

# NEW ZEALAND TRUSTEE SERVICES

# **Fact Finding Document**

Level 23, 191 Queen Street, Auckland. Ground Floor, 329 Durham Street North, Christchurch. Telephone 0800 698 787 **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 provided us with this information our services might not be appropriate for you. We would suggest reading through our Brochure available on our website to get a better understanding of the process of trust estalishment and workings of the trust.

# 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:125 Years (unless otherwise stated)	
3.	TYPE OF TRUST:	
	Discretionary Trust	
	Other (Please specify)	
4.	PURPOSE OF THE TRUST:	
	□ Asset Protection	
	Estate planning	
	□ Other (Please specify)	

5. Trust IRD number:

# PART 2 – SETTLOR/S

Please complete this for EACH Settlor

The Settlor is the person who wants to establish a Trust for the benefit of others. They are also usually the person who settles assets in the Trust.

SETTLOR ONE	SETTLOR TWO	
Name:	 Name:	
Your IRD	Your IRD	
Number:	 Number:	
Date of Birth:	 Date of Birth:	
Occupation:	 Occupation:	
Nationality:	 Nationality:	
Country of Tax	Country of Tax	
Residency:	 Residency:	
Email Address:	Email Address:	
Residential Address:	Residential Address:	
Postal Address:	Postal Address:	
Contact Tel:	Contact Tel:	
Mobile Tel:	 Mobile Tel:	
Politically Exposed Person ("PEP"):	Politically Exposed Person ("PEP"): □ No □ Yes	

# PART 3 – TRUSTEES

Please complete this for **EACH** Trustee The Trustee, becomes the legal owner of the Trust property and administers the Trust for the benefit of the Beneficiaries. Are the Settlors to be the Trustees (*Please Tick*): □ No □ Yes Are New Zealand Trustee Services to be co-trustees (*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	
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#### **PART 4 – PROTECTORS**

PROTECTOR ONE	PROTECTOR TWO
Name:	Name:
Your IRD Number:	Your IRD Number:
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

The Beneficiary is the person, persons or organisation for whom the Trust assets are held and who receives the benefits from the assets.

Are the Settlors to be the primary Beneficiaries (*Please Tick*):

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)	
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 6 - 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: Please refer to our AML information sheet on our website for more information.

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	e 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 7 – SERVICE AND LEGAL ACKNOWLEGEMENTS

#### 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
  - 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:
  - $\circ$   $\;$  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)