

INTEGRAL MASTER TRUST

Identification form: Trusts & trustees

- Complete this form (all parts):
AND complete one of the following forms for EACH person who is a trustee, beneficial owner or acts on behalf of the trust
 - Individual.
 - Company.
 - Individual acting on behalf of the trust
- Send all of the **completed forms** with the application form.
- Contact Britannia if you have any queries.

SECTION 1: TRUST DETAILS

1.1 General Information

Full name of trust	<input type="text"/>
Full business name (if any)	<input type="text"/>
Address of trust	<input type="text"/>
Country where trust established	<input type="text"/>

1.2 Type of Trust (select ✓ only one of the following trust types and provide the information requested)

Trust type

Trust description (e.g. Family, unit, charitable, estate/testamentary)

1.3 Beneficiary Details

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

- Yes** Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)

- No** How many beneficiaries are there?

provide full name and date of birth of each beneficiary below

	Full given name(s)	Surname	Date of Birth
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more beneficiaries, provide details on a separate sheet. If the trust is a discretionary trust and there are more than 10 beneficiaries, only record the membership classes and/or charitable objects of the trust

1.4 Trustee Details (required for ALL trustees)

How many trustees are there? provide full name of each trustee below

Remember to complete identification forms for EACH trustee, and attach those identification forms to the application

Trustee 1

Full given name(s) or Company name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee 2

Full given name(s) or Company name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee 3

Full given name(s) or Company name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee 4

Full given name(s) or Company name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee 5

Full given name(s) or Company name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee 6

Full given name(s) or Company name	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more trustees, provide details on a separate sheet

1.5 Beneficial Owners or those with Authority to Act on Behalf of Trust Details (required for ALL beneficial owners/authorised persons)

How many beneficial owners and authorised persons are there? provide full name of each beneficial owner and authorised person below

Remember to complete identification forms for EACH beneficial owner and authorised person, and attach those identification forms to the application. Beneficial owners include anyone with effective control over the trust, such as powers of appointment or removal of trustees.

Beneficial Owner/Authorised Person 1

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to trust

Beneficial Owner/Authorised Person 1

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to trust

If there are more beneficial owners/authorised persons, provide details on a separate sheet

SECTION 2: TRUST VERIFICATION PROCEDURE

Ensure you have verified the full name of the trust.

Tick ✓	Verification options (select ONE of the following options used to verify the trust)
<input type="checkbox"/>	A notice issued by the Inland Revenue Office within the last 12 months. <i>Block out the IRD number before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A letter from a solicitor or chartered accountant that confirms the name of the trust.
<input type="checkbox"/>	An original or certified copy or certified extract of the trust deed.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

SECTION 3: RECORD OF VERIFICATION PROCEDURE

For the purposes of this section of the form, attach a legible copy of the ID documentation used to identify the trust (and any required translation).

ID RECORD

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
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SECTION 4: NATURE AND PURPOSE OF BUSINESS RELATIONSHIP

4.1 Nature of business relationship (select ✓ as many of the following categories as applicable)

- Superannuation transfer
- Investment expected to be for longer than 4 years
- Investment expected to be for shorter than 4 years
- Accumulation investment (ie funds are being deposited or balance expected to be maintained)
- Decumulation investment (ie funds are being drawn down by the client)

4.2 Expected transactions (please estimate the transactions that will occur in this account)

	Expected Amount	Frequency (eg monthly, annual)
Expected deposits (total initial deposits)	<input type="text"/>	<input type="text"/>
Regular savings (if any)	<input type="text"/>	<input type="text"/>
Regular withdrawals (if any)	<input type="text"/>	<input type="text"/>
Irregular deposits	<input type="text"/>	<input type="text"/>
Irregular withdrawals	<input type="text"/>	<input type="text"/>

SECTION 5: TRUST FUNDS/WEALTH VERIFICATION PROCEDURE

You are required to verify the source of funds or wealth of the trust, including both original settlement of funds and source of income

Tick ✓	Verification options (select as many of the following options used to verify wealth of the Trust)
<input type="checkbox"/>	An original or certified copy or certified extract of the trust deed showing source of wealth being settled
<input type="checkbox"/>	A letter from a solicitor or chartered accountant that confirms income/wealth of the trust.
<input type="checkbox"/>	An audited set of accounts identifying the wealth and income of the trust
<input type="checkbox"/>	Other – please explain document used to verify income and/or wealth of the trust:
<input type="checkbox"/>	Other – please explain document used to verify income and/or wealth of the trust:

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

SECTION 6: RECORD OF FUNDS/WEALTH VERIFICATION PROCEDURE

For the purposes of this section of the form, attach a legible copy of the ID documentation used to identify the trust (and any required translation).

ID RECORD		
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy

SECTION 7: BRITANNIA REPRESENTATIVE DETAILS – identification and verification conducted by:

Britannia Representative's Name:	Date Verified:
Britannia Representative's Signature:	