



AFFIX ONE LATEST PASSPORT (OF THE SETTLOR, BENEFICIARIES & DESIGNATED REPRESENTATIVE)

## EDUCATION TRUST ACCOUNT OPENING FORM

### PERSONAL DATA

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS– (if different from Home Address): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED

GENDER:  MALE  FEMALE DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

SPOUSE NAME (IF APPLICABLE) \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ID TYPE:  International Passport  Driver's License  National ID Card  INEC Voter's Card

ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

### EMPLOYMENT DETAILS

EMPLOYMENT STATUS:  EMPLOYED  SELF-EMPLOYED  RETIRED  UNEMPLOYED

EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

### SOURCE OF FUND

SALARY  BUSINESS  GRATUITY  PROPERTIES  OTHERS PLEASE SPECIFY \_\_\_\_\_

ANNUAL INCOME/ TURNOVER \_\_\_\_\_

### FEATURES OF THE PRODUCT

- One-off establishment fee of N25,000 for the Trust and an Initial minimum contribution of N250,000 and additional monthly contribution to be determined by Settlor.
- Maturity is tied to the fulfillment of the object of the Trust as or else directed by the Settlor.
- It is more than a savings plan.
- The contributions fund and create a Trust for the benefit of the beneficiary and withdrawal from the Trust Fund is limited only to educational expenses for the beneficiary upon presentation of the child's school bills.
- Withdrawals shall not be made in the first one year of the Trust
- The settlor can create a standing order instruction for automatic deductions/contributions to fund the Trust.
- Third parties are prohibited from having access to the Trust Fund, although they are permitted to make contributions.
- Life Insurance policy of N1,000,000.00 (N1million) maximum cover per child.

*\*(To qualify for the Life Insurance policy, Settlor must have made the Total Contribution of N1,000,000 per child).*

S/N	NAME OF CHILD	DATE OF BIRTH	RELATIONSHIP TO SETTLOR	SEX	APPROXIMATE SHARE (%)

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**TRUST DEED CREATION DETAILS**

I. Please state the purpose/objective of Trust

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Proposed Name of Trust

\_\_\_\_\_  
\_\_\_\_\_

III. Please state initial contribution to be provided

\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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