

ORDER FORM
TRUSTS



GUIDANCE NOTES FOR APPLICANTS

This order form leads you through a simple step by step procedure.

Section 1 About the proposed Trust

Section 2 Management

Section 3 Persons and legal entities connected to the Trust

Section 4 Services and related matters

Section 5 Formalities

Appendix A Client Engagement Procedures

Should you require assistance completing this form please contact your consultant..

Please refer to our terms of business which can be found on our website www.oca-offshore.com.

Please complete this form typed or in BLOCK CAPITALS and send by fax or email to the consultant dealing with your affairs and then send the signed original together with the supporting documentation by mail or courier.

1.0 - ABOUT THE PROPOSED TRUST

Please provide the name of the country and/or the jurisdiction of registration (Seychelles, Belize, BVI, New Zealand, etc.)

Country of Registration : _____

Trust Type (subject to availability) Irrevocable Private Trust Company Other (explain below):

1.1- PROPOSED TRUST NAME

Please indicate the desired name for the proposed Trust.

Name _____

1.2 - DEED

Would you like OCA to draft the Trust Deed or have a Seychelles lawyer review proposed Trust Deed as drafted by a third party to confirm they conform with Seychelles law?

Draft (Please complete Appendix A)

Review

1.3 - PURPOSE (Tick the appropriate boxes)

Private (succession/estate planning)

Charitable

Specific Purpose

Details:

2.0 - MANAGEMENT

Would you like OCA to provide a **Nominee Settlor (PTCs only)**?

Yes

No

Would you like OCA to provide one or more **Directors on the Private Trust Company (PTCs only)**?

Yes

No

Would you like OCA to assist in the establishment of one or more **Trusts, Trusts, and/or Companies** to be associated with this Trust?

Yes

No

Details:

3.0 - SETTLORS, PROTECTORS, TRUSTEES AND BENEFICIARIES

Please complete as applicable. All listed parties must complete the "Customer Due Diligence – Individuals" document and submit with the stated supporting due diligence documents. Even if OCA is providing a "nominee" Settlor please list the true Settlor below.

Names of Individuals or Legal Entities	Please check the appropriate boxes		
	Settlor	Protector	Co-Trustee
Example: Mr John Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.1 – BENEFICIARIES

Please list the parties which are to be the beneficiaries of the Trust either by name or reference to another party (i.e. the children of XYZ).

4.0 – BANKING

Preferred Jurisdiction:			
OCA to recommend a suitable Bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (indicate below)	
Bank Name		Branch	

4.1– ADDITIONAL SERVICES

- Opening of Personal bank accounts
- Opening of Brokerage/Investment Accounts
- Bank issued debit/credit cards

Please give details of any selections and/or list any additional services required:

5.0 – MARKETING INFORMATION

Please assist us with some information for our marketing department.

How did you hear about OCA?

- | | |
|--|---|
| <input type="checkbox"/> Internet Search (organic) | <input type="checkbox"/> Internet Search (sponsored link) |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> ITPA Directory |
| <input type="checkbox"/> News Article | <input type="checkbox"/> Offshore Investment Magazine Directory |
| <input type="checkbox"/> Lawyer/Financial Adviser/Tax Consultant | <input type="checkbox"/> Lowtax.net |
| <input type="checkbox"/> Referral from a Friend | <input type="checkbox"/> The Times "Business City Guide" |
| <input type="checkbox"/> I am an Existing Client | <input type="checkbox"/> Other Please Specify: _____ |

Other useful information for our marketing department:

- Tick here if you would like to receive our company newsletter.

5.1 – DOCUMENT DELIVERY/CUSTODY

- Hold documents in safe custody: (mandatory if providing Director/Manager services; otherwise, optional)
- Send to address of Client on file
- Send to: _____

5.2 BILLING

Please indicate contact name and details (if not already on record) for all billing related correspondence to be directed.

Contact Name: _____ Company Name: _____

Address: _____

Email: _____

Telephone: _____ Fax: _____

Preferred Method: Email Fax Postal Delivery Courier

5.3 CLIENT (SETTLOR/S) SIGNATURE

1. I/We, the person(s) whose name(s) appear below, declare and by my/our signature below, confirm that I/we have ordered the services indicated in this application from OCA and I/we have read and agree to be bound by OCA's Terms of Business, or such other new Terms of Business as may, from time to time, be published on <http://www.oa-offshore.com/en/terms.cfm>
2. I/We, understand that I/we may be required to provide additional information and supporting "Customer Due Diligence" information and/or documents in support of this order in accordance with OCA's Terms of Business.
3. I/We confirm that the information provide herein is true and complete.

Signature: _____

Name: _____

Date: _____

Email: _____

Signature: _____

Name: _____

Date: _____

Email: _____

Signature: _____

Name: _____

Date: _____

Email: _____

Signature: _____

Name: _____

Date: _____

Email: _____

6.0 NOTES – ANY ADDITIONAL INFORMATION

APPENDIX A

Please use the following as guidance for the type of information we require to draft the Trust Deed to suit your desired goals. You may answer the following in the body of this document or provide another document as an addendum:

1. **Investments:** Please indicate any desired instructions/restrictions regarding how the Trust is to invest the assets of the Trust.
2. **Beneficiaries:**
 - a. Which persons you would like to see receive an income from the Trust (if not clearly detailed in Section 2.2)?
 - b. Please clarify which are to be lifetime beneficiaries (if applicable)
 - c. Please and which are to benefit after a triggering event such as the death of a particular person (if applicable).
 - d. Please clarify which are to be discretionary beneficiaries (if applicable).
 - e. Please list any "remaining beneficiaries" should all of the listed beneficiaries die prior to the income and assets of the Trust being distributed. (i.e. children and grandchildren, a specific charity, etc.)
 - f. How frequently we are to pay an income to such persons?
 - g. Whether certain beneficiaries should have rights to both income and capital, income only, capital only, etc.
3. **Distributions:**
 - a. When and how such distributions are to be reviewed (eg in proportion to the performance of the Trust's investments; whether payments are to be indexed to Consumer Price Index movements in the Beneficiaries country of residence etc)?
 - b. If there is more than one Beneficiary, whether each beneficiary is to receive equal payments (and if not the relevant percentages or proportions to be paid to each beneficiary)?
 - c. Other particular or unusual circumstances in which income payments are to be made or reviewed: (eg "If any of my children wish to pursue full time study please ensure that each such child receives an income sufficient to cover his/her educational, accommodation and general living expenses")
4. **Powers of the Protector/Compliance Enforcer** (optional): Where a Protector is to be appointed, please indicate the desired powers of the Protector. These may include powers such as the following:
 - a. to remove/appoint the trustee (sometimes the only power);
 - b. ability to change situs of the trust;
 - c. ability to veto distributions to beneficiaries;
 - d. ability to veto investment decisions;
 - e. ability to terminate the trust in case certain conditions are met;
5. **Excluded Beneficiaries** (optional): It is possible to restrict certain persons either categorically or in certain situations from benefitting from the trust.
 - a. Are there any particular persons you want to restrict from benefitting from the trust?
 - b. Are there any circumstances where you would like a beneficiary to be excluded?
6. **Other:** Any other information you care to provide for the Trust Deed.