company Limited, whether as trustees, protectors, nominees or as directors or officers of companies must be agreed by such persons in advance of such appointment;
- We will open and maintain investment, custodian or other accounts with acceptable institutions in Bermuda or abroad, where required for efficient administration of a trust or related company;
- Where the trust fund consists of shares in a private holding company, we will from time to time require information sufficient to confirm that the affairs of the company are being properly managed. This may necessitate the receipt of financial statements and/or the appointment of one or more representatives of St. George's Trust Company Limited as directors of the company;
- Any person proposed for appointment as investment advisor must be able to demonstrate competence in the provision of investment advice; and
- We will make such enquiries as we deem appropriate to ascertain the origin of money or other assets settled in trust.

TRUST INFORMATION FORM

(To be completed by the Settlor, Grantor or Customer in the case of a Declaration)

SECTION A: PERSONAL INFORMATION

Full name (including middle name(s) and any assumed name(s)):	
Current residential address:	
Home Telephone: Fax: Mobile:	
Home e-mail address:	
Date of birth:	
Place of birth:	
Nationality:	
Any other citizenship(s):	
Country of residence for tax purposes (if different from your ordinary residence as above):	
Taxpayer Identification Number (i.e. social insurance number or equivalent):	
Do you have substantial ties to the United States (i.e. a born or naturalised citizen, resident, passport holder, green card holder, etc.)? If yes, please explain.	
Please confirm your consent that we may, if required under one or more bilateral or multilateral intergovernmental agreements (US FATCA, UK FATCA, CRS, or equivalent), report such information about you or your interest in the entity as may be required from time to time. * If consent is refused, please note that we may be required under a given reporting regime to report aggregate information about the account to one or more governmental authorities.	Yes No
Marital status:	
Occupation and nature of business:	

Business address:	
Business Telephone: Fax: Mobile:	
Business e-mail address:	
Passport number, date and place of issue:	
Have you, or a company for which you act or have acted as director or officer, been the subject of criminal or regulatory investigations or convictions? If yes, please provide details.	
Politically Exposed Person: - Have you ever held or currently hold public or elected office? If yes , please provide details. If not please state: No - Are you a family member or associate of such a person? If yes , please provide details. If not please state: No	
Bank which will provide reference:	
How did you find St. George's Trust Company Limited?	

SECTION B: FAMILY INFORMATION

Name, date of birth, nationality and current permanent address of your spouse (if different from your own):	
Name, date of birth, nationality and current permanent address (if different from your own) of each of your children:	
Name, date of birth, nationality and current permanent address (if different from your own) of any other dependents:	
Special concerns or family circumstances about which we should be aware (i.e. drug addictions, divorce, bankruptcy, special needs children, etc.):	

SECTION C: PROFESSIONAL ADVISORS

Name, firm, address and contact numbers of your accountant:	
Name, firm, address and contact numbers of your lawyer:	
Name, firm, address and contact numbers of your investment advisor and/or broker:	
Name, firm, address and contact numbers of any other personal advisors who may provide advice in relation to the Trust:	

SECTION D: FINANCIAL BACKGROUND & ORIGIN OF ASSETS TO BE SETTLED ON TRUST

Estimated net worth (in base currency) and origin of wealth:	
Percentage breakdown of asset by class (i.e. cash, real estate, securities, insurance policies, fine art, etc.):	
Details of any existing estate planning structures (i.e. will, domestic or foreign trust, company etc.) and jurisdiction of same:	
Details of assets to be settled in trust (origin, value, location):	
Objectives in establishing this structure:	

Are there specific investment guidelines you wish the Trustee to consider?	
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SECTION E: DETAILS OF TRUST TO BE ESTABLISHED

Name of Trust:	
Trust Beneficiaries (if personal details not already included in Section B: Family Information, please provide full name, date of birth, nationality and current permanent address of each proposed Beneficiary):	
Do you wish to have a Trust Protector? If yes, please provide full name, date of birth, nationality and current permanent address, as well as an explanation of your relationship to this person:	
If you have chosen to appoint a Trust Protector, do you wish to nominate another person who is responsible to appoint successor protectors? If yes, please provide full name, date of birth, nationality and current permanent address, as well as an explanation of your relationship to this person:	

SECTION F: CUSTOMER DUE DILIGENCE DOCUMENTS

The following documents are required from you in support of this application to commence a trust relationship:

- A notarised or certified¹ copy of the identification pages of your passport;
- A notarised or certified copy of a proof of residential address such as a utility bill, bank or credit card statement (no more than three months old);
- An original reference letter from a bank or licensed financial institution confirming your financial stability and the length of your relationship with the institution;
- An original introduction/character reference letter (on firm letterhead) from a reputable legal, accounting or financial services practice.

¹ We will accept documents certified as true copies of the originals by a lawyer, accountant, medical doctor, notary public, police officer, judge, or justice of the peace.

