



Trust Formation - CHECKLIST

The following CHECKLIST needs to be completed and signed by the Donor / Settlor to enable Rubicon Trust Company Ltd to prepare a Proposal / Engagement Letter for acceptance prior to proceeding with the preparation of the Trust Deed and related documents for the Formation of the Trust. The completion and / or signing of this document does not constitute a binding arrangement between the parties and this document will be used to gather information.

INTERVIVOS/FAMILY TRUST

1. PROPOSED NAME (S) OF TRUST:-

_____ TRUST
_____ TRUST
_____ TRUST

2. DETAILS OF DONOR / SETTLOR:-

- FULL NAMES – _____
- IDENTITY NO. – _____
- CONTACT NO.: – _____
- EMAIL. – _____

- FULL NAMES – _____
- IDENTITY NO. – _____
- CONTACT NO.: – _____
- EMAIL. – _____



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3. DETAILS OF TRUSTEES:-

TRUSTEE NO. 1:-

- FULL NAMES - _____

- IDENTITY NO. - _____

- PHYSICAL ADDRESS - _____

- POSTAL ADDRESS - _____

- OCCUPATION - _____

- CONTACT NO.: - _____

- EMAIL. - _____

TRUSTEE NO. 2:-

- FULL NAMES - _____

- IDENTITY NO. - _____

- PHYSICAL ADDRESS - _____

- POSTAL ADDRESS - _____

- OCCUPATION - _____

- CONTACT NO.: - _____

- EMAIL. - _____



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TRUSTEE NO. 3:-

- FULL NAMES - _____

- IDENTITY NO. - _____

- PHYSICAL ADDRESS - _____

- POSTAL ADDRESS - _____

- OCCUPATION - _____

- CONTACT NO.: - _____

- EMAIL. - _____

4. DETAILS OF CAPITAL BENEFICIARIES:-

BENEFICIARY NO. 1:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 2:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 3:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 4:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____



BENEFICIARY NO. 5:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

ANY ISSUE OF THE ABOVE NAMED BENEFICIARIES DULY APPOINTED BY DEED

ANY OTHER PERSON OR ANY SEPARATE TRUSTS CREATED FOR SUCH PERSON AS MAY BE ADDED AS BENEFICIARIES FROM TIME TO TIME SUBJECT TO THE TERMS CONTAINED IN THIS DEED.

5. DETAILS OF INCOME BENEFICIARIES:-

BENEFICIARY NO. 1:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 2:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 3:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 4:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

BENEFICIARY NO. 5:-

- FULL NAMES - _____

- IDENTITY NO./DOB - _____

ANY ISSUE OF THE ABOVE NAMED BENEFICIARIES DULY APPOINTED BY DEED

ANY OTHER PERSON OR ANY SEPARATE TRUSTS CREATED FOR SUCH PERSON AS MAY BE ADDED AS BENEFICIARIES FROM TIME TO TIME SUBJECT TO THE TERMS CONTAINED IN THIS DEED.



6. RELATIONSHIP OF TRUSTEES TO BENEFICIARIES:-

TRUSTEE NO. 1:-

- BENEFICIARY NO. 1 - _____
- BENEFICIARY NO. 2 - _____
- BENEFICIARY NO. 3 - _____
- BENEFICIARY NO. 4 - _____
- BENEFICIARY NO. 5 - _____

TRUSTEE NO. 2:-

- BENEFICIARY NO. 1 - _____
- BENEFICIARY NO. 2 - _____
- BENEFICIARY NO. 3 - _____
- BENEFICIARY NO. 4 - _____
- BENEFICIARY NO. 5 - _____

TRUSTEE NO. 3:-

- BENEFICIARY NO. 1 - _____
- BENEFICIARY NO. 2 - _____
- BENEFICIARY NO. 3 - _____
- BENEFICIARY NO. 4 - _____
- BENEFICIARY NO. 5 - _____

7. EXCLUDED PERSONS

Rubicon Trust Company Ltd, in their capacity as Trustee, any representative or any employee thereof and/or any other person that may be specifically excluded by the Trustees.

8. TRUST BANK ACCOUNT TO BE OPENED:-

- NAME OF BANK - _____
- BRANCH - _____



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9. DETAILS OF ACCOUNTING OFFICER TO BE APPOINTED

- COMPANY NAME – _____
- REGISTRATION NO.: _____
- INDIVIDUAL – _____
- IDENTITY NO. – _____
- CONTACT NO.: – _____
- EMAIL. – _____

10. ANY OTHER RELEVANT DETAILS:-

11. AMOUNT / DETAILS OF INITIAL DONATION

Signature
Donor / Settlor