

Declaration for Trusts

Last name(s), first name(s), Company (Contracting Partner)

Client no.(CIF) or account/safekeeping account number(s)

Pursuant to Art. 41 of the Agreement on the Swiss banks' code of conduct with regard to the exercise of due diligence (CDB 16), the undersigned hereby declare(s) that as trustee or a member of the highest supervisory body of an underlying company of a trust known as:

and, in such capacity, provide(s) the Bank with the following information to the best of his/her knowledge:

1. Information pertaining to the trust (tick the two boxes applicable)

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

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

Last name(s)/Company

First name(s)	Date of birth	Date of death (if deceased)
Nationality(-ies)	Domiciliary state (no abbreviations)	
Actual residential address/registered office address		

In case of a revocable trust: does the settlor have the right to revoke the trust?

Yes
 No

To be completed by the Bank

Rel. of Settlor: _____	Rel. of Beneficiary 1: _____
Rel. of Beneficiary 2: _____	Rel. of Beneficiary 3: _____
01005 Client no. (CIF)	Signature and stamp of Relationship Manager

3. 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)/Company

First name(s)

Date of birth

Date of death (if deceased)

Nationality(-ies)

Domiciliary state (no abbreviations)

Actual residential address/registered office address

4. Information

a) pertaining to the beneficiary/-ies at the time of the signing of this form:

Last name(s)/Company

First name(s)

Date of birth

Nationality(-ies)

Domiciliary state (no abbreviations)

Actual residential address/registered office address

Has/Have the beneficiary/-ies an actual right to claim a distribution?

Yes

No

b) 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:

To be completed by the Bank

Client no. (CIF)

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

a) Information pertaining to the protector(s):

Last name(s)/Company

First name(s)

Date of birth

Nationality(-ies)

Domiciliary state (no abbreviations)

Actual residential address/registered office address

In case of a revocable trust: Does the protector have the right to revoke the trust?

Yes

No

b) Information pertaining to (a) further person(s):

Last name(s)/Company

First name(s)

Date of birth

Nationality(-ies)

Domiciliary state (no abbreviations)

Actual residential address/registered office address

In case of a revocable trust: Has/have this/these further person(s) the right to revoke the trust?

Yes

No

First submission of form

Replacement of all previous "Form T"

Addendum to one or more existing "Form T"

To be completed by the Bank

Client no. (CIF)

The undersigned confirm(s) that he/she/they is/are entitled to open a bank account for the above-mentioned trust.

The Contracting Partner hereby undertakes to automatically inform Credit Suisse (Switzerland) Ltd. of any changes to the information contained herein.

Date

Signature(s) of the Contracting Partner

_____ X _____

It is a criminal offence to deliberately provide false information on this form (document forgery under Art. 251 of the Swiss Penal Code).

To be completed by the Bank
Client no. (CIF)

If natural persons are recorded under numbers 2, 3, 4 or 5, a simple copy of an identification document must be submitted for these people (the copy does **not** have to be authenticated).

Only a natural person or an operating legal entity can be noted as the settlor.

3. 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)/Company _____

First name(s) _____ Date of birth _____ Date of death (if deceased) _____

Nationality(-ies) _____ Domiciliary state (no abbreviations) _____

Actual residential address/registered office address _____

If the settlor has died, the name, first name, date of birth, date of death, and nationality of this person must be noted. It is not necessary to include a copy of an identification document.

You must enter all beneficiaries which can be defined by name at the time of the signing of the form together with the requested details. You can also make reference to an enclosed list containing the same information as Form T. This list must refer to Form T and must be signed and dated by the same people who sign and date this form.

4. Information

a) pertaining to the beneficiary/-ies at the time of the signing of this form:

Last name(s)/Company _____

First name(s) _____ Date of birth _____

Nationality(-ies) _____ Domiciliary state (no abbreviations) _____

Actual residential address/registered office address _____

Has/Have the beneficiary/-ies an actual right to claim a distribution?

- Yes
- No

b) 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:

If, at the time of the signing of Form T, only the group of beneficiaries can be defined and individual beneficiaries cannot yet be defined by name (for example, as they do not yet exist), details must be provided of the criteria for appointing them (e.g. descendants of the founder).

To be completed by the Bank

Client no. (CIF) _____

This information is mandatory if natural persons or legal entities are appointed to this function.

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

a) Information pertaining to the protector(s):

Last name(s)/Company _____

First name(s) _____ Date of birth _____

Nationality(-ies) _____ Domiciliary state (no abbreviations) _____

Actual residential address/registered office address _____

In case of a revocable trust: Does the protector have the right to revoke the trust?

- Yes
 No

b) Information pertaining to (a) further person(s):

Last name(s)/Company _____

First name(s) _____ Date of birth _____

Nationality(-ies) _____ Domiciliary state (no abbreviations) _____

Actual residential address/registered office address _____

In case of a revocable trust: Has/have this/these further person(s) the right to revoke the trust?

- Yes
 No

- First submission of form
 Addendum to one or more existing "Form T"
- Replacement of all previous "Form T"
 _____ →

Check to indicate whether this is the first time that you are completing this form, whether it is meant to replace an existing form, or whether this form is replacing all previous forms.

If this is a revocable trust and no person with the right to revoke the trust has been specified in sections 2 and 5a), a natural person or an operational legal entity must be entered here.

To be completed by the Bank

Client no. (CIF) _____

The undersigned confirm(s) that he/she/they is/are entitled to open a bank account for the above-mentioned trust.

The Contracting Partner hereby undertakes to automatically inform Credit Suisse (Switzerland) Ltd. of any changes to the information contained herein.

Do not forget the date.

Date
16.11.2015

Signature(s) of the Contracting Partner

X

Do not forget the signature of the contracting partner.

It is a criminal offence to deliberately provide false information on this form (document forgery under Art. 251 of the Swiss Penal Code).

Sample

To be completed by the Bank
Client no. (CIF)