

**FIRSTRAND TRUSTEES LIMITED
PROVIDENT / SAVINGS SCHEME APPLICATION FORM**



FIRSTRAND
Private Wealth Management

This Form Includes:

Formation Questionnaire

Confirmation required from
settlor(s) / principal beneficiary(ies)



Formation Questionnaire

Information required to establish an Employee Benefit Trust, Pension Plan or Savings and Gratuity Scheme where FirstRand Trustees will act as Trustee.

References herein to "FRT" refer to FirstRand Trustees Limited. FRT provides either directly or through associated persons / companies, Trustee services for Trusts written under Guernsey Law.

1. Principal employer's name and address

Company name	
Company address	
Principal contact	
Position	
Telephone	
Facsimile	
Email	
Second contact	
Position	
Telephone	
Facsimile	
Email	

2. Preferred name of Trust

(If an existing Trust, please provide a copy of the Trust Deed and rules if any.)

Preferred Name of Trust

3. Purpose of Trust

(Please explain in general terms the purpose of the plan.)

Purpose of Trust

4. To enable FRT to draft Scheme Rules, please answer the following questions:

- What will be the normal retirement age?

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- What minimum length of service before benefits vest, if any, do you require?

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- What will happen in the event of death, retirement, redundancy or dismissal?

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- Will employees be allowed to make contributions?

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- Will a member or his family be allowed to stay in the Scheme after retirement, death, redundancy or dismissal?

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5. Please provide the following

(tick as reminder):

Copy of latest audited financial statements of the principal employer	<input type="checkbox"/>
Copy of Board resolution approving the establishment of the Trust and associated scheme	<input type="checkbox"/>

6. Professional Adviser Details

Please provide details of any accountants / lawyers or other professional advisers who are providing legal / tax or specialist advice in connection with the establishment of the Trust.

Professional Adviser A	
Company name	
Company address	
Contact	
Position	
Telephone	
Facsimile	
Email	
Details of service to be provided	

Professional Adviser B	
Company name	
Company address	
Contact	
Position	
Telephone	
Facsimile	
Email	
Details of service to be provided	

If your lawyer / accountant / adviser has provided any form of opinion in connection with the establishment of the Scheme, please attach a copy.

7. Details of Remuneration / Advisory Committee

(or other persons from whom the Trustee may accept recommendations). Please have each member authorised to sign give their specimen signature below. Please enclose a certified copy of the passport of each signatory.

Committee Name

Capacity
Joint <input type="checkbox"/>
Sole <input type="checkbox"/>

Signatory 1	
Name	
Position	
Specimen signature	

Signatory 2	
Name	
Position	
Specimen signature	

Signatory 3	
Name	
Position	
Specimen signature	

Signatory 4	
Name	
Position	
Specimen signature	

Signatory 5	
Name	
Position	
Specimen signature	

Details of other persons authorised to provide instruction or recommendations and note of what they are authorised to provide detailed instruction on:

Person 1	
Name	
Position	
Specimen signature	

Person 2	
Name	
Position	
Specimen signature	

8. Initial Settled Property

(Please specify exactly the assets to be detailed on the Trust Instrument's First Schedule):

9. Additional Assets to be Settled on Trust

(Please specify amount or class of assets to be settled (if known) together with details of when the assets will be transferred. Are regular transfers anticipated - if yes, give details. In the case of pension plans, will the contributions be made to the Trustee or directly to the Investment Manager):

10. Other Special Terms

11. Accounting / Reporting

(Please advise details of accounting requirements in order for the Trustee to report to members):

12. Administration Issues

(a) The Trustee will appoint bankers, usually Barclays, in Guernsey unless otherwise requested.

(b) Will the Trust be audited?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, who will the Auditors be? We will appoint Auditors if you prefer.

(c) What is the Trust's financial year-end?

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(d) When will the Trust's first accounting period end?

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(e) What currency will the Trust's books be maintained in?

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(f) Are there any other accounting requirements?

(g) The Trustee, where appropriate, will appoint a professional Investment Manager. Is there any preference as to who should be appointed?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please provide full name and address of preferred manager:

13. Document / Reporting

(a) For Pension schemes

Who is responsible for producing the documents to be used with staff including:

(i) Enrolment form	
(ii) Member statements	
(iii) Investment changes	
(iv) Termination forms	
(v) Explanatory booklet	

(vi) Pension and Saving Plans

Is the scheme contributed by the employer / employee* only?
 (*delete as appropriate.)

Yes

No

(vii) Or both?

Yes

No

(b) For Employee Benefit Trusts

(i) How will employees be advised of the establishment of the Employee Benefit Trust – is it envisaged that a brochure / booklet of explanation will be produced (this must be done in writing – not orally)?

(ii) Please ensure all copy documents are sent to the Trustee to check they comply with the Trust Instrument / Scheme Rules.

(tick as reminder)

(c) For all Schemes

(i) Who will meet the Trustee fees expenses?

The Employer	<input type="checkbox"/>
The Scheme	<input type="checkbox"/>

(If the Scheme, confirm that the members will be advised of this.)

(ii) How frequently should the Trustee produce member statements in the case of assets which have been allocated but not yet vested?

N.B. Where a member’s interest is vested, each member should complete documents detailing who the fund should be held for in the event of the member’s death prior to full distribution of all the member’s fund.

Confirmation required from settlor(s) / principal beneficiary(ies)

We confirm to you as the intended Trustee of the proposed Trust, that we have been advised by you to take independent legal and taxation advice on the formation of the Trust and that we have made such enquiries and taken such legal, taxation and other advice as we consider necessary concerning all possible implications concerning the Trust and your Trusteeship thereof. We acknowledge that you have not given us any tax advice concerning the Trust or the implications of the Trust on our circumstances or on the circumstances of any other person likely to be affiliated with or benefiting from the Trust. We further confirm that for the time being we require you not to complete any tax returns or other related information nor to establish a tax agent in respect of the Trust in any jurisdiction as we shall take full responsibility for making all and any reports necessary in respect of any tax liabilities emanating from the Trust or its execution making use of the information you supply to us on the affairs of the Trust. We therefore indemnify you against any and all claims arising in respect of any assessments for taxation matters and associated penalties and damages in connection with the Trust where you have followed our requirements above.


When any of our circumstances change or those of persons for whom we act, or when distributions from the Trust are effected or other Trust activities are undertaken with resulting tax implications, we shall instruct you, if we in our sole discretion deem it necessary, on making all necessary reporting and undertaking all other actions in order to comply with the applicable requirements of any relevant tax authorities.

We declare that the above particulars are true and correct to the best of our knowledge and belief.

We in our capacity as the intended Settlor undertake to make arrangements for FRT to be in a position to pay in advance and on account such fees as shall be demanded by FRT in accordance with FRT's quotation for the Trust creation, plus any legal drafting expenses billed by an appointed legal advisor, and for one whole year's administration by FRT from the Trust funds.

Name	
Signed	
Date	□□ / □□ / □□□□

Name	
Signed	
Date	□□ / □□ / □□□□



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