



Trust Application Form

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|-------------------|------------|----------------------|--------------|
| Trust Name | THE | <input type="text"/> | TRUST |
|-------------------|------------|----------------------|--------------|

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|--|----------------------|----------------------|----------------------|
| Settlor | | | |
| Full Name(s) <input type="text"/> | | | |
| Residential Address | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| Correspondence Address (if different) | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| Sex | <input type="text"/> | Date of Birth | <input type="text"/> |
| Email | <input type="text"/> | | |
| Telephone | <input type="text"/> | | |
| Country | <input type="text"/> | | |
| Professional Activity (a brief profile) | <input type="text"/> | | |
| Source of Funds (precise details of source/origin of funds) | <input type="text"/> | | |

| | | | |
|--|----------------------|----------------------|----------------------|
| Joint Settlor if applicable | | | |
| Full Name(s) <input type="text"/> | | | |
| Residential Address | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| Correspondence Address (if different) | | <input type="text"/> | |
| <input type="text"/> | | <input type="text"/> | |
| Sex | <input type="text"/> | Date of Birth | <input type="text"/> |
| Email | <input type="text"/> | | |
| Telephone | <input type="text"/> | | |
| Country | <input type="text"/> | | |
| Professional Activity (a brief profile) | <input type="text"/> | | |
| Source of Funds (precise details of source/origin of funds) | <input type="text"/> | | |

| | |
|-----------------------------------|----------------------|
| Beneficiary 1 | |
| Full name(s) <input type="text"/> | |
| Residential Address | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Relationship to Settlor | <input type="text"/> |

| | |
|-----------------------------------|----------------------|
| Additional Beneficiary 2 | |
| Full name(s) <input type="text"/> | |
| Residential Address | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Relationship to Settlor | <input type="text"/> |

| | |
|-----------------------------------|----------------------|
| Additional Beneficiary 3 | |
| Full name(s) <input type="text"/> | |
| Residential Address | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Relationship to Settlor | <input type="text"/> |

| | |
|-----------------------------------|----------------------|
| Additional Beneficiary 4 | |
| Full name(s) <input type="text"/> | |
| Residential Address | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Relationship to Settlor | <input type="text"/> |

If you wish to appoint further Additional Beneficiaries, please provide details on a separate sheet of paper.

In addition, please indicate who should benefit in the event of the death of a named beneficiary - his / her children or perhaps the other named beneficiaries if there are no such children. If in doubt, please ask your adviser.

Do you wish to open a bank account for the trust Yes/No (Delete as applicable)

Investment Adviser (if applicable)

As Settlor(s) of the above mentioned Trust I / we give you notice that

of

is / are my / our Investment Adviser(s).

I / we understand that such Nomination may be revoked by me / us in writing to you.

Investment Advisor Contact Details (if applicable)

Email:

Telephone:

Fax:

Address:

Protector

As Settlor(s) of the above mentioned Trust I / we give you notice that

of

is / are my / our Protector

I / we understand that such Nomination may be revoked by me / us in writing to you.

Initial Assets to be placed in Trust:-**Source of Funds (Please describe the source of funds and provide supporting documentation)**

Type of trust required (standard trusts are discretionary and irrevocable)

This application form sets out the formal basis on which we agree to provide the Services in conjunction with our terms of business. In all cases the provision of the Services and our relationship with you will be subject to our Terms of Business. Which can be viewed here <http://www.titan-corp.net/TOB.pdf>

Save where a separate written fees agreement signed by the parties hereto has been agreed in advance, the Services will be provided in consideration of your payment of the relevant fees as set out in any Fees Schedule which we have sent to you. Exit fees may apply as will termination fees.

By signing this application form you hereby confirm your instructions to us to provide the Services, and acknowledge that you have received, read, and understood our Terms of Business and Fees Schedule and you further agree to pay the said fees in advance of any work carried out by us.

By signing and returning the application form that you hereby further acknowledge that in requesting the Services all independent tax and legal advice necessary to understand the nature and implications of the Services required and that they have not received nor relied upon any legal or tax advice or information from Titan.

Declaration

I/We, the undersigned, hereby instruct, Titan Corporate Services Limited, with the formation of a Trust under the Trust Act 2001.

I/We confirm that all information disclosed in this mandate (including any annexures) are true and accurate.

I/We declare and warrant that the moneys and/or assets so introduced are owned by me/us and

1. do not emanate from any activity, which is illegal or unlawful, or from any activities specified in the Anti-Money Laundering Legislation.

2. are free from any legal encumbrance or restraint imposed by any Court or third party and I/We affirm that there is no pending or threatened claims against me/us with regard to the moneys and assets introduced in the proposed company.

3. that I/We am/are not insolvent and have never been declared bankrupt and that the transfer of assets to the entity will not render I/We insolvent I/We confirm that if Titan is required by any lawful governmental authority to determine the source of funds, I/We will provide Titan with any necessary information and explanations to establish that the source of funds is from

a
lawful activity.

Declaration continued

I/we further declare that:

- I / we am / are the **Settlor(s)** named above;
- the **Beneficiaries** of the **Trust** are to be the **Settlors** and the **Additional Beneficiaries** named above;
- the **Professional Adviser(s)** referred to above is / are so appointed;
- the **Protector** referred to above is/are so appointed;
- the **Investment Objectives** of the **Trust** are as stated above;
- I / we understand that the **Trustee** may deduct from the assets and income of the **Trust** the amounts of any and all their fees and charges as notified to me / us from time to time unless payment is made by the settlor directly;
- the information contained in this application is true and complete to the best of my / our knowledge and belief.

Signed

Sole / First-Named Settlor

Joint Settlor

Date

Example Letter of Wishes

To The Trustee of The

Trust

In this letter, I / we set out certain wishes concerning the exercise of your discretion as Trustee of the Trust. These wishes are not intended to be legally binding on you and may be changed by me / us from time to time by letter to you.

I / we wish you to consult me / us during my / our lifetime regarding payments to the Beneficiaries of the Trust, and after my / our death, you are to consult

of

Relationship to Settlor (e.g., relative, lawyer, professional adviser, etc.)

I / we wish the income and / or capital of the Trust:

- to be accumulated
- to be distributed to me / us on a regular basis
- to be distributed to me / us occasionally, as required

(Please tick one box only)

After my / our death, I / we would prefer:

- the Trust to be liquidated and the proceeds paid out equally to the Beneficiaries
- the Trust to be liquidated, and the proceeds paid out to the Beneficiaries as indicated in the box below
- the Trust to be maintained and an annual amount paid out to my spouse during his / her lifetime, with the capital gains distributed equally to our children upon his / her death
- the Trust to be maintained and dealt with as follows:

(Please tick one box only / continue on another sheet of paper if necessary)

I / we would prefer you not to pay to any Beneficiary until the age of

- eighteen years
- twenty-one years
- thirty years

except for that Beneficiary's education or maintenance

(Please tick one box only)

My / our additional wishes, if any, are as follows:

(Please continue on another sheet of paper if necessary)

Signed

Settlor1

Settlor2

Date

Address for Correspondence

DUE DILIGENCE REQUIREMENTS

Please submit the following documents on Settlor, Protector & Beneficiaries:

- **Certified copy of Passport by notary, lawyer, solicitor;**
- **Proof of address not older than 3 months original or certified**
- **Bank reference letter (not older than 3 months) or professional reference from a practicing lawyer or accountant**
- **Documentary Evidence of proof of source of Funds**
- **CV**
