CAPITAL INTERNATIONAL

Investment Services Due Diligence Form

DDF2 | Trust Accounts

Create Tomorrow.
Start Today.

Platform | Investment | Bank

DDF2 | Trust Accounts

Investment Services

Please complete all fields, as missing information will cause delays when processing your application. If required, please use the notes section on page 12.

Please Note: This form has been optimised for digital use to avoid as much paper waste as possible.
Please download and save this file locally on your device that you are using and open with Adobe Acrobat.

You do not need a paid account, but you may need to configure your digital ID for signing (please follow the 'on screen' steps when using Adobe Acrobat for full details on how to do this).

1 Trust Name

2 Trust Details

Type of Trust

Date of Establishment Day / Month / Y Y Y Y Country of Establishment

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Purpose of the Trust - e.g. asset protection, provision for children

Any Identification Number(s) - e.g. Tax ID, VAT No, Charity Registration

Primary Contact Contact Number

E-mail Address

Name of Regulator (if applicable) Regulator Ref No.

Contact Preferences

Preferred Contact Method Mail/E-mail/Telephone

Applicants may require correspondence sent to an alternative address. 'Care Of' & PO Box addresses are acceptable for this purpose only.
In the case of more than one applicant, please provide the correspondence address that should be used.

Address (if applicable) including ZIP / Postal Code

NOTE:
If you require correspondence to be sent to your Financial Adviser then please complete the relevant section of the Product Application Form.

3 Trustee Details

First Trustee

Corporate Trustee Name (if applicable)

Where the Trustees are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / 2024 | Place of Birth

Nationality | Other Nationalities

Passport/ID No. | Contact Number H/W/M

Country of Issue | E-mail Address

Expiry Date

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? Yes No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Are you a Politically Exposed Person? If Yes, please provide details:

3 Trustee Details (continued)

Second Trustee (if applicable)

Corporate Trustee Name (if applicable)

Where the Trustees are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Title

Forename(s)

Surname

Other/Maiden Name(s)

Date of Birth Day / Month / 2024

Place of Birth

Nationality

Other Nationalities

Passport/ID No.

Contact Number H/W/M

Country of Issue

E-mail Address

Expiry Date

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? Yes No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Are you a Politically Exposed Person? If Yes, please provide details:

3 Trustee Details (continued)

Third Trustee (if applicable)

Corporate Trustee Name (if applicable)

Where the Trustees are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / 2024 | Place of Birth

Nationality | Other Nationalities

Passport/ID No. | Contact Number H/W/M

Country of Issue | E-mail Address

Expiry Date

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Are you a Politically Exposed Person? If Yes, please provide details:

3 Trustee Details (continued)

Fourth Trustee (if applicable)

Corporate Trustee Name (if applicable)

Where the Trustees are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / 2024 | Place of Birth

Nationality | Other Nationalities

Passport/ID No. | Contact Number H/W/M

Country of Issue | E-mail Address

Expiry Date

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Are you a Politically Exposed Person? If Yes, please provide details:

4 Settlor Details

If there are more than the allocated number of Settlors, then please duplicate this page and submit with the rest of the form. Where the Settlor(s) are corporate entities, please utilise the personal fields to provide the to provide the corporate equivalent.

Settlor

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / 2024 | Place of Birth

Nationality | Other Nationalities

Passport/ID No. | Contact Number H/W/M

Country of Issue | E-mail Address

Expiry Date | Are you an Authorised Signatory? Yes No

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? Yes No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Length of employment

Industry | Annual Salary / prior to retirement

Employer*

*If self-employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration, annual turnover and net worth.

Employer's Address

ZIP / Postcode

Are you a Politically Exposed Person? If Yes, please provide details:

5 Protector/Enforcer Details

Is there a Protector or Enforcer appointed? Yes ☐ No ☐ If you have ticked **Yes**, please fill in the questions below.

If there are more than the allocated number of Protectors/Enforcers, then please duplicate this page and submit with the rest of the form. Where the Protector/Enforcer(s) are corporate entities, please utilise the personal fields to provide the corporate equivalent.

[P]rotector or [E]nforcer	P ☐ E ☐ Please tick as appropriate	Title	
Forename(s)		Surname	
Other/Maiden Name(s)		Date of Birth	Day / Month / 2024
Place of Birth		Nationality	
Other Nationalities		Passport/ID No.	
Contact Number	H/W/M	Country of Issue	
E-mail Address		Expiry Date	
Are you an Authorised Signatory?	Yes ☐ No ☐	Registered Address (including ZIP / Postal Code)	

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement		Length of employment	
Industry		Annual Salary / prior to retirement	
Employer*			

*If self-employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration, annual turnover and net worth.

Employer's Address

ZIP / Postcode

Are you a Politically Exposed Person? If Yes, please provide details:

6 Known Beneficiary Details

If there are more than the allocated number of Known Beneficiaries, please duplicate this page and submit with the rest of the form.

First Beneficiary

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / 2024 | Place of Birth

Nationality | Other Nationalities

Passport/ID No. | Country of Issue

Expiry Date

Contact Number H/W/M | E-mail Address

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Are you a Politically Exposed Person? If Yes, please provide details:

Are you currently receiving benefit? ☐ Yes ☐ No

If **Yes**, please provide a certified copy of photographic ID and a document confirming residential address as referenced in Section 9.

6 Known Beneficiary Details (continued)

If there are more than the allocated number of Known Beneficiaries, please duplicate this page and submit with the rest of the form.

Second Beneficiary (if applicable)

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / 2024 | Place of Birth

Nationality | Other Nationalities

Passport/ID No. | Country of Issue

Expiry Date

Contact Number H/W/M | E-mail Address

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Are you a Politically Exposed Person? If Yes, please provide details:

Are you currently receiving benefit? ☐ Yes ☐ No

If **Yes**, please provide a certified copy of photographic ID and a document confirming residential address as referenced in Section 9.

7 Bank/Building Society Account Details

Please complete this section with your banking details.
These will be used to fulfil our regulatory requirements but distributions and withdrawals can also be made directly to your bank.

Bank Name

Branch

Account Currency Please Select | Other | Branch Sort Code

Account Name

Account Number or IBAN | SWIFT/BIC Code

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. Capital International Limited does not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code, or IBAN made by the applicant prove incorrect, Capital International Limited will not accept responsibility for any loss incurred by the applicant.

8 Declaration & Signature You must sign and date the form below

I/We understand that the information I/we provide on this Due Diligence Form, and any additional information supplied, will be processed in accordance with Capital International's, and those of its member companies, where applicable, data protection statement(s).

I/We declare that:

- I/We am/are 18 years of age or over;
- I/We agree that this Due Diligence Form is part of my/our agreement with you;
- I/We agree that the information contained within this Due Diligence Form is true and accurate;
- I/We agree to notify Capital International Limited of any changes to the information provided on this Due Diligence Form.

☐ **Unless you were introduced by an Intermediary, if you wish Capital International to use your personal information to tell you of other products and services which they believe may be of interest to you, then you must consent to your personal information being used in this way; please tick this box.**

Signatures of Authorised Individuals

First Authorised Signature	Second Authorised Signature
Print Name	**Print Name**
Date Day / Month / Y Y Y Y	**Date** Day / Month / Y Y Y Y

9 Checklist (please tick each box)

☐ Product Application Form completed, signed, and dated.

☐ Entity Self-Certification Form completed, signed, and dated.

☐ Certified extract of the Trust Deed confirming Date of establishment, Trustees, Beneficiaries, Protector, Settlor, and, if relevant, a certified copy of any subsequent deeds of appointments and retirements (or equivalent).

☐ Certified copy of Authorised Signatory List
(Please note we will require the individuals full name, date and place of birth for screening purposes).

☐ Copy of the Structure Chart confirming ownership of the applicant and group structure.

☐ Certified copy of valid photographic ID for each Trustee, Settlor, Protector, Enforcer, Authorised Signatory and any Beneficiary who is currently receiving benefit i.e. current passport or driving licence. Please note that the photograph must be a true likeness of the holder.

☐ Certified copy of a document confirming residential address for each Trustee, Settlor, Protector, Enforcer, Authorised Signatory and any Beneficiary who is currently receiving benefit i.e. bank statement or utility bill. This must be dated within last six months.

Please note: You will be advised separately if we require any additional information.

Notes

All document certifications must be dated and accompanied by the signatories printed name, position and contact details and include the text:

"I certify this is a true copy of the original"

And in the case of photographic identification:

"I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned"

Suitable certifiers are restricted to the following:

- Judge
- Senior Civil Servant
- Police Officer
- Customs Officer
- Actuary
- Accountant
- Banker
- Embassy
- Consulate
- Lawyer/Advocate
- Notary
- Director/Manager/Secretary of Isle of Man regulated firm

Notes

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Create Tomorrow.
Start Today.

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