|  |  |  |
| --- | --- | --- |
|  | VQF member No. | AMLA File No. |
|  |  |  |

**Declaration for trusts (T)**

|  |
| --- |
| Contracting partner: |
|  |
|  |
|  |
|  |
| The undersigned hereby declare(s) that as trustee or a member of highest supervisory body of an underlying company of a trust known as: |
|  |
| and, such capacity, provide(s) to best of his/her/their knowledge the following information: |

1. Name and information pertaining to the trust (tick the two boxes applicable):

|  |  |  |
| --- | --- | --- |
| Type of trust: | Discretionary trust | or Non-discretionary trust |
| and |  |  |
| Revocability: | Revocable trust | or Irrevocable trust |

1. Information pertaining to the (ultimate economic, not fiduciary) settlor of the trust (individual(s) or entity/-ies

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s), first name(s)/entity: |  | | |
| Actual address of  domicile/registered office: |  | | |
| Country: |  | | |
| Date(s) of birth: |  | | |
| Nationality: |  | | |
| Date of death (if deceased): |  | | |
|  |  | | |
| In case of a revocable trust:  Does the settlor have the right to revoke the trust? | | Yes | No |

1. If the trust results from a restructuring of a pre-existing trust (re-settlement) or a merger of pre-existing trusts, the following information pertaining to the (actual) settlor of the pre-existing trust(s) has to be given:

|  |  |
| --- | --- |
| Last name(s), first name(s)/entity: |  |
| Actual address of  domicile/registered office: |  |
| Country: |  |
| Date(s) of birth: |  |
| Nationality: |  |
| Date of death (if deceased): |  |

1. Information
2. pertaining to the beneficiary/ies at the time of the signing of this form:

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s), first name(s)/entity: |  | | |
| Actual address of  domicile/registered office: |  | | |
| Country: |  | | |
| Date(s) of birth: |  | | |
| Nationality: |  | | |
| Has/Have the beneficiary/-ies an actual right to claim a distribution? | | Yes | No |

1. and in addition to certain beneficiaries or if no beneficiary/-ies has/have been determined, pertaining to (a) group(s) of beneficiaries (e.g. descendants of the settlor) known at the time of the signing of this form:

|  |
| --- |
|  |
|  |

1. Information pertaining to the protector(s) as well as (a) further person(s) having the right to revoke the trust (in case of revocable trusts) or to appoint the trustee of a trust:
2. Information pertaining to the protector(s)

|  |  |
| --- | --- |
| Last name(s), first name(s)/entity: |  |
| Actual address of  domicile/registered office: |  |
| Country: |  |
| Date(s) of birth: |  |
| Nationality: |  |

|  |  |  |
| --- | --- | --- |
| In case of a revocable trust:  Does the protector have the right to revoke the trust? | Yes | No |

1. Information pertaining to (a) further person(s)

|  |  |
| --- | --- |
| Last name(s), first name(s)/entity: |  |
| Actual address of  domicile/registered office: |  |
| Country: |  |
| Date(s) of birth: |  |
| Nationality: |  |

|  |  |  |
| --- | --- | --- |
| In case of a revocable trust: Has/have this/these further person(s) the right to revoke the trust? | Yes | No |

|  |
| --- |
| The contracting partner(s) hereby declare(s) to be entitled to open a business relationship for the trust above or its underlying company. |
| The contracting partner(s) hereby undertake(s) to automatically inform of any changes to the information contained herein. |

|  |  |  |
| --- | --- | --- |
| Date: |  | Signature(s): |
|  |  |  |
| It is a criminal offence to deliberately provide false information on this form (article 251 of the Swiss Criminal Code, document forgery). | | |