## **General Trust Form**

To: Zurich Life Assurance plc

Note:

Occupation

Please complete in BLOCK CAPITALS.

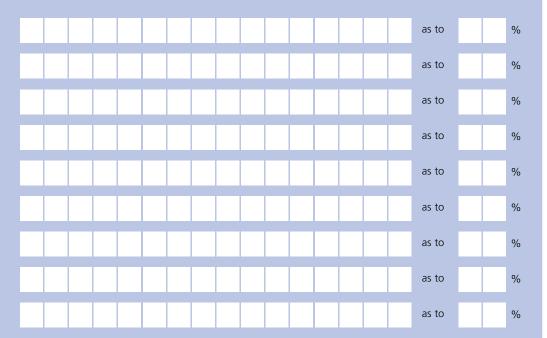


This form can only be used in conjunction with a new policy/application. The purpose of this form is to enable you, the policy holder, to put the policy in trust for the benefit of a named beneficiary or beneficiaries. As the form contains legal language, you may wish to consult your solicitor when completing it. I/We (name(s)) of (address(es)) DECLARE AND DIRECT that the policy to be issued in pursuance of the application dated on my life/our lives shall be issued to me/us as the trustee(s) thereof upon the trusts hereinafter declared for the benefit of the beneficiary(ies) hereinafter named. I/We and the survivor of us shall have power by deed at any time to appoint a new or additional trustee or trustees and shall also have power by deed to remove any trustee or trustees hereof. The power of appointing a new trustee or trustees after my death/the death of the survivor of us in any case where there is no trustee able and willing to act as such is vested in: Name Address Occupation Name Address

provided that I/we and the survivor of us may at any time or times by notice in writing to Zurich Life Assurance plc vest the said power of appointing new trustees in any person or persons in substitution for the person or persons in whom it has previously been vested.

I/We declare that the trustee(s) hereof will have the following special powers:

- 1. To convert the policy into a fully paid up policy for a reduced sum insured, provided that the policy has acquired a paid up value, or to exercise any other option afforded by the policy.
- 2. To surrender in whole or in part or to borrow upon the security of the policy, provided that the policy has acquired a surrender value.
- 3. To invest the policy monies or capital or income derived therefrom in the purchase or upon the security of stocks, shares, securities or investments whether producing income or not or in the purchase of any property of whatever nature or wherever situated as the trustee(s) may in his/their absolute and uncontrolled discretion decide.
- 4. To pay to or apply for the maintenance, education of benefit of any minor beneficiary or of any other beneficiary who is under disability and unable to give a good receipt of all or part of the capital or income to which that beneficiary is absolutely, contingently or defeasibly entitled or accumulate such income or the remainder thereof with the capital as the trustee(s) may think fit.
- 5. In any case where a payment of income or capital is made to or for the benefit of a minor beneficiary or any other beneficiary who is under disability and unable to give a good receipt, to accept as a good and sufficient discharge the receipt of any parent or guardian of the beneficiary or of any person with whom the beneficiary resides or under whose care and control the beneficiary is or appears to be, without being required to supervise the application of the said sum by such guardian or other person.
- 6. Any trustee hereof (other than the trustee(s) named in this document (settlor)) being a person engaged in any profession or business is to be entitled to charge and be paid the usual professional or proper charges for business transacted, time expended and acts done by him or any partner of his in connection with the aforesaid trust, including acts which a trustee not being in any profession or business could have done personally. A body corporate may be appointed as trustee on the terms of its prospectus current at the date of appointment and shall be entitled to receive remuneration and expenses in accordance with the provisions thereof or as agreed with the appointer at the date of appointment.
- 7. The trustee(s) for the time being shall hold the said policy and receive and distribute all monies insured or payable thereunder and all other assets held upon the trusts hereof upon trust:
  - (a) in the event of a death benefit being payable, for the benefit of all or such one or more exclusively of the others or other of such of my/our spouse, children, remoter issue, parents, brothers, sisters, uncles, aunts, nephews and nieces who are now living or shall hereafter be born during my lifetime/the lifetime of the survivor of us and the additional beneficiary or beneficiaries (if any) named later in this clause as I/we and the survivor of us may at any time or times by deed or deeds revocable or irrevocable appoint provided that I/we and the survivor of us may at any time or times by deed wholly or partially release or restrict the future exercise of this power of appointment and in default of and subject to any such appointment for the absolute benefit of:



provided that if any of the said beneficiaries shall predecease the insured in consequence of whose death the benefit under the policy shall become payable then (in default of and subject to any appointment as aforesaid) that beneficiary's share shall be held upon trust for the legal personal representatives of the settlor(s).

(b) in the event of a benefit being payable otherwise than on death, for my absolute benefit/for the absolute benefit of such of us as shall be living at the date of payment if more than one in equal shares as tenants in common.

## If you are resident in the US for tax purposes or if you are a US citizen, please tick here. If you tick here, Zurich Life will issue you with a US tax form to complete. Date Signature of First Policy Owner/Trustee X Signature of Witness X Address of Witness Occupation of Witness Telephone Number of Witness Signature of Second Policy Owner/Trustee Signature of Witness X Address of Witness Occupation of Witness Telephone Number of Witness NOTE: While every care has been taken in drafting this form, Zurich Life Assurance plc cannot accept any responsibility for its suitability in any case. This form should be referred to the client's solicitor for examination.

**Certification of United States (US) Status** 

First Policy Owner/

Second Policy Owner/

**Trustee:** Please sign.

**Witness:** Please sign.

Trustee:

**Witness:** Please sign.

Please sign.

First Policy

Owner/Trustee

Second Policy

Owner/Trustee

