

Due Diligence Form

DDF2 | Trusts

Please complete **all** fields as missing information **will** cause delays when processing your application.

1 Trust Name

2 Trust Details

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

Address	<input type="text"/>	Type of Trust	<input type="text"/>
Postcode	<input type="text"/>	Date of Establishment	<input type="text"/>
Purpose of the Trust – e.g. asset protection, provision for children	<input type="text"/>		
Any Identification Number – e.g. Tax ID, Vat No., Charity Registration	<input type="text"/>		
Primary Contact	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>		
Name of Regulator (if applicable)	<input type="text"/>	Regulator Ref No.	<input type="text"/>

Applicant Correspondence Address

<input type="text"/>	Applicants may require correspondence sent to an alternative address. 'Care Of' & PO Box addresses are acceptable for this purpose only.
<input type="text"/>	NOTE:
Postcode	If you require correspondence to be sent to your Financial Advisor then please complete the relevant section of the product application form.
Preferred Contact Method	<input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> E-mail <input checked="" type="checkbox"/> Telephone

3 Trustee Details

Where the Trustees are corporate entities, please utilise the personal fields to provide the relevant information

First Trustee	Title	<input type="text"/>	Second Trustee	Title	<input type="text"/>
Surname	<input type="text"/>		Surname	<input type="text"/>	
Forename(s)	<input type="text"/>		Forename(s)	<input type="text"/>	
Other/Former Name(s)	<input type="text"/>		Other/Former Name(s)	<input type="text"/>	

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/> H/W/M	Contact Number	<input type="text"/> H/W/M
E-mail Address	<input type="text"/>	E-mail Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Passport No.	<input type="text"/>	Passport No.	<input type="text"/>

You must complete the details below with your current occupation – if you have retired then please indicate this along with previous occupation.

Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>

4 Settlor/Protector Details If more than the allocated number of Settlers/Protectors, then please submit on a separate sheet

Where the Settlor and/or Protector are corporate entities, please utilise the personal fields to provide the relevant information

<table border="0" style="width: 100%;"> <tr> <td style="background-color: #0056b3; color: white; padding: 2px;">First Trustee</td> <td style="text-align: right; padding: 2px;">Title</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">Surname</td> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Forename(s)</td> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Other/Former Name(s)</td> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">This section must be completed with the Settlor / Protector's permanent residential address. 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Yes / No</p> <table border="0" style="width: 100%;"> <tr> <td style="background-color: #0056b3; color: white; padding: 2px;">[P]rotector or [E]nforcer</td> <td style="padding: 2px;"><input type="checkbox"/> P</td> <td style="padding: 2px;"><input type="checkbox"/> E</td> <td style="font-size: x-small; padding: 2px;">Please delete as appropriate</td> <td style="text-align: right; padding: 2px;">Title</td> <td style="border: 1px solid black; width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">Surname</td> <td colspan="5" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Forename(s)</td> <td colspan="5" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Other/Former Name(s)</td> <td colspan="5" style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">This section must be completed with the Settlor / Protector's permanent residential address. 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5 Known Beneficiary Details If there are more than the allocated number of known beneficiaries, then please submit on a separate sheet

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6 Bank/Building Society Account Details Please complete this section with your banking details

Not only will these be used to fulfil our regulatory requirements but distributions and withdrawals can be made directly into your bank or building society.

Bank/Building Society Name				
Branch				
Account Currency (please indicate as appropriate)		GBP / USD / EUR / Other	Branch Sort Code	
Account Name				
Account Number or IBAN		SWIFT/BIC Code		

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank or Building Society branch. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. SMP Fund Services Limited does not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code, or IBAN made by the applicant prove incorrect, SMP Fund Services Limited will not accept responsibility for any loss incurred by the applicant.

7 Declaration & Signature You must sign and date the form below

I/We understand that the information I/we provide on this application form, and any additional information supplied, will be processed in accordance with SMP Fund Services Limited's, and those of its member companies where applicable, data protection statement(s).

I/We declare that:

- I/We am/are 18 years of age or over
- I/We agree that this Due Diligence Form forms part of our agreement with you
- I/We agree that the information contained within this application form is true and accurate
- I/We agree to notify SMP Fund Services Limited of any changes to the information provided on this form

Unless you were introduced by an Intermediary, SMP Fund Services Limited may use your personal information to tell you of other products and services which they believe may be of interest to you.

If you do not wish for your personal information to be used in this way, please put an X in this box.

Signatures of ALL Trustees

First Signature	Second Signature
PLEASE SIGN HERE	PLEASE SIGN HERE
Print Name	Print Name
Date	Date

8 Checklist

- I/We have fully completed this application form
- I/We have signed and dated the application form
- I/We have provided a certified copy of the Trust Deed
- I/We have provided a certified copy of all deeds of appointment and retirement from date of settlement
- I/We have provided a certified copy of the Authorised Signatory List
- I/We have provided a certified copy of the Structure Chart detailing group/associated entities
- I/We have provided a certified copy of the Trustees minutes authorising the opening of the account with SMP Fund Services Limited
- We have provided a certified copy of a valid piece of photographic ID per Trustee, Settlor, Protector, Enforcer and Authorised Signatory, i.e. current passport or driving licence
- We have provided a certified copy of a valid piece of residential address verification per Trustee, Settlor, Protector, Enforcer and Authorised Signatory, i.e. bank statement or utility bill (this cannot be a mobile phone bill). This can be no more than six months old.

Notes

All document certifications must be dated and accompanied by the signatories printed name, position and contact details and include the text:

"I certify this is a true copy of the original"

And in the case of photographic identification:

"I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned"

Suitable certifiers are restricted to the following:

- | | | | | |
|------------------------|-------------------|--|-------------------|---|
| ▪ Judge | ▪ Customs Officer | ▪ Banker | ▪ Lawyer/Advocate | ▪ Director/Manager/
Secretary of a
regulated firm |
| ▪ Senior Civil Servant | ▪ Actuary | ▪ Officer of an Embassy
/ Consulate | ▪ Notary | |
| ▪ Police Officer | ▪ Accountant | | | |