

Trust Transfer Form

(for completion by the person(s) wishing to transfer a trust to Cayman National)

I/we (the "Settlor(s)") and/or the Protector request that Cayman National Trust Company (Isle of Man) Limited ("Cayman National" and/or the "New Trustee") agree to becoming the Trustee of the existing Isle of Man Trust, as set out below (the "Trust").

Please complete this form in BLOCK CAPITALS and tick where necessary.

SECTION 1: TRUST REQUIREMENTS

Name of Trust	<input type="text"/>		
How trust established	Deed of Settlement <input type="checkbox"/>	Declaration of Trust <input type="checkbox"/>	
Name of original Trustee	<input type="text"/>		
Date of settlement	DD/MM/YEAR		
Type of trust (please select one option only)	Discretionary <input type="checkbox"/>	Interest in Possession <input type="checkbox"/>	
	Accumulation & Maintenance <input type="checkbox"/>	Special Purpose <input type="checkbox"/>	
	Other/Combination ^{See below} <input type="checkbox"/>		
If selecting 'Other/Combination' please provide further details of the purpose of the Trust below			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
What are your reasons/objectives for transferring the Trust to Cayman National?			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Please provide details of your current Trustee			
Name of Trustee	<input type="text"/>		
Contact Person	<input type="text"/>		
Tel. Number	<input type="text"/>	Email Address	<input type="text"/>
Business Address			
<input type="text"/>			
<input type="text"/>			
Country	<input type="text"/>	Postal/ZIP Code	<input type="text"/>

Cayman National Trust Company (Isle of Man) Limited
 Cayman National House 4-8 Hope Street Douglas Isle of Man IM1 1AQ British Isles
 T +44 (0)1624 646901 F +44 (0)1624 662192 fiduciary@caymannational.im www.caymannational.im

Member of the Republic Financial Holdings group of companies. Registered in the Isle of Man No: 131302C

VAT No GB 000 717 527

Cayman National Trust Company (Isle of Man) Limited is licensed by the Isle of Man Financial Services Authority.

SECTION 2: TRUST ASSETS

Please detail what assets are currently held within the Trust and their current market value

Summary of assets held in the Trust, e.g. cash, property, investments, etc.

*Market value
(£'000)*

	£
	£
	£
Total value of assets held	£

Please describe how you acquired the assets settled into the Trust, e.g. investment in property, earned income, borrowings, profit on the disposal of a business, etc.

Where the source was from existing market investments please give details of the holdings, including when purchased, their initial cost and current market valuation (where possible please provide a copy of the latest investment valuation)

Where the source was from income please provide a breakdown of the income and earnings from all sources contributing to the assets held in Trust

Description of income source, e.g. dividends, salary and bonuses, bank interest, trust distributions, royalties, etc

*Income settled
(£'000)*

	£
	£
	£
Total value of income settled	£

Do you anticipate settling further assets into the Trust over time?

Yes

No

If Yes please detail below the estimated timing, value and source of future settlements

Note: It is a legal and regulatory requirement that we identify the source of all assets held within trusts administered by Cayman National, as well as demonstrating a good understanding of the source of wealth, income and background of our clients. This also enables us to ensure that we can offer the most suitable services to meet your needs. Cayman National reserves the right to decline applicants where information requested has not been provided and/or where the information supplied is insufficient for it to be able to meet its legal and/or regulatory obligations.

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SECTION 3: PARTIES TO THE TRUST
Personal Settlor
Please provide details of the original settlor

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YEAR"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>

Where tax resident in more than one country please list below other jurisdictions of residency and Tax ID Number

Note: We are obliged under various international agreements (collectively "the Agreements") entered into by the Isle of Man in relation to the automatic exchange of information for tax matters and under the relevant regulations and guidance notes made in furtherance of such Agreements (collectively "the Regulations") to collect and, in some instances, share with the relevant tax authorities' certain information about clients' tax arrangements and in relation to their activities with us. To comply with our obligations, we require all persons' party to a Trust to complete a Cayman National 'Individual Self-Certification' form.

