

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

EDUCATION TRUST ACCOUNT OPENING FORM

PERSONAL DATA				
FULL NAME:				
HOME ADDRESS:				
MAILING ADDRESS– (if diff				
E-MAIL ADDRESS:				
MOTHER'S MAIDEN NAME	i:			
MARITAL STATUS:	SINGLE MARRIE	d	WIDOWED	
GENDER:	□MALE □FEMALE	DATE OF BIRT	H (DD/MM/YYYY):	
STATE OF ORIGIN:			NATIONALITY:	
SPOUSE NAME (IF APPLICA	ABLE)			
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 DETAIL	S			
EMPLOYMENT STATUS:	EMPLOYED	SELF-EMPLOYED	RETIRED	UNEMPLOYED
EMPLOYER				
EMPLOYER'S ADDRESS:				

	OFFICE PH	HONE:								
	SOURCE OF FUND									
	SALARY	BUSINESS	GRATUITY PRO	PERTIES	OTHERS	PLEA	SE SPECIFY			
	ANNUAL IN	ICOME/ TURNOVER								
	FEATURES OF THE PRODUCT									
•	Initial mini	imum contribution of N2	250,000 and additional m	onthly cont	tribution 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 quali	fy for the Life Insurance	policy, Settlor must hav	ve made th	e Total Contrib	oution of N1	,000,000 per child).			
S/N	NAMI	E OF CHILD	DATE OF BIRTH		ATIONSHIP SETTLOR	SEX	APPROXIMATE SHARE (%)			
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TRUS	T DEED C	REATION DETAILS								
	I. Please state the purpose/objective of Trust									
	II Proposed Name of Trust									
		II. Proposed Name of Trust								
		III. Please state initial contribution to be provided								
	111.	Please state initial co	ontribution to be provi	ded 						
	ш.	Please state initial co	ontribution to be provi	ded 						

Name:	_	
Signature:	_	
Date:	_	