

TRUST FORMATION DETAILS

1. Proposed name of the Trust

--

2. Please provide a description of the purposes and objectives for which the Trust is being established

--

3. How is the Trust to be created?

Settlement	<input type="checkbox"/>
Declaration of Trust	<input type="checkbox"/>

4. What form of Trust is required?

Discretionary	<input type="checkbox"/>
Interest in Possession	<input type="checkbox"/>
Accumulation and Maintenance	<input type="checkbox"/>
Employee Benefit or Pension	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details _____

5. Who will draft the Trust deed?

Cogent standard deed	<input type="checkbox"/>	Legal adviser (Please provide details below)	<input type="checkbox"/>
Name of legal adviser			

6. Under the law of which jurisdiction will the Trust be governed?

Guernsey	<input type="checkbox"/>	Other (Please provide details below)	<input type="checkbox"/>

7. Are there any particular Trustee requirements, such as a Co-Trustee or Successor Trustee?

No	<input type="checkbox"/>	Yes (Please provide details below)	<input type="checkbox"/>

8. Who will provide the Trust assets (the Settlor)?

Name and address	
------------------	--

9. What assets will be transferred to the Trust when it is established?

--

10. Is it anticipated that further assets will be transferred to the Trust after it is established?

No	<input type="checkbox"/>	Yes (Please provide details below)	<input type="checkbox"/>

11. Who is to benefit from the Trust (the Beneficiaries)? Please provide details of the Beneficiaries in the attached Schedule 1 and indicate below if the beneficiaries are to be specifically named or identified or comprise a class of beneficiaries (eg. the children of the Settlor)

12. In the event that all the named beneficiaries should die or otherwise be unable to benefit from the Trust, please provide details of those persons who should ultimately receive the Trust assets

13. Is a Protector required for the Trust?

No	<input type="checkbox"/>	Yes (Please provide details below)	<input type="checkbox"/>
Name and address of Protector			

14. What is the relationship between the Protector and the Settlor of the Trust?

15. Describe the powers that should be granted to the Protector

16. Please outline the manner in which it is anticipated that the Trust will be managed and administered, including details of the investments and how the Trust benefits will be applied

17. Has a Letter of Wishes been completed and signed by the Settlor?

No (see below)	<input type="checkbox"/>	Yes (Please attach a copy)	<input type="checkbox"/>
If a Letter of Wishes is required but not yet prepared, please indicate below if you wish:			
Cogent to provide a draft	<input type="checkbox"/>	Client to provide a draft	<input type="checkbox"/>

**18. Should the Trustee consider the appointment of any advisers, including investment advisers?
If so, please provide details of the preferred advisers and their anticipated duties below**

Adviser	
Contact person	
Address	
Type of service to be provided	

Adviser	
Contact person	
Address	
Type of service to be provided	

Adviser	
Contact person	
Address	
Type of service to be provided	

19. Accounting currency

--

20. Financial year-end

--

20. Are audited financial statements required?

NO <input type="checkbox"/>	YES (Please provide details of auditor below) <input type="checkbox"/>

21. Has any professional advice been obtained in relation to the proposed business?

No (see below) <input type="checkbox"/>	Yes (Please attach a copy) <input type="checkbox"/>
Cogent recommends that professional, legal and tax advice should be expressly obtained in respect of any financial planning; furthermore, Cogent cannot provide any such advice and cannot be held responsible for any advice obtained or advice not sought	

22. Has a Know your Client Questionnaire been completed by the Settlor, Protector, Beneficiaries, etc?

No (see below) <input type="checkbox"/>	Yes (attached / previously submitted) <input type="checkbox"/>
Please obtain and complete the relevant Questionnaire for each party	

23. Please provide any further information that should be brought to our attention in relation to the proposed business

I request Cogent to prepare for completion and execution a Trust in the form described in this questionnaire

Client to sign	Date

Schedule 1

Details of the Beneficiaries

<i>Name and address</i>	<i>Questionnaire completed ①</i>	<i>Capital distributions ②</i>	<i>Income distributions ③</i>	<i>Remarks ④</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- ① please mark with an if the Beneficiary has completed an appropriate Cogent KYC Questionnaire
- ② please mark with an if the Beneficiary is to receive Capital distributions from the Trust
- ③ please mark with an if the Beneficiary is to receive Income distributions from the Trust
- ④ please provide any specific instructions in relation to an individual Beneficiary