Completed Cayman National 'Individual Self-Certification' form enclosed?

Yes

No

Corporate Settlor or Protector
Please complete if applicable

Company Name	<input type="text"/>	Company Number	<input type="text"/>
Country of Incorporation	<input type="text"/>	Date of Incorporation	<input type="text" value="DD/MM/YEAR"/>
Contact Name	<input type="text"/>		
Tel. Number	<input type="text"/>	Email Address	<input type="text"/>
Nature of Business	<input type="text"/>		
Geographical Area of Activity	<input type="text"/>		

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Registered Office Address

Country	<input type="text"/>	Country of Tax Residence	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	Tax Identification Number	<input type="text"/>

Please note that for a Corporate Settlor additional information will be required from you to evidence the company's legal status, ownership, control, activities, tax status, directors, etc. We will write to you to set out our requirements in detail.

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Completed Cayman National 'Entities Self-Certification' form enclosed? Yes No

Personal Protector
Please complete if applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YEAR"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence <small>See below</small>	<input type="text"/>	Tax ID Number	<input type="text"/>

Where tax resident in more than one country please list below other jurisdictions of residency and Tax ID Number

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Completed Cayman National 'Individual Self-Certification' form enclosed? Yes No

SECTION 4: TRUST BENEFICIARIES
Who May Benefit
Please complete as applicable

Please detail who may benefit from the Trust and their respective interests (where not to benefit equally), whether named in the Trust Deed or in your Letter of Wishes. Please include persons who have benefitted to date.

<i>Full Name</i>	<i>Relationship to Settlor</i>	<i>Date of Birth</i>	<i>Interest (%)</i>
		DD/MM/YEAR	
		DD/MM/YEAR	
		DD/MM/YEAR	
		DD/MM/YEAR	
		DD/MM/YEAR	
		DD/MM/YEAR	

Please detail below any special requests with regards to Beneficiaries, e.g. who derives an entitlement upon the death of a Beneficiary, age at which a Beneficiary should benefit, specific/educational funding requests, entitlement to capital, income or both, etc., where not already set out in the Trust Deed or in your current Letter of Wishes,

Is a copy of the latest Letter of Wishes enclosed?

Yes

No

Who is Excluded
Please complete if applicable

The Trustee is normally excluded from benefit. Please specify any other person(s) or class of person(s) specifically excluded from benefit (where applicable)

 Title (Mr, Mrs,
Miss, etc.)

Surname

First Name(s)

 Former Names
(e.g. maiden name)

Date of Birth

DD/MM/YEAR

Nationality

Residential Address

Country

Postal/ZIP Code

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Personal Beneficiary 1		<i>Please complete for each beneficiary</i>	
Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YEAR"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>
Where tax resident in more than one country please list below other jurisdictions of residency and Tax ID Number			
<input type="text"/>			
<p><i>Note: We are obliged under various international agreements (collectively "the Agreements") entered into by the Isle of Man in relation to the automatic exchange of information for tax matters and under the relevant regulations and guidance notes made in furtherance of such Agreements (collectively "the Regulations") to collect and, in some instances, share with the relevant tax authorities' certain information about clients' tax arrangements and in relation to their activities with us. To comply with our obligations, we require all persons' party to a Trust to complete a Cayman National 'Individual Self-Certification' form.</i></p>			
Completed Cayman National 'Individual Self-Certification' form enclosed?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

Personal Beneficiary 2		<i>Please complete for each beneficiary</i>	
Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YEAR"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>

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Completed Cayman National 'Individual Self-Certification' form enclosed?

