

# Trust Account Application Form

Office Use Only

## TRUST DETAILS (Please complete in BLOCK CAPITALS)

Name of Trust \_\_\_\_\_  
Underlying Beneficiaries \_\_\_\_\_ Underlying Beneficiaries \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Nature and purpose of Trust \_\_\_\_\_  
Individual authorised to give instructions \_\_\_\_\_  
Address for Contract Notes/Correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Address for copy Contract Notes/Correspondence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

## TRUSTEE 1 (Please complete in BLOCK CAPITALS)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_  
First Names (in full) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Tel No. (Day) \_\_\_\_\_  
Tel No. (Mobile) \_\_\_\_\_  
Tel No. (Evening) \_\_\_\_\_  
E-mail \_\_\_\_\_

I understand as a Trustee I am responsible for all transactions on this account and confirm that I am aware of the true identity of the underlying principals of the Trust (ie. the name beneficiaries/settlers of the Trust and there are no anonymous principals).

Please sign here

Date

X \_\_\_\_\_ / /

## TRUSTEE 2 (Please complete in BLOCK CAPITALS)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_  
First Names (in full) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Tel No. (Day) \_\_\_\_\_  
Tel No. (Mobile) \_\_\_\_\_  
Tel No. (Evening) \_\_\_\_\_  
E-mail \_\_\_\_\_

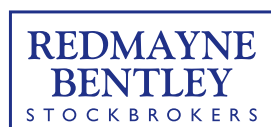
I understand as a Trustee I am responsible for all transactions on this account and confirm that I am aware of the true identity of the underlying principals of the Trust (ie. the name beneficiaries/settlers of the Trust and there are no anonymous principals).

Please sign here

Date

X \_\_\_\_\_ / /

Please continue overleaf if necessary...



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TRUST APP 10/09/003 BBB4595

**TRUSTEE 3** (Please complete in BLOCK CAPITALS)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_

First Names (in full) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_

Tel No. (Mobile) \_\_\_\_\_

Tel No. (Evening) \_\_\_\_\_

E-mail \_\_\_\_\_

I understand as a Trustee I am responsible for all transactions on this account and confirm that I am aware of the true identity of the underlying principals of the Trust (ie. the name beneficiaries/settlers of the Trust and there are no anonymous principals).

**Please sign here**

**Date**

**X** \_\_\_\_\_ / /

**TRUSTEE 4** (Please complete in BLOCK CAPITALS)

Title (eg. Mr. Mrs. Dr.) \_\_\_\_\_ Surname \_\_\_\_\_

First Names (in full) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. (Day) \_\_\_\_\_

Tel No. (Mobile) \_\_\_\_\_

Tel No. (Evening) \_\_\_\_\_

E-mail \_\_\_\_\_

I understand as a Trustee I am responsible for all transactions on this account and confirm that I am aware of the true identity of the underlying principals of the Trust (ie. the name beneficiaries/settlers of the Trust and there are no anonymous principals).

**Please sign here**

**Date**

**X** \_\_\_\_\_ / /

Please return this form to your Redmayne-Bentley contact.