

# Trust

## Account Information



Date: \_\_\_\_\_

Client Code:

Dealer Number:

**Advisory Account**

**Discretionary Account**

**1. Trust Details** (Please use Block Capitals)  
**Name of Trust Fund**


**2. Address** (Trust Fund Registered Address)


**Address** (For correspondence If difference from above)


**3. Trustees** (Names & Contact Telephone Numbers)

<b>Trustee Name:</b>		<b>Telephone:</b>	
		<b>Email:</b>	
<b>Trustee Name:</b>		<b>Telephone:</b>	
		<b>Email:</b>	

**4. How do you wish to register your investments?**

- Above name(s)
- Pershing International Nominees Ltd.

**5. Name and Address of Bank / Building Society:**


**A/C Name:** \_\_\_\_\_

**Bank Sort Code:**

**Bank Account No:**

**Note:** We may contact your bank for a reference

**IBAN Number:**

**BIC Code:**

## Financial Background

**Your answers to the following questions will help us to understand your investment and financial needs and to give you a better investment service.** The information supplied by you on this form will be retained by us on electronic file and may only be disclosed to a relevant authority in compliance with legal or regulatory requirements.

### 6. Value of Trust Assets

Please give approximate figures and also indicate if asset could be easily liquidated.  
(Please state N/A (Non Applicable) where required below)

Property	€ _____	
(Borrowings)	€ _____	
<b>Net Value</b>		€ _____

Investment Properties in Ireland	€ _____	
(Borrowings)	€ _____	
<b>Net Value</b>		€ _____

Investment Properties Abroad	€ _____	
(Borrowings)	€ _____	
<b>Net Value</b>		€ _____

Cash deposits	€ _____	
Post Office	€ _____	
Shares	€ _____	
Fixed Interest	€ _____	
Investment Funds	€ _____	
Pension Fund	€ _____	
Other Assets	€ _____	

**Total Value of Assets** € \_\_\_\_\_

7. Regular Financial Commitments of the Trust (if any) €\_\_\_\_\_ p.a.

8. Please give initial investment amount €\_\_\_\_\_

9. Source of funds

- Savings
- Inheritance
- Sale of Property
- Sale of Business
- Rental Income
- Other, please specify \_\_\_\_\_

## Investment Objectives

10. Investment Objectives

Please indicate which of the following statements best describes your requirements:

- a) you want to protect your principal at all costs. You are extremely risk averse and do not want to take any greater risk than is necessary to preserve your initial investment and / or maintain the steady income you receive from it.
- b) you want your investment to keep in line with inflation but keep your risk to a minimum. You are looking to the future but have a low risk tolerance and are willing to limit your growth investments to low risk or risk free investments.
- c) you want moderate growth but a limited amount of risk. You are willing to accept slower growth on your investments in exchange for a lower amount of portfolio risk.
- d) you seek high returns, but not at the expense of too much risk. You are investing primarily for growth.
- e) your objective is maximum growth, and you are willing to risk the loss of some, or even most, of your principal to receive higher returns on your investment.

11. Risk Profile

How would you describe the current risk profile of your existing assets?

- 1  2  3  4  5  6  7  8  9  10

Low Medium High

Please give an explanation if your current risk profile is different to your investment objectives stated above.

12. What is the purpose of your investment?

13. Please indicate approximate annual income expectation (if any) from your investment with us:

€\_\_\_\_\_

**14. Time Horizon**

Generally, the longer your money remains invested, the greater the potential for growth as market trends and fluctuations tend to smooth out over time. Bearing this in mind, for how long are you planning to invest your money?

- <1 year    1-3 years    3-5 years    5 years +

**15. Please state any on-going funds for investment**      € \_\_\_\_\_

**16. What is your average anticipated transaction size?**      € \_\_\_\_\_

**17. Permitted Investment Instruments**

Please tick which instruments you wish to invest in and indicate if you require any minimum or maximum values, or percentages to be invested in any one type of instrument.

**Value or % of portfolio**

- € denominated equities \_\_\_\_\_
- Other equities \_\_\_\_\_
- Cash deposits \_\_\_\_\_
- Government bonds \_\_\_\_\_
- Corporate bonds \_\_\_\_\_
- Derivatives, incl. CFDs \_\_\_\_\_
- Unquoted Investments \_\_\_\_\_
- Other, please specify \_\_\_\_\_

Other Comments (if any):

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**18. Other investment considerations**

Please specify if there is any other information, including any restrictions that you feel may be relevant to your investment objectives e.g. ethical investments only

## Knowledge and Experience

(The following questions are to be completed by person(s) making the decisions on behalf of the Trust).

**19. Do the Trustees hold any qualifications that are relevant to making investment decisions or are you a member of a relevant professional body? Please give details**

**20. Do the Trustees have any other experience relevant to making investment decisions? Please give details**

**21. Please answer the questions in relation to your knowledge and experience of different financial instruments.**

	<b>1. Shares</b>	<b>2. Bonds</b>	<b>3. Derivatives</b>	<b>4. Investment Funds</b>	<b>5. Any other instruments</b>
<b>Have you dealt in this instrument before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please answer questions below:</b>					
<b>Please specify type:</b>	N/A	<input type="checkbox"/> Corporate Bonds <input type="checkbox"/> Government Bonds	<input type="checkbox"/> Margins <input type="checkbox"/> Futures <input type="checkbox"/> Warrants <input type="checkbox"/> Options <input type="checkbox"/> CFDs Other _____		
<b>In what capacity?</b>	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio
<b>How would you describe your knowledge and understanding of this financial instrument?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>Basic</b> <input type="checkbox"/> 3 <b>Good</b> <input type="checkbox"/> 4 <b>Extensive</b> <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>Basic</b> <input type="checkbox"/> 3 <b>Good</b> <input type="checkbox"/> 4 <b>Extensive</b> <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>Basic</b> <input type="checkbox"/> 3 <b>Good</b> <input type="checkbox"/> 4 <b>Extensive</b> <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>Basic</b> <input type="checkbox"/> 3 <b>Good</b> <input type="checkbox"/> 4 <b>Extensive</b> <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>Basic</b> <input type="checkbox"/> 3 <b>Good</b> <input type="checkbox"/> 4 <b>Extensive</b> <input type="checkbox"/> 5
<b>How often do you deal in this financial instrument?</b>	_____ per month	_____ per month	_____ per month	_____ per month	_____ per month
<b>How large are these transactions?</b>					
<b>How long have you been dealing in this financial instrument?</b>	_____ years _____ months	_____ years _____ months	_____ years _____ months	_____ years _____ months	_____ years _____ months

22 . Please state the names of those persons authorised to operate the account (Please note Bloxham shall be informed in writing of any amendments to the schedule of authorised signatories below.)

**Trustee / Authorised Person**

Name A (Block Capitals) \_\_\_\_\_

Specified Signature \_\_\_\_\_

Name B (Block Capitals) \_\_\_\_\_

Specified Signature \_\_\_\_\_

## Identification

Under the Criminal Justice Act, 1994 in relation to Money Laundering, we are required to obtain certain documentation. In this regard, please provide the following:

- Certified copy of Trust Deed
- Confirmation that the Trustees/Managers are aware of the true identity of the underlying principals
- Identification for two Trustees i.e. certified ID & two address proof for each Trustee
- Confirmation/Resolution of those who are authorised to operate the account

We, the undersigned, state that the above information is correct.

\_\_\_\_\_  
Signed: Trustee 1

\_\_\_\_\_  
Signed: Trustee 2

\_\_\_\_\_  
Date

### For Office Use Only

Approved by:

Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



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