Yes

No

Personal Beneficiary 3

Please complete for each beneficiary

Title (Mr, Mrs, Miss, etc.)		Surname	
First Name(s)		Former Names (e.g. maiden name)	
Tel. Number		Date of Birth	DD/MM/YEAR
Email Address		Place of Birth	
Residential Address		Passport Number	
		Place of Issue	
		Nationality	
Country		Country of Domicile	
Postal/ZIP Code		National Insurance Number (UK only)	
Country of Tax Residence ^{See below}		Tax ID Number	

Where tax resident in more than one country please list below other jurisdictions of residency and Tax ID Number

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Completed Cayman National 'Individual Self-Certification' form enclosed?

Yes

No

Personal Beneficiary 4

Please complete for each beneficiary

Title (Mr, Mrs, Miss, etc.)		Surname	
First Name(s)		Former Names (e.g. maiden name)	
Tel. Number		Date of Birth	DD/MM/YEAR
Email Address		Place of Birth	

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Residential Address	Passport Number	
	Place of Issue	
	Nationality	
Country	Country of Domicile	
Postal/ZIP Code	National Insurance Number (UK only)	
Country of Tax Residence ^{See below}	Tax ID Number	

Where tax resident in more than one country please list below other jurisdictions of residency and Tax ID Number

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Completed Cayman National 'Individual Self-Certification' form enclosed? Yes No

Corporate/Charitable Beneficiary
Please complete if applicable

Please provide the following information about each corporate or charitable Beneficiary, including any residual beneficiary

Company/Charity Name			
Company/Charity Number	Incorporation or Formation Date	DD/MM/YEAR	
Country of Registration	Contact Name		
Email Address	Tel Number		
Nature of Business/Activity			

Registered Office Address

Country	Postal/ZIP Code	
Country of Tax Residence	Tax Identification Number	

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Completed Cayman National 'Entities Self-Certification' form enclosed?

 Yes No

SECTION 5: OTHER DETAILS
Professional Advisors
Please complete as applicable

Please provide details of your preferred/current Investment Advisor

Name of Firm

Contact Person

Tel. Number

Email Address

Business Address

Country

Postal/ZIP Code

Please provide details of your current Tax Advisor

Name of Firm

Contact Person

Tel. Number

Email Address

Business Address

Country

Postal/ZIP Code

Banking and Accounting
Please complete as applicable

Do you wish to retain the Trust's current Bank account (where applicable)?

Yes

No

If Yes please provide bankers details below. If No we will open an account with Cayman National Bank and Trust Company (Isle of Man) Limited, unless you prefer that an account be opened with an alternative bank (if so please provide details below).

Name of Bank

Contact Name

Tel. Number

Email Address

Branch Address

Country

Postal/ZIP Code

Financial Statements

Please provide a copy of the latest financial statements for the Trust. Enclosed?

Yes

No

Reporting Currency

Unless agreed otherwise the currency in which all Trustee reports will be denominated will be British Pounds (Sterling). If you prefer an alternative reporting currency please specify your preference below.

Trustee Invoices

From time to time the Trustee will raise invoices for the provisions of its services, in accordance with Cayman National's Schedule of Fees and Charges. Please indicate your preferred method of settlement

Deduct from the Trust's assets/bank account

Settlement of additional funds into the trust

Due Diligence & Additional Information Requirements**Evidence of Identity**

A certified copy of the Passport for each Settlor, Protector, Beneficiary or other interested party should be provided to Cayman National at the time of this application. The certifier must sign and date the copy document, clearly printing his/her name in capitals underneath and indicating his/her qualification/position/capacity and contact details. The certifier should state that the document is a *true copy of the original*.

Evidence of Residential Address

A certified copy of a current (i.e. not more than 6 months old) utility bill, rates bill or bank statement evidencing the individual's private residential address should be provided for each Settlor, Protector, Beneficiary or other interested party to Cayman National at the time of this application. The certifier must sign and date the copy document, clearly printing his/her name in capitals underneath and indicating his/her qualification/position/capacity and contact details. The certifier should state that the document is a *true copy of the original*.

