

Client Information – Trusts



Client Number:

Person Acting:

Trust Name

Advise all trading names (if applicable)

Nature and purpose of the Trust and business being undertaken

Is the Trust a New Zealand trust

Yes/No

Country of creation (if not New Zealand)

Countries of tax residence (if not New Zealand)

Trust IRD number

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Name of Settlor(s)

Trust bank account details

Name of Bank:	
Name of account:	
Account number:	

Name of Appointor(s)

Mailing address

Street address:	
<input type="text"/>	
Suburb:	
Town/City:	Postcode:
Country:	
Website:	
Accountant name (if applicable):	
Accountant address:	

Residential address (do not include PO Box)

Street address:	
<input type="text"/>	
Suburb:	
Town/City:	Postcode:
Country:	
Business phone:	
Email:	

Key Contact Person Details

Name:
Title:
Home phone:
Business phone:
Mobile phone:
Email:

Trustees

Trustee 1

Name	
Date of Birth	
Address	

Trustee 2

Name	
Date of Birth	
Address	

Trustee 3

Name	
Date of Birth	
Address	

Trustee 4

Name	
Date of Birth	
Address	

Note: Each Appointor and Trustee must complete a "Client Information – Individual" form and provide verified identity and address in accordance with Schedule.

Beneficiaries

Option 1 – If the Trust is **discretionary** or has more than ten named beneficiaries, please insert the relevant Trust Deed clause number(s) or provide a description of each class/type of beneficiary below.

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Option 2 – If the Trust is not discretionary, please detail the named beneficiaries below.

Named Beneficiary 1 (if not discretionary)

Name	
Ownership %	
Date of Birth	

Named Beneficiary 2 (if not discretionary)

Name	
Ownership %	
Date of Birth	

Named Beneficiary 3 (if not discretionary)

Name	
Ownership %	
Date of Birth	

Named Beneficiary 4 (if not discretionary)

Name	
Ownership %	
Date of Birth	

Note: Any "fixed" beneficiary with a 25% or greater share in the Trust must complete a "Client Information – Individual" form in accordance with Schedule.

I/We certify that all information supplied is true and correct

Signature	
Name	
Title	
Date	

I/We certify that all information supplied is true and correct

Signature	
Name	
Title	
Date	

[Internal Use Only]

- | | |
|--|--------|
| ▪ Has Source of Wealth/Funds been undertaken and summary provided? | Yes/No |
| ▪ Have verified identity and address documents for Appointor(s), Trustee(s) and fixed beneficiaries been obtained? | Yes/No |
| ▪ Red flags check undertaken and attached. | Yes/No |
| ▪ If form completion has previously been delayed, attach authorised Due Diligence form. | Yes/No |

Send all forms to Compliance Officer

Completed by:

(Name)

(Date)