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 ☐

14. Any property inherited? Please state the nature of the interest and where the title documents are in the schedule below: Yes ☐ No ☐

FIRST ALLY TRUSTEES

SCHEDULE OF ASSETS TO BE TRANSFERRED TO THE TRUST (print this page in duplicate if assets are more than columns provided)

DESCRIPTION OF ASSET	NATURE OF TITLE	VALUE	LOCATION	REMARK

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:
Address:

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):

a) Name:
Relationship:
Date of Birth:
Address:

b) Name:
Relationship:
Date of Birth:
Address:

c) Name:
Relationship:
Date of Birth:
Address:

BENEFICIARIES OF THE TRUST CREATED HEREIN

MR.	**Primary Beneficiary**
MRS.	**Primary Beneficiary**

Names of Ultimate Beneficiaries	**Date of Birth**	**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.**

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

TRUSTEES

25. Who are those you wish to appoint as trustees. State their approximate age, address, occupation, and relationship with you:

a) Full Name: FIRST ALLY TRUSTEES LIMITED
Address: 287 Ajose Adeogun Street Victoria Island Lagos
Occupation: Trustees

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 the counterpart copy of the TRUST (such as the Court, Bank, Lawyer, Etc.):

ANY OTHER DIRECTIONS (Please write all other instruction on the back of the sheet, if space not enough, please write on a plain paper, signed at the bottom and attached to the Instruction form).

a)

SIGNATURE AND DATE