Suitable Certifiers

Suitable persons to certify evidence of identity include:

- a member of the judiciary, a senior civil servant, or a serving police or customs officer;
- an officer of an embassy, consulate or high commission of the country of issue of documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a company secretary who is a member of a recognised professional body;
- a director, company secretary or manager of a business regulated in the Isle of Man or an external regulated business as defined in the Code

Covering Letters/Documents of Certification

The certifier may complete a covering letter or document provided it is attached to the copy identification document(s), i.e. the certification is not written on the copy identification document itself, as long as the covering letter or document contains the information specified in the paragraph above, and it is clear in the letter itself that it refers to the attached document beyond any doubt.

Tax Self-Certification Form

As part of our commitment to meet internal standards for the automatic exchange of information for tax matters we require each Settlor, Protector, Beneficiary or other interested party to complete a Cayman National Individual or Entity Self-Certification form (as appropriate).

Evidence of Source of Wealth/Funds

As part of our commitment to assist in the detection and prevention of all crime (including money-laundering, the financing of terrorism and tax evasion) we will request details from you about the source of your wealth/funds and, specifically, the assets settled into the Trust. Considerable delays may be experienced in accepting the transfer of your Trust where this information is not provided at the outset. Given the variety of circumstances that might apply it is not possible to give definitive instruction about what constitutes satisfactory evidence of wealth/funds. However, we would encourage you to discuss your application as soon as possible with a Cayman National relationship manager, who will be pleased to provide guidance.

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SECTION 6: DECLARATIONS AND CONFIRMATION**Important Note**

Potential clients are recommended to review their professional legal and taxation advice relevant to their personal circumstances and to their own jurisdiction prior to commencing any form of business relationship with Cayman National. Cayman National does not provide such advice directly but can assist clients to obtain independent professional advice if necessary. Where formal advice or opinion has previously been received in relation to the above Trust arrangement, a copy of such advice should be provided to Cayman National.

Cayman National applies strict “know your customer” checks and procedures in accordance with all relevant regulatory and anti-money laundering legislation and in codes.

Accordingly, professional references, along with independently certified copies of identification documents (as detailed above) are required for all clients. A detailed understanding of the purpose and background to any offshore structure transferred to us is required (as detailed above) along with documentary support for all major transactions.

Cayman National reserves the right to request any additional documentation it considers necessary to determine the bona fides of any transaction. Failure by a client to provide adequate supporting documentation in respect of any significant transaction may result in the relationship being closed and appropriate reports filed with the relevant regulatory and anti-money laundering authorities.

Declarations*Please sign where indicated below*

This declaration must be signed by the initial Settlor(s) and prior to the transfer of the Trust to Cayman National.

I/we confirm that the above information is true and complete and I/we hereby request Cayman National to accept the Trusteeship of the Trust on my/our behalf.

I/we agree that the Trustee responsibility fee will be charged annually in advance and additional charges, representing specific additional services and the cost of time spent administering the Trust in accordance with Cayman National’s Schedule of Fees and Charges, will be charged from time to time in arrears.

I/we further understand that any quoted fees will be reviewed on an annual basis and any alterations will be discussed and agreed between ourselves. Notwithstanding this point, we understand that fees may be reviewed from time to time in light of prevailing circumstances.

I/we confirm that I was/we were the Beneficial Owner(s) of the Initial Trust Fund and any additions thereto and that such assets were freely transferable at the time and were not subject to any lien, charge or encumbrance nor were they derived from any activity which could be considered illegal or immoral under the law of my/our country of residence and/or domicile or that of the Isle of Man.

