



Trust Supplement 2024

This supplement is for all Trusts

Ensure this questionnaire is completed in addition to the Business/Rental/Investment questionnaire and included with your records

Client Name:	Address:	
Balance Date:	Phone:	
	Email:	
Records Required		Comment
IRD Disclosure requirement information (exc	luding non-active trusts)	
If not provided already, please supply a copy of the tru If not provided already, please supply the following inf of the Trust: Full name Date of birth or commencement date (for non-individed) Jurisdiction of tax residency (if not NZ) IRD number (or Tax Identification Number for those if If not provided already, please supply details of any see	formation for all settlors and beneficiaries duals) not resident in NZ)	
other persons (including those valued at zero) If not provided already, please supply details of any disincluding the following: • Distributions of accounting income • Distributions of capital, corpus or trust assets • Use of trust property for less than market value • Forgiveness of debt If not provided already, please supply the following de to appoint/dismiss a trustee, add/remove a beneficiary • Full name • Date of birth or commencement date (for non-individence) • Jurisdiction of tax residency (if not NZ)	etails of any person who has the power y, or to amend the trust deed.	
IRD number (or Tax Identification Number for those in the second se	not resident in NZ)	
Legal Documents		
Please attach any solicitor's statements. Please provid beneficiary distributions or other legal documents rela		
Gifting Programme		
Please advise the date of gifts made to your trust during ifting documentation from your solicitor, please attack. Please provide an acknowledgement of debts if availants.	h these.	the Date of Gift
Major Transactions		
Please attach a list of any major transactions that have	e occurred during the financial year that aff	ect

Thank you for completing this questionnaire.

the Trust.