DECLARATION REGARDING SOURCE OF FUNDS AND SOLVENCY

(to be completed by the Settlor/Grantor and each individual proposing to transfer property to the Trust)

To: St. George’s Trust Company Limited

Re: _____ (the “Trust”)
Trust Name

I, _____ hereby declare and confirm that:
Client Name

1. I propose to transfer to the Trust the following property (the “Property”):
(provide a detailed description and approximate value of any cash, investments, real property or other assets that are proposed to be transferred to the Trust)

- (a) _____
- (b) _____
- (c) _____
- (d) _____

And I hereby confirm that I am the sole beneficial owner of the Property.

2. The source of funds for the Property is:
(check all boxes that apply)

- Salary
- Pension
- Sale of Shares/Investments
- Company Profits
- Sale of Real Property
- Proceeds of Insurance Policy
- Gift from:

Name of Donor

Inheritance from:

Name of Testator

Other (provide details):

- 3. None of the Property constitutes the proceeds of crime; assets or investments acquired using the proceeds of crime; nor proceeds resulting from the sale of assets or investments acquired using the proceeds of crime.
- 4. In anticipation of transferring the Property to the Trust, I have taken such legal and/or accounting advice as was necessary to fully understand the impact (if any) on my tax position and the extent of any reporting obligations which I may have as a result of the transfer of the Property to the Trust. I hereby undertake to seek such updated legal and/or accounting advice as may be required from time to time should my circumstances change.
- 5. After I have transferred the Property to the Trust, I will hold sufficient assets to satisfy the claims of my known or reasonably foreseeable creditors and will be able to pay all of the debts as they fall due.
- 6. The transfer of the Property to the Trust is not being made for the purpose of defeating the claims of creditors who are either known to me at the present time or are reasonably foreseeable.

Client Signature

Dated this ____ day of _____, 20 ____



PERSONAL INFORMATION FORM

*(To be completed by or in respect of each **adult** beneficiary and trust protector)*

Full name (including middle name(s) and any assumed name(s)):	
Current residential address:	
Home Telephone: Fax: Mobile:	
Home e-mail address:	
Date of birth:	
Place of birth:	
Nationality:	
Any other citizenship(s):	
Country of residence for tax purposes (if different from your ordinary residence as above):	
Taxpayer Identification Number (i.e. social insurance number or equivalent):	
Do you have substantial ties to the United States (i.e. a born or naturalised citizen, resident, passport holder, green card holder, etc.)? If yes, please explain.	
Please confirm your consent that we may, if required under one or more bilateral or multilateral intergovernmental agreements (US FATCA, UK FATCA, CRS, or equivalent), report such information about you or your interest in the entity as may be required from time to time. * If consent is refused, please note that we may be required under a given reporting regime to report aggregate information about the account to one or more governmental authorities.	Yes No
Marital status:	
Occupation and nature of business:	

Business address:	
Business Telephone: Fax: Mobile:	
Business e-mail address:	
Passport number, date and place of issue:	
Have you, or a company for which you act or have acted as director or officer, been the subject of criminal or regulatory investigations or convictions? If yes, please provide details.	
Politically Exposed Person: - Have you ever held or currently hold public or elected office? If yes , please provide details. If not please state: No - Are you a family member or associate of such a person? If yes , please provide details. If not please state: No	
Bank which will provide reference:	

The following documents are required in support of this Personal Information Form:

- A notarised or certified² copy of the identification pages of your passport;
- A notarised or certified copy of a proof of residential address such as a utility bill, bank or credit card statement (no more than three months old);
- An original reference letter from a bank or licensed financial institution confirming your financial stability and the length of your relationship with the institution;
- An original introduction/character reference letter (on firm letterhead) from a reputable legal, accounting or financial services practice.

² We will accept documents certified as true copies of the originals by a lawyer, accountant, medical doctor, notary public, police officer, judge, or justice of the peace.



PERSONAL INFORMATION FORM

*(To be completed by or in respect of each **minor** beneficiary)*

Full name (including any assumed names):	
Current residential address:	
Home Telephone Number: Mobile Number:	
E-mail address:	
Date of birth:	
Place of birth:	
Nationality:	
Any other citizenship(s):	
Passport number, date and place of issue:	
Country of residence for tax purposes (if different from your ordinary residence as above):	
Taxpayer Identification Number (i.e. social insurance number or equivalent):	
Does the minor child have substantial ties to the United States (i.e. a born or naturalised citizen, resident, passport holder, green card holder, etc.)? If yes, please explain.	
School currently attended:	
Parents' full names and address:	
Parents' email address(es):	

Criminal convictions or investigations:	
Politically Exposed Person: - Have any family members ever held or currently hold public or elected office? If yes, please provide details.	

The following documents are required in support of this Personal Information Form:

- A notarised or certified³ copy of the identification pages of the minor child’s passport;
- A covering letter from a parent or legal guardian confirming that the child resides with such parent or legal guardian;
- A notarised or certified copy of a parent’s or legal guardian’s passport (if not already provided);
- A notarised or certified copy of a parent’s or legal guardian’s proof of residential address such as a utility bill, bank or credit card statement (no more than three months old) (if not already provided)

³ We will accept documents certified as true copies of the originals by a lawyer, accountant, medical doctor, notary public, police officer, judge, or justice of the peace.