I/we hereby certify the following:

1. That in arriving at my/our decision to transfer the above Trust, I/we have not relied upon any statement made by, or in the name of, Cayman National or any director or employee of Cayman National.
2. That I/we have been advised by a representative of Cayman National that:
 - a. Cayman National is not able to give me/us tax or legal advice regarding the Trust or to any other person who will or may become involved with the Trust, whether as Beneficiary or otherwise. Cayman National does not accept any liability for the tax planning consequences of any action taken by the Trustee.
 - b. I/we have been advised by Cayman National to obtain and/or keep up to date appropriate legal and tax advice in:
 - i. my/our country of residence/domicile;
 - ii. the country of residence/domicile of any beneficiary whether their beneficial interest be actual or contingent;
 - iii. the country in which the assets of the Trust are situated and/or registered;
 - iv. any other country other than those referred to above which may be relevant to me/us, any other known or possible Beneficiary of the Trust or any known or possible asset of the Trust;

and that such legal and tax advice should be reviewed by me/us on a regular basis.

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Declarations (continued)
Please sign where indicated below

- c. I/we should obtain and/or keep up to date appropriate legal and tax advice in relation to any Company or other entity which may be owned or partially owned by the Trustee or may be an asset in which the Trustee may have an interest.
 - d. I/we should make enquiries as to, and attend, as appropriate to, any local reporting requirements relating to the Trust in my/our country of residence/domicile.
 - e. I/we acknowledge that Cayman National may be required to disclose information (the "Information Exchange") concerning the Trust and/or its Beneficiaries and/or the assets of the Trust. Such information may be reported to the USA under the terms of the Foreign Accounts Tax Compliance Act ("FATCA") and to the United Kingdom and other various countries under the terms of the Common Reporting Standard ("CRS") as developed by the Organisation for Economic Co-operation and Development.
3. That I/we acknowledge that Cayman National professes no special knowledge of any foreign tax regime, including any tax regime with which the Trust is connected, and that Cayman National and/or its officers and/or employees will not advise on taxation.
 4. That it is solely my/our responsibility to decide whether or not to take the legal and tax advice referred to above and that Cayman National is under no duty to me/us to enquire or ensure that I/we have sought or implemented such legal and/or tax advice.
 5. That in consideration of Cayman National accepting my/our instruction to transfer the above Trust I/we hereby covenant with you, Cayman National, which will act as Trustee of the above-mentioned Trust, and your staff that I/we will at all times hereafter hold you and them and their respective personal representatives and estates harmless and fully indemnified against all actions, suits, proceedings, claims, demands, costs (including the costs of legal advice taken by the Trustee in relation to the taxation consequences of any instructions given by you at any time), expenses and outgoings which may be taken, made or sought from or against them or incurred or become payable by you or them by reason or in consequence of your accepting my/our instructions to accept the transfer of the above-named Trust and acting as Trustee thereof.
 6. I/we confirm that I/we have advised you of:
 - a. all jurisdictions with which I/we, the Trust and/or the beneficiaries, may have connection.
 - b. any specific tax planning objectives which I/we wish to achieve; and any specific requirements that you, Cayman National, as Trustee, any officers and employees of Cayman National should take into account regarding tax planning considerations in any jurisdiction.
 7. I/we hereby confirm that in relation to the Information Exchange a self-certification form has been provided to Cayman National in respect of each and every Settlor, Co-Trustee and Protector to the Trust; together with all known Beneficiaries and other natural person(s) who may have control over the Trust.
 8. I/we hereby declare that I am/we are not currently insolvent and that I/we are not seeking to hinder, delay or defraud any creditors, or engage in any illegal conduct and that I am not engaging Cayman National to facilitate or otherwise engage in such conduct.

	<i>First signatory</i>	<i>Second signatory (if applicable)</i>
Signature		
Name <i>(please print)</i>		
Date	DD/MM/YEAR	DD/MM/YEAR

If signing on behalf of a corporate settlor please also provide the following:

Your signing capacity	
Name of company	

June 2019

 Cayman National Trust Company (Isle of Man) Limited
 Cayman National House 4-8 Hope Street Douglas Isle of Man IM1 1AQ British Isles
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Member of the Republic Financial Holdings group of companies. Registered in the Isle of Man No: 131302C

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