

# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

Email completed Trust Instruction Form and required documents: [trustform@rockwills.com](mailto:trustform@rockwills.com)

## DOCUMENTS TO BE SUBMITTED FOR DRAFTING (COMPULSORY)

Incomplete submission of documents required will delay drafting of the Trust

Passed to RWT	DOCUMENTS (if there are 2 Settlers, then both Settlers to provide the documents stated below)
[ ]	Copy of NRIC / Passport (for foreigner/PR of Malaysia) of the Settlor
[ ]	Letter of Engagement (LOE) properly filled and signed by the Settlor stating the name of the REP and deposit amount
[ ]	FATCA and CRS Self Declaration Form properly filled and signed by the Settlor. <i>(If the Settlor is a US person, please inform us)</i>
[ ]	The Settlor's copy of <u>latest/current</u> utility bill such as TNB, Unifi, Astro, water bill or bank/insurance statement stating the settlor's name and the address used for the trust (not more than 3 months and verified by the REP)
[ ]	Deposit (min. RM1,500; OR the amount stated in the LOE)
[ ]	Last 3 years income tax payment slip of the Settlor where the Trust Asset (including insurance sum assured) is at least RM2million in value <i>(applicable to Insurance Trust / Buy-Sell Trust / Declaration Trust with life insurance sum assured of at least RM2million)</i>

## TRUST ASSET DOCUMENTS: submit copy of document if it is included in the Trust

1)	<p><u>Shares in private limited company (Sdn Bhd)</u></p> <p>Copies of:</p> <ul style="list-style-type: none"> <li>Forms 24, 44 and 49 under Companies Act 1965 / Sections 46, 58 and 78 Companies Act 2016</li> <li>Declaration of latest shareholding by company secretary (if the latest Form 24 or Section 46 does not reflect the current shareholding)</li> <li>Memorandum &amp; Articles of Association (M&amp;A) / Constitution under Companies Act 2016</li> </ul> <p><u>Note:</u> Stamp Duty of 0.3% to be paid when transferring the shares based on NTA (net tangible asset) or PE (price earnings) or sale price, whichever higher.</p>
2)	<p><u>Property / Land / Condo / Apartment / Shop lot (for sole named properties)</u></p> <p>Copy of</p> <ul style="list-style-type: none"> <li>Title deed; or</li> <li>S&amp;P agreement (for uncompleted units; or where the individual strata/individual title yet to be issued)</li> <li>Address of property, if applicable</li> </ul> <p><u>Note: for jointly owned properties, please contact the Legal Adviser</u></p> <p><u>Note:</u> Stamp Duty to be paid when transferring the property to RWT as trustee, based on the value of the property</p> <ul style="list-style-type: none"> <li>First RM100,000 at 1%</li> <li>Next RM100,000 - RM500,000 at 2%</li> <li>Next RM500,000 at 3%</li> <li>Above RM1,000,000 at 4%</li> </ul> <p>Prevailing RPGT rates will be payable for the transfer to RWT from Settlor and RWT to the beneficiary</p>
3)	<p><u>Bank accounts (if for specific accounts in the Trust) (for joint accounts, both must be Settlers)</u></p> <ul style="list-style-type: none"> <li>Account number</li> <li>Bank and branch location</li> </ul>
4)	<p><u>Unit Trust (if for specific accounts in the Trust) (for joint accounts, both must be Settlers)</u></p> <ul style="list-style-type: none"> <li>Account number</li> <li>Unit trust company name</li> </ul>
5)	<p><u>Investment account (if for specific accounts in the Trust) (for joint accounts, both must be Settlers)</u></p> <ul style="list-style-type: none"> <li>Account number</li> <li>Investment management company name</li> </ul>
6)	<p><u>Life Insurance:</u></p> <ul style="list-style-type: none"> <li>Original policy document or e-policy</li> </ul>

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## DETAILS OF ROCKWILLS ESTATE PLANNER (REP) (COMPULSORY)

Name		Franchise code	
Email		HP number	

## SECTION 1: TYPE AND NAME OF THE TRUST (COMPULSORY)

- 1) TYPE OF TRUST
- INSURANCE TRUST** *To manage and distribute life insurance proceeds to beneficiaries periodically/lump sum.*
- DECLARATION TRUST** *To distribute unit trust, Sdn Bhd shares, bank accounts and life insurance to beneficiaries*
- TRUST FOR BUY-SELL TRUST** *To distribute sale proceeds in Buy-Sell arrangements*
- Name of the business:**
- OTHERS (please specify):**

2) **NAME OF THE TRUST**

3) **CAN REVOKE THE TRUST?**  Yes  No  
*For Declaration Trust – it is not part of the estate and not subject to creditors of the estate, BUT it is not creditor proof if Settlor-Main Trustee becomes bankrupt*

4) **WHAT IS THE RIGHT/INTEREST OF THE BENEFICIARIES IN THE TRUST?**

**Fixed interest:** *each beneficiary has the right to claim for his interest in the trust including his creditors.*

**Discretionary interest:** *each Beneficiary does NOT have any interest in the trust but a right to be considered by RWT to receive any benefit. Settlor may opt for a Letter of Wishes (LOW) to be given to RWT.*

5) **WHAT IS THE REASON(S) FOR SETTING UP THE TRUST?**  
*This is to enable RWT to prepare the trust to reflect the Settlor's intention. It is important for RWT to be informed of the Settlor's background, concern, worries and wishes.*

a) **State the main concerns and purpose of setting up the Trust**

b) **Is there any bad or contentious relationship between family members of the Settlor; OR the Settlor is holding the assets as a proxy for the Beneficiary or Effective Controller or Protector; OR prevent claims by creditors in case of bankruptcy; OR prevent claims in a divorce; OR some other reason(s) stated below?**

c) **When will the trust end?**

d) **Is there any other estate planning arrangement between the Settlor and Rockwills? If yes, please state what is it.**

## SECTION 2: DETAILS OF THE SETTLOR (COMPULSORY)



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## SETTLOR NO. 1

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_ 4) Religion  Muslim  Non-Muslim
- 5) Main Address \_\_\_\_\_
- 6) Correspondence Address \_\_\_\_\_
- 7) Email \_\_\_\_\_ 8) HP no. \_\_\_\_\_
- 9) Sex  Male  Female 10) Marital status \_\_\_\_\_
- 11) Income source  Salary  Business  Pension  Unemployed  
 Others: \_\_\_\_\_

*Supporting documents such as pay slip, income tax returns or business accounts may be requested for compliance with anti-money laundering and anti-terrorism financing laws or regulations*

### 12) Income source details

*For pension income, please state the details of the last employer and last position held*

- a) Name of employer/business \_\_\_\_\_
- b) Position held \_\_\_\_\_
- c) Address \_\_\_\_\_

### 13) For Unemployed / Others, please explain how the asset to be placed in the trust was obtained?

\_\_\_\_\_

### 14) Can the Settlor read and understand English?

Yes  No, the trust will be read and explained to the Settlor:

- a) Language/dialect \_\_\_\_\_
- b) Reader's name \_\_\_\_\_  
 Reader's NRIC No \_\_\_\_\_

## SETTLOR NO. 2

2@

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_ 4) Religion  Muslim  Non-Muslim
- 5) Main Address \_\_\_\_\_

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- 6) Correspondence Address \_\_\_\_\_
- 7) Email \_\_\_\_\_ 8) HP no. \_\_\_\_\_
- 9) Sex  Male  Female 10) Marital status \_\_\_\_\_
- 11) Income source  Salary  Business  Pension  Unemployed  
 Others: \_\_\_\_\_

*Supporting documents such as pay slip, income tax returns or business accounts may be requested for compliance with anti-money laundering and anti-terrorism financing laws or regulations*

- 12) Income source details  
*For pension income, please state the details of the last employer and last position held*
- a) Name of employer/business \_\_\_\_\_
- b) Position held \_\_\_\_\_
- c) Address \_\_\_\_\_
- 13) For Unemployed / Others, please explain how the asset to be placed in the trust was obtained?  
\_\_\_\_\_

- 14) Can the Settlor read and understand English?  
 Yes  No, the trust will be read and explained to the Settlor:
- a) Language/dialect \_\_\_\_\_
- b) Reader's name \_\_\_\_\_  
Reader's NRIC No \_\_\_\_\_

## SECTION 3: CORRESPONDENCE AND DELIVERY OF DOCUMENTS (COMPULSORY)

RWT will send the trust documents for signing and copies to:

- Correspondence address of the Settlor No. 1  REP

Note: ALL future correspondence will be sent to the Correspondence address of Settlor No. 1, not the REP

## SECTION 4: APPOINTMENT OF PROTECTOR (COMPULSORY)

### PROTECTOR NO. 1

2@

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Main Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

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## PROTECTOR NO. 2

Substitute                       Joint

1) Full Name \_\_\_\_\_

2) NRIC / Passport No. \_\_\_\_\_                      3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*

4) Main Address \_\_\_\_\_

5) Email \_\_\_\_\_                      6) HP no. \_\_\_\_\_

## PROTECTOR NO. 3

Substitute                       Joint

1) Full Name \_\_\_\_\_

2) NRIC / Passport No. \_\_\_\_\_                      3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*

4) Main Address \_\_\_\_\_

5) Email \_\_\_\_\_                      6) HP no. \_\_\_\_\_

## ALLOWANCE OF THE PROTECTOR AND OTHER INSTRUCTIONS

1) Is the Protector to be paid an allowance?  
 