



# Trust Agreement Form

This agreement is made on \_\_\_\_\_ 2012 between:

Name(s): \_\_\_\_\_ Address \_\_\_\_\_  
("the Client")

and:

Premier Mortgages and Protection Ltd of Independent House, 18-20 Thorpe Road, Norwich NR1 1RY ("PMAP")

The Client agrees to engage PMAP to act on his/her/their behalf in order to place a life policy in Trust.

Description of policy. \_\_\_\_\_

Please tick one of the two options below:

- The Client agrees to pay a Fee of £249 (two hundred and forty nine pounds) for receiving advice and arranging for the above policy to be written in Trust

All payments to be made by the Client under this agreement shall be made in full without any set-off or withholding for any counterclaim, unless the Client is required to do so by law. You may receive a copy of this agreement upon request.

This agreement shall be governed by and construed in accordance with English Law.

WHERE APPLICABLE CHEQUES MUST BE PAYABLE TO 'PREMIER MORTGAGES AND PROTECTION LTD'

I wish to pay by: Visa / Delta / Eurocard Mastercard / Switch/Maestro / Solo

I authorise you to debit my account with the amount of £ \_\_\_\_\_

My card number is: \_\_\_\_\_ Issue number (Switch/Maestro & Solo cards) \_\_\_\_\_ Start date \_\_\_\_\_ Expiry date \_\_\_\_\_ CCV No. \_\_\_\_\_

Name (as on card) \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Postcode \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

- No fee is payable for the above policy to be written in trust provided the policy remains in force for 48 monthly payments.  
If the policy lapses within 48 months of the start date, the cost of setting up the Trust (£249) will become immediately due. Where a trust has been recommended but does not proceed due to the non cooperation of a trustee, this clause shall still have effect.

- I / we do not wish to have our policies written in Trust for the following reasons:  
.....

- I / we will contact the proposed Trustees listed overleaf within 7 days to advise them Premier Financial Group will be in contact to discuss the responsibilities of a Trustee.

I/we have read and agree to the terms and conditions as stated above:

Client Signature(s) ..... Date.....

## Policy In Trust Information Sheet

Clients name(s): .....

Policy details .....

Cohabiting?: **Yes / No**

**Trustees I would like to be considered are (minimum 2):**

Trustee 1:

Name:
Date of birth if known or confirm over 18:
Address:
Postcode:
Telephone: and Email:
Relationship:

Trustee 2:

Name:
Date of birth if known or confirm over 18:
Address:
Postcode:
Relationship:

Trustee 3:

Name:
Date of birth if known or confirm over 18:
Address:
Postcode:
Telephone: and Email:
Relationship:

Trustee 4

Name:
Date of birth if known or confirm over 18:
Address:
Postcode:
Telephone: and Email:
Relationship:

NOTES:

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