



**Customer Identity Form — Trusts**

PLEASE PRINT YOUR RESPONSES

YYYY/MM/DD

Date:

- New
- Existing

TRUST INFORMATION

Name of Trust:	
Registered Address:	
Business/Mailing Address (if different):	
Telephone No:	Fax No:
Date of Establishment of Trust: <small>YYYY/MM/DD</small>	Country of Formation:

SETTLOR INFORMATION (THE SETTLOR CREATES A TRUST FOR THE BENEFIT OF OTHER PERSONS)

Name of Customer:	
Business/Mailing Address (if different):	
Telephone No:	Fax No:
Date of Birth/Formation: <small>YYYY/MM/DD</small>	Country of Birth/Incorporation:
Licensor and Address (if applicable):	
Licensed Activities:	

PLEASE INDICATE ALL REQUIRED DOCUMENTS PROVIDED:

- |  |                           |                          |                           |
|--|---------------------------|--------------------------|---------------------------|
| Trust Deed   | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Deed of Amendment  | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Certificate and Articles of Association/<br>Incorporation/Continuance            | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Partnership Agreement  | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Resolution authorizing relationship  | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Power of Attorney or other Authorities   | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Audited Financial Statements,<br>Bank Statements or Tax Returns (of the Settlor) | Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> |
| Other _____  |                           |                          |                           |





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SHAREHOLDER AND BENEFICIAL OWNER INFORMATION OF THE SETTLOR

Information must be provided for each shareholder owning or controlling 10% or more of shares of the company or settlor. Where the settlor is a legal person, information must be provided on the beneficial owners. Beneficial ownership refers to those persons who exercise ultimate effective control over a legal person or arrangement.

Two pieces of valid government issued photographic identification and/or social security documents must be presented in respect of each shareholder and beneficial owner named on this form. The residential address of each person must be confirmed by a recent original utility bill, bank statement or correspondence from a government agency.

Name & Residential Address	Date of Birth & Country of Citizenship	Business Relationship) & Occupation	Authorized Signatory (Yes/No)

Please note if the requested information exceeds the fields provided, kindly attach a separate sheet



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TRUSTEE INFORMATION

Type of Trustee(s):	<input type="checkbox"/>	Legal Person	<input type="checkbox"/>	Individual(s)
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Please complete the below fields for all trustees. Two pieces of valid government issued photographic identification and/or social security documents must be presented in respect of each trustee. Where the trustee, is a legal person, the Customer Identity Form — Corporate will have to be completed. The residential address of each person must be confirmed by a recent original utility bill, bank statement, civil register or other governmental correspondence.

Please note if the requested information exceeds the fields provided, kindly attach a separate sheet.

Name & Residential Address	Date of Birth & Country of Citizenship	Occupation and Employer	Authorized Signatory (Yes/No)

Please note if the requested information exceeds the fields provided, kindly attach a separate sheet



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FINANCIAL INFORMATION

Is any trustee, shareholder, shareholder or beneficial owner of the settlor, a current or former (within the last two years) Head of Government, Head of State, Member of Parliament or other senior political party official, senior military personnel, member of the Judiciary, senior executive of a state owned corporation or family member or close associate of such a person?

Yes  No

If Yes, please provide details below:

FINANCIAL INFORMATION

Average Payment to the plan/policy/account:	\$ _____	Lump Sum <input type="radio"/>	
		Yearly <input type="radio"/>	<input type="radio"/>
		Half-yearly <input type="radio"/>	
		Quarterly <input type="radio"/>	<input type="radio"/>
		Monthly <input type="radio"/>	<input type="radio"/>

State the source of funds expected to be paid to the policy/account. \_\_\_\_\_

What is the purpose of the business relationship?	Insurance <input type="radio"/>	
	Pension <input type="radio"/>	
	Mortgage <input type="radio"/>	
	Mutual Funds <input type="radio"/>	

SIGNATURES

KINDLY HAVE THE TRUSTEES SIGN BELOW TO CERTIFY THE VALIDITY OF THE FOREGOING.

YYYY/MM/DD	PLEASE PRINT	
DATE: _____	TRUSTEE: _____	SIGNATURE: _____
DATE: _____	TRUSTEE: _____	SIGNATURE: _____
DATE: _____	TRUSTEE: _____	SIGNATURE: _____



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N.B.

- Temporary or in-care of addresses are not acceptable.
- All copied documents must be certified by a reputable bank, consular officials of country of individual, national or local government officials, a supervisory level employee or sales representative of Sagicor, a reputable qualified lawyer or a notary public.
- Bank or credit card account statements or utility bills submitted in confirmation of address must not be more than three months old.
- All questions on this form should be answered with full information.
- In respect of trust and fiduciary customers identification will be required from the settlor and beneficial owner(s) as well as information on the general nature of the trust and the source of funds.