

**TRUST INSTRUCTION FORM**

**PERSONAL DETAILS**

1. Surname:
2. Other names (including any alias or former names):
3. Full address:
4. Occupation:
5. Date of Birth:
6. State of Origin:
7. State of Residence:
8. Religion:
9. Any medical history that might impede your ability to create this trust (such as mental disability):

**ANY PREVIOUS TRUST OR OTHER TESTAMENTARY DOCUMENT**

10.

**PROPERTY**

11. Landed properties owned in your name? Please state the nature of the interest and where the title documents are in the schedule below: Yes  No
12. Landed properties owned with another? Please state the nature of the interest and where the title documents are in the schedule below: Yes  No
13. Any foreign landed properties? Please state the nature of the interest and where the title documents are in the schedule below: Yes  No



15. Bankers (personal): (state name of bank, branch, nature of account, the account name, account number and branch)

1.	Bank	
	Branch	
	Country	
	Account No. 1	
	Amount	
	Account No. 2	
	IBAN	
	Sort Code	
	Account Name	
2.	Bank	
	Account No 1	
	Branch 1	
	Account No 2	
	Branch 2	
	Account No. 3	
	Branch 3	
	Country	
	Account Name	

16. Any shares (state name of company, number of shares held, share paid-up and where the share certificates (if any) are located:

CSCS Number:

CHN:

Stockbroking house:

17. Cars, jewelry, clothes and other personal property that you wish to be covered by your Trust:

18. Have you made a gift of property (moveable and immoveable) to another person, give details:

19. Any personal debt:
20. Any insurance policies (including mortgage protection policy):

**INTENDED BENEFICIARIES**

21. Full name and address of your spouse (s), date and place of marriage. Also state where the Marriage Certificate (if any) is located:
- a) Name:  
Relationship:  
Date of Marriage:  
Place of Marriage:  
Marriage Certificate:
22. Children: names with date of birth and address:
- a) Name:  
Relationship:  
Date of Birth:  
Address:
  - b) Name:  
Relationship:  
Date of Birth:  
Address:
  - c) Name:  
Relationship:  
Date of Birth:  
Address:
  - d) Name:  
Relationship:  
Date of Birth:  
Address:
23. Dependants that you wish to provide for in the Trust (parents, brothers, sisters, cousins, etc):

**BENEFICIARIES OF THE TRUST CREATED HEREIN**

MR.	<b>Primary Beneficiary</b>
MRS.	<b>Primary Beneficiary</b>

<b>Names of Ultimate Beneficiaries</b>	<b>Date of Birth</b>	<b>Percentages will apply after demise of the last surviving Settlor on an Annual basis – The percentage of income accrued only will be distributed. Then lastly at final distribution.</b>

4. Any special interest (charity) that you wish to give any property:

**EXECUTORS AND TRUSTEES**

25. Who are those you wish to appoint as executors / trustees (maximum of four) state their approximate age, address, occupation and relationship with you:

- a) Full Name: CARDINALSTONE TRUSTEES LIMITED  
 Address: 5 Okotie Eboh Street, Ikoyi, Lagos, Nigeria  
 Occupation: Trustees
  
- b) Full Name:  
 Address:  
 Occupation:

26. Designated Representatives: (Names and address of guardians for infants)

a) Full Name:  
Address:  
Occupation:

b) Full Name:  
Address:  
Occupation:

### **DISTRIBUTION OF PROPERTY**

27. State what you wish to give to each individual, dependant, special interest, etc. (note that this must correspond with the list of properties above):

28. What happens if any of the named beneficiaries predeceases the settlor? Any substitution:

29. How would you want properties acquired after death distributed:

### **PERSONAL DIRECTIONS**

30. Such as funeral arrangements, payment of debts, or any other directions, etc:

### **WITNESSES**

31. Names and address of two witnesses (state their age and relationship with you; also note that a beneficiary cannot be a witness):

a)

b)

### **SAFE KEEPING**

32. Where do you wish to keep copies of the TRUST (such as the Court, Bank, Executor/Trustee):

**ANY OTHER DIRECTIONS**

a)

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**SIGNATURE AND DATE**