



NEW ZEALAND TRUSTEE SERVICES

Fact Finding Document

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THIS FACT FIND FORM is the first step in setting up your trust and gives us the information we need to draft the trust deed. We may require additional information or clarification to ensure that the final trust deed reflects your wishes. It is essential that the instructions you give us are as full and clear as possible, if you are unable to provide us with this information our services might not be appropriate for you.

NEW ZEALAND PRIVACY ACT 2020 (THE ACT) DISCLOSURE

The information supplied by you will be retained by New Zealand Trustee Services in terms of the Act and will be used in arranging or administering any product or service provided to you by New Zealand Trustee Services Limited or its related companies. You have the right to see all personal information held about you by New Zealand Trustee Services. You have the right to access your information at any time and if the information held about you is inaccurate, you have the right to request a correction. With your consent, such information may be used to further our relationship with you. This includes the provision of products, services or information that will be of interest. This may be in the form of client newsletters, brochures or offers sent by post or email. Subject to any compliance, statutory or regulatory requirements, the information held will not be disclosed without your consent to anyone outside of New Zealand Trustee Services. The information provided on other parties such as beneficiaries and other trustees that are not party to the sign off of this document is deemed to have authorised the person/s filling in and signing off this document to provide the appropriate information. You can find our full policy on our website - <https://www.nztrustees.co.nz/privacy-policy/>

PART 1 – TRUST DETAILS

1. **NAME OF THE TRUST:** _____

2. **DURATION OF TRUST:** _____

3. **TYPE OF TRUST:**

- Discretionary Trust
- Other (Please specify)

4. **PURPOSE OF THE TRUST:**

- Asset Protection
- Estate planning
- Other (Please specify)

PART 2 – SETTLOR/S

Please complete this for **EACH** Settlor

SETTLOR ONE

Name: _____

Your IRD
Number: _____

Date of Birth: _____

Occupation: _____

Nationality: _____

Country of Tax
Residency: _____

Email Address:

Residential Address:

Postal Address:

Contact Tel: _____ (Home)

Mobile Tel: _____

Politically Exposed Person (“PEP”):
 No Yes

SETTLOR TWO

Name: _____

Your IRD
Number: _____

Date of Birth: _____

Occupation: _____

Nationality: _____

Country of Tax
Residency: _____

Email Address:

Residential Address:

Postal Address:

Contact Tel: _____ (Home)

Mobile Tel: _____

Politically Exposed Person (“PEP”):
 No Yes

PART 3 – TRUSTEES

Please complete this for **EACH** Trustee

Are the Settlers to be the Trustees (*Please Tick*): No Yes

Are New Zealand Trustee Services to be co-trustee (*Please Tick*): No Yes

TRUSTEE ONE

TRUSTEE TWO

Name: _____

Name: _____

Your IRD
Number: _____

Your IRD
Number: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Nationality: _____

Nationality: _____

Country of Tax
Residency: _____

Country of Tax
Residency: _____

Email Address:

Email Address:

Residential Address:

Residential Address:

Postal Address:

Postal Address:

Contact Tel: _____(Home)

Contact Tel: _____(Home)

Mobile Tel: _____

Mobile Tel: _____

Politically Exposed Person (“PEP”):
 No Yes

Politically Exposed Person (“PEP”):
 No Yes

PART 4 – PROTECTORS

Please complete this for **EACH** Protector

Are the Settlers to be the Protectors (*Please Tick*): No Yes

PROTECTOR ONE

PROTECTOR TWO

Name: _____

Name: _____

Your IRD
Number: _____

Your IRD
Number: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Nationality: _____

Nationality: _____

Country of Tax
Residency: _____

Country of Tax
Residency: _____

Email Address:

Email Address:

Residential Address:

Residential Address:

Postal Address:

Postal Address:

Contact Tel: _____ (Home)

Contact Tel: _____ (Home)

Mobile Tel: _____

Mobile Tel: _____

PART 5 – BENEFICIARIES

Please complete this for **EACH** Beneficiary

Are the Settlers to be the primary Beneficiaries (*Please Tick*): No Yes

BENEFICIARY ONE

BENEFICIARY TWO

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Relationship to
Settlor: _____

Relationship to
Settlor: _____

Occupation: _____

Occupation: _____

Your IRD
Number: _____

Your IRD
Number: _____

Nationality: _____

Nationality: _____

Country of Tax
Residency: _____

Country of Tax
Residency: _____

Email Address:

Email Address:

Residential Address:

Residential Address:

Postal Address:

Postal Address:

Contact Tel: _____(Home)

Contact Tel: _____(Home)

Mobile Tel: _____

Mobile Tel: _____

BENEFICIARY THREE

BENEFICIARY FOUR

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Relationship to
Settlor: _____

Relationship to
Settlor: _____

Occupation: _____

Occupation: _____

Your IRD
Number: _____

Your IRD
Number: _____

Nationality: _____

Nationality: _____

Country of Tax
Residency: _____

Country of Tax
Residency: _____

Email Address:

Email Address:

Residential Address:

Residential Address:

Postal Address:

Postal Address:

Contact Tel: _____ (Home)

Contact Tel: _____ (Home)

Mobile Tel: _____

Mobile Tel: _____

PART 7 – INITIAL ASSETS TO BE PLACED IN THE TRUST

1. PROPERTY

Property Address:	Property Type: (circle)	Value:
_____	Main Home / Rental / Commercial	\$_____
_____	Main Home / Rental / Commercial	\$_____
_____	Main Home / Rental / Commercial	\$_____

LAWYER

Please confirm who you would like to use for the conveyancing of the trust property.

2. INVESTMENTS

If possible, please provide a copy of a recent portfolio valuation.

Portfolio held with:	Value:
_____	\$_____
_____	\$_____
_____	\$_____

INVESTMENT ADVISORY SERVICES

It is a legal requirement that the assets of the trust be prudently managed. Please indicate who will be providing the Trust with Financial Advice.

3. BANK ACCOUNTS

Bank Name:	Account Value:
_____	_____
_____	_____

4. OTHER ASSETS

Description of Asset	Location	Value
_____	_____	_____

ACCOUNTANT

It is a legal requirement to prepare financial accounts for a trust. Please confirm who will be preparing these accounts on behalf of the Trust

5. SOURCE OF FUNDS

Please be specific as to how the funds to be placed into the trust arose:

Does the Settlor have the capacity to transfer the assets specified above to the trust?

Yes No

Does the Settlor have any knowledge of present or future creditors who may legally have a claim to the trust assets?

Yes No

If yes, please provide details:

What transaction expectations are there for the trust i.e. Asset additions/withdrawals, beneficiary distributions:

Please describe the main activity of the Settlor and the nature of their business:

6. GIFTING

From your discussion with NZTS will you be completing: (Please tick) If you need more information please call our offices.

Annual Gifting Extraordinary Gifting

PART 8 – SERVICE AND LEGAL ACKNOWLEDGEMENTS

DECLARATION

I/We confirm the following:

- (a) All funds or assets to be placed in the proposed trust have not been or will not be:
 - o derived from any illegal source or activity; or
 - o the subject of any litigation in any other jurisdiction; or
 - o connected to persons holding or having held high public or political positions, and
 - o all supporting documents will be provided to New Zealand Trustee Services Limited to that effect.

- (b) The trust including the funds and assets within the trust will not be used for any illegal activities such as:
 - o accepting and/or distributing the proceeds from illegal activities; or
 - o engaging in any form of money laundering or financing of terrorism.

I/We confirm that I/We have obtained the appropriate legal and taxation advice pertaining to the structure which I/ We wish to establish, and which I/We instructed you to establish on my/our behalf.

I/We hereby confirm that the above details are true and accurate and I/We undertake to advise you in the event that any of my/our circumstances change, which may affect the structure which I/We wish to put into place.

I/We have read and accept the Privacy Act disclosure as noted on page 2 of this document.

I/We hereby acknowledge the receipt and confirm my/our acceptance of the separate terms of business noted in the Trustee Engagement Letter.

SIGNATURE OF SETTLOR

SIGNATURE OF SETTLOR

Name: _____

Name: _____

Date: _____

Date: _____

SIGNATURE OF TRUST MANAGER

_____ Name: _____ Date: ____/____/____

Appendix 1 - Definition

Politically Exposed Person (“PEP”) means—

(a) an individual who holds, or has held at any time in the preceding 12 months, in any overseas country the prominent public function of—

- (i) Head of State or head of a country or government; or
- (ii) government minister or equivalent senior politician; or
- (iii) Supreme Court Judge or equivalent senior Judge; or
- (iv) governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of New Zealand; or
- (v) senior foreign representative, ambassador, or high commissioner; or
- (vi) high-ranking member of the armed forces; or
- (vii) board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise; and

an immediate family member of a person referred to in paragraph (a), including—

- (i) a spouse; or
- (ii) a partner, being a person who is considered by the relevant national law as equivalent to a spouse; or
- (iii) a child and a child’s spouse or partner; or
- (iv) a parent; and having regard to information that is public or readily available,—
 - (i) any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close relationship, with a person referred to in paragraph (a); or
 - (ii) any individual who has sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (a)