

PARTNERS TRUST FORM

How to complete

For use on a plan taken out as part of a partnership insurance arrangement

Insert the name and address of the Settlor (plan owner / life assured) along with the date of the protection application CAB and data protection form and the type of plan being proposed for e.g Term Life Cover plan. This information is to ensure that the trust can be linked to the plan.

I (partners name) _____ of (address) _____ have submitted a proposal dated
(date of proposal) _____ to Irish Life Assurance plc

Next the name and address of the firm on which the partnership insurance arrangement is being put in place. (not the individual partners)

(a) the partners for the time being of the firm known as *(name of firm)* _____
carrying on business at *(address of firm)* _____
and their successors in business,

The name of the individual with the power to appoint a trustee after the death of the settlor. This can be one of the other partners in the firm or a solicitor acting for the firm.

5. As settlor, I shall have the power by deed during my life to appoint a new or additional trustee or trustees and shall also have power by deed to remove any trustee. The power of appointing a new trustee or trustees after my death in any case where there is no trustee able and willing to act as such is vested in *(insert name and address of person who has power to appoint a trustee after the settlor's death)* _____ provided that, as settlor, I may at any time or times by notice in writing to the company vest the said power of appointing a new trustee or trustees in any person or persons in substitution for the person or persons in whom it has previously

Finally the trust will be invalid if it is not signed, dated and the signature witnessed. The trust form must be dated on or before the date of the protection application CAB and data protection form.

Date: _____

Signature of Settlor: _____

Signature of Witness: _____