

This document is intended for clients of financial advisers. It covers a complex subject and we recommend that you seek advice from your adviser.

# Appointment of an absolute beneficial interest in the Trust Fund and advancement of cash and/or life policies

Fidelity Adviser  
Solutions  
Trust Deed

# Appointment of an absolute beneficial interest in the Trust Fund and advancement of cash and/or life policies out of a Discretionary Gift Trust

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Financial advisers and their clients are recommended to seek independent legal advice to ensure the Trust meets their needs.

## The Trust Deed

**This Deed of Appointment and Advancement is made the**

day of  in the year

(Insert the date this Deed is signed here)

Insert names and addresses of the current Trustees (including the Settlor(s) if he or she is one of them) here.

between

(Insert name of the Trustee here)

of

(Insert address of the Trustee here)

and

(Insert name of the Second Trustee here)

of

(Insert address of the Second Trustee here)

and

(Insert name of the Third Trustee here)

of

(Insert address of the Third Trustee here)

and

(Insert name of the Fourth Trustee here)

of

(Insert address of the Fourth Trustee here)

(the "Trustees")

**OF THE FIRST PART**

**AND.**

Insert the name and address of the Beneficiary to whom the advancement is being made.

between

(Insert name of the Beneficiary)

of

(Insert address of the Beneficiary)

(the "Appointed Beneficiary")

**OF THE SECOND PART**

**And is supplemental to**  
a Deed of Trust dated

(Insert here the date of the Trust and the name(s) of the Settlor(s))

("The Trust")  
made between

as the Settlor(s) and the Trustees as Original Trustees of the Trust

## Declaration

### Whereas

- The Trustees are the present Trustees of the Trust.
- The Trustees have realised Trust investments and are in possession of a cash sum of £  ("the Appointed Sum") currently held subject to the Trust, **or** The Trustees are the current legal owners of the life assurance policies numbered  ("the Policies") issued by  ("the Company")  
  
(Insert the amount of cash being advanced **or** insert the policy numbers of the life assurance policy to be assigned and the name of the Insurance Company)
- The Trust confers a power of appointment on the Trustees.
- The Trust confers on the Trustees the power to pay, transfer or apply the whole or any part or parts of the Trust Fund to or for the benefit of any Beneficiary.
- The Trustees named above are the present Trustees of the Trust and wish to exercise the said power of appointment and advancement in the manner hereinafter appearing.
- The Appointed Beneficiary is one of the Beneficiaries of the Trust in whose favour an appointment can be made by virtue of the Trust.

### AND WITNESSES as follows:-

- The Trustees in exercise of the power of appointment conferred by the Trust and of all other relevant powers hereby irrevocably appoint and declare that
  - the [Appointed Sum/Policies]\* shall be held for the Appointed Beneficiary absolutely; and (\*delete as applicable)
  - this Appointment shall be irrevocable.
- The Trustees hereby resolve in exercise of the power conferred by the Trust and of all other relevant powers that the Appointed Sum shall forthwith be transferred to the Appointed Beneficiary for his/her own use and benefit freed and discharged from all the Trusts of the Trust.
- This advancement is subject to the Trustees' lien for tax and other liabilities they may be subject to as a result of this advancement.
- For the avoidance of doubt, this Deed shall not affect the entitlement of any person to any payment made or asset transferred to that person before this appointment.
- The Appointed Beneficiary hereby consents to the advancement hereby effected and acknowledges receipt of the [Appointed Sum/Policies] specified above from the Trustees in satisfaction of the advancement.
- Where this appointment is of Policies:
  - The Trustees hereby assign the Policies to the Appointed Beneficiary
  - The Parties hereto will notify the Company of the assignment of the Policies.

A notice of Assignment of the Policies must be sent to the life assurance company.

## Signatures

IN WITNESS whereof the Parties hereto executed this deed the day and year stated above

Signed as a deed and delivered by the said

Signed and delivered as his or her deed by the said Trustee

at

(place of signing)

In the presence of:

(Witness' name)

(Address)

(Trustee's Signature)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' signature)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' occupation)

## Signatures

Signed as a deed and delivered by the said

Signed and delivered as his or her deed by the said 2nd Trustee

at

(place of signing)

In the presence of:

(Witness' name)

(Address)

(Signed as a deed and delivered by the said)

(Signed and delivered as his or her deed by the said 3rd Trustee)

at

(place of signing)

In the presence of:

(Witness' name)

(Address)

(2nd Trustee's Signature)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' signature)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' occupation)

(3rd Trustee's Signature)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' signature)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' occupation)

## Signatures

Signed as a deed and delivered by the said

Signed and delivered as his or her deed by the said 2nd Trustee

at

(place of signing)

In the presence of:

(Witness' name)

(Address)

(Signed as a deed and delivered by the said)

Signed and delivered as his or her deed by the said Appointed Beneficiary

at

(place of signing)

In the presence of:

(Witness' name)

(Address)

(4th Trustee's Signature)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' signature)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' occupation)

(Appointed Beneficiary's Signature)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' signature)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(date of signing)

(Witness' occupation)

