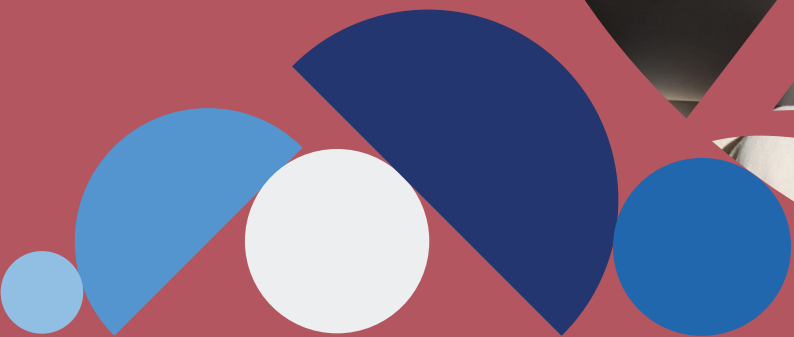


Completing a Relevant Life Policy Trust Deed

We have produced some guidelines to help you fill in our Relevant Life Policy Trust Deed. In order to submit a trust deed to Zurich you will need to provide us with some information about the business and the beneficiaries of the trust.



Policy number

You should always use the number starting with the letters **PR**. This is your client's specific policy number and should always be quoted in trust documents.

The **PAP** numbers are for application references only.

Page 1 of 5 of Trust Deed.

This page forms part of the Trust Deed and must be submitted to Zurich.

Relevant Life Policy Trust Deed

- Only for use by employers effecting a Zurich Relevant Life Policy. Not to be used with any other policies.
- Not to be used with policies that are already in force when this Trust Deed is signed.

Policy number **PR1000000**

Person declaring this trust: The Principal Employer (Full name in block capitals please. The employer's name should match the details provided on the application):

(the 'Principal Employer')

Personal details of the trustee

You will need to provide us with some information about the parties involved in setting up the trust. The example below has been taken from our Relevant Life Policy Trust Deed and asks for:

- The name and address of The Principal Employer
- The name and the address of The Member (Life Assured)
- The type of business

Person declaring this trust: The Principal Employer (Full name in block capitals please. The employer's name should match the details provided on the application):

EXAMPLE FIRM LTD

(the 'Principal Employer')

Registered address or principal place of business of the Principal Employer:

1 Side Street, Town, A41 14A

The Member (Life assured's full name and address in block capitals please):

NAME SURNAME, 1 SIDE STREET, TOWN, A41 14A

(the 'Member')

Type of business

- ☒ Limited company (Ltd) ☐ Partnership (traditional) ☐ Limited liability partnership (LLP)
- ☐ Sole trader ☐ Charity

Hints and tips

- ✓ The Employer's name and address should always match the details provided on the application.
- ✓ Please remember that you will need to provide us with both the names and addresses of The Principal Employer and The Member.
- ✓ Please write in capitals where specified. This will help us record the information you've provided correctly.

The terms of the trust

You should familiarise yourself with the potential beneficiaries and insert the names or class of any other individuals who should be included as Potential Beneficiaries but are not covered under (a) to (h).

Beneficiary's details

You need to provide the names of the beneficiary/ies and their share in percentages.

The trust will need to be signed by an authorised signatory/ies of The Principal Employer. For the trust to be valid, their signatures must be witnessed. We will also need the full name and address of the witness as shown below.

B. Default Beneficiaries – Box 'B'
(this section must be completed and the percentages must add up to exactly 100%)

Full name (BLOCK CAPITALS)	Share %	Full name (BLOCK CAPITALS)	Share %	Full name (BLOCK CAPITALS)	Share %
NAME SURNAME	50	NAME SURNAME	50		

To create the trust an authorised signatory/ies of the Principal Employer need(s) to sign here. Their signature(s) must be witnessed.
(see 'How is the trust set up?' on page 2)

Signed and delivered as a Deed on behalf of the Principal Employer by:

Name: **NAME SURNAME**

Signature: **SIGNATURES**

Date: **1 2 0 4 2 0 1 9**

In the presence of:

Full name of witness: **JOHN SMITH**

Signature of witness: **SIGNATURES**

Address of witness: **2 SIDE STREET, TOWN, A41 14A**

Hints and tips

The percentages must always add up to exactly 100%.

You can have one or more authorised signatories.

Trustees

Hints and Tips

We would recommend that you add at least one additional trustee, but no more than four in total.

You will need to provide us with the trustee's:

- Title, surname and full forenames
- Address
- Postcode
- Signature

The trustee will also need to fill in the date when they signed the document.

C. Additional Trustees – Box 'C'

We do not recommend more than four additional trustees. However, if there are more than four, please provide their details and signatures on a sheet of paper marked with the Policy number, and sign it.

Title: MRS Surname: SMITH	Title: Surname
Full forenames: JANE	Full forenames
Address: 12 SIDE STREET, TOWN	Address
Postcode: A41 14A	Postcode
Date of birth: 1 2 0 4 2 0 1 9	Date of birth: D D M M Y Y Y Y
Signature in acceptance of appointment as Trustee: SIGNATURE	Signature in acceptance of appointment as Trustee
Title: Surname	Title: Surname
Full forenames	Full forenames
Address	Address
Postcode	Postcode
Date of birth: D D M M Y Y Y Y	Date of birth: D D M M Y Y Y Y
Signature in acceptance of appointment as Trustee	Signature in acceptance of appointment as Trustee

Please note if there are any changes that have been made to the Trust, either before it is sent to us or if it is returned to you by us, they must all be countersigned next to every amendment by the principal employer.

This document has been approved for intermediary use only.

Zurich Assurance Ltd.

Registered in England and Wales under company number 02456671.

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