

New Account Application Form

- Trust Account



Account Application – Trust

Strategic Wealth Preservation
P.O. Box 10055 • Grand Cayman KY1-1001 • Cayman Islands • British West Indies
T: (345) 640 2111 • C: (345) 525 2111 • E: info@swpcayman.com



Please note this form is for opening Trust Accounts only. All information will be kept confidential and used solely for the purposes of opening a storage account with Strategic Wealth Preservation Ltd.

Section 1 - Information on Trust

Name of Trust: _____
Type of Trust: _____
Domicile of Trust: _____
Name of Settlor: _____
Name of Beneficiaries: _____
Details of legal representative: _____

Section 2 - Information on Settlor, Trustee (or Protector/Enforcer) and Beneficiaries

A. Settlor(s):

Name(s): _____
Nationality: _____
Occupation: _____
Residential address: _____
Phone 1: _____
Phone 2: _____
Email: _____

B. Trustee/Protector/Enforcer:

Name(s): _____
Nationality (if individual): _____
Domicile of business (if corporation): _____
Residential address (if individual): _____
Business address (corporation): _____
Phone 1: _____
Phone 2: _____
Email: _____

C. Beneficiaries:

Name(s): _____
Nationality: _____
Residential address: _____
Relationship to Settlor(s): _____

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Section 3 - Verification of Identity

In an effort to comply with global anti-money laundering standards SWP requires that the identity of all clients be verified.

Please provide a certified copy of a valid government-issued passport, complete with signature page, for all individuals identified as Settlers, Trustees, Protectors or Enforcers in section 2. The copy of ID must be clear and current. In the event that you are unable to provide a copy of your passport the following types of government-issued photo identifications may be acceptable:

- Driver's License
- Permanent Resident Card
- Passport
- Record of Landing
- National Identification Card
- Citizenship Card

Please note that if the Trustee/Protector or Enforcer of the trust is regulated in an approved jurisdiction only proof of regulation will be required. Please consult with SWP should this be the case.

Document Certification

The person who is certifying or notarising the document should be a "suitable person". This includes lawyers, accountants, directors or managers of regulated credit or financial institutions, a notary public, a member of the judiciary or a senior civil servant. No individual can certify his or her own documents.

The certifier should sign the actual copy document, printing their name underneath and clearly indicating their position or capacity along with a contact address and phone number and confirming that the document is true copy of the original. In cases where the certification has been attached to the copy document page, the wording should clearly identify what documentation is being certified including specific reference to the passport number, and the name and date of birth of the person.

Please note that SWP reserves the right to request additional information to assist with the verification of identity process.

Section 4 - Information on Operating Authority

Please list the individual(s) authorized to transact with SWP on behalf of the Trust.

Full Name: _____ Title: _____

Signature Specimen: _____

Full Name: _____ Title: _____

Signature Specimen: _____

Full Name: _____ Title: _____

Signature Specimen: _____

Full Name: _____ Title: _____

Signature Specimen: _____

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Section 5 - Declaration and Signature

I hereby declare that the particulars given herein are true, correct, and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority. This includes jurisdictional tax reporting obligations.

I hereby declare that the Trust is abiding by all local, state/provincial and federal business registration regulations.

I hereby accept and acknowledge that SWP shall not be held liable should the Trust not be forthcoming in its ability to abide by local, state/provincial and federal regulations.

Full Name

Signature of Applicant

Date

Section 6 - Instructions

Please complete and return this form:

By email - info@swpcayman.com

By mail -

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Cayman Islands

An SWP representative will be in touch with you shortly to confirm your account has been opened. If you have any question, please email info@swpcayman.com or call (345) 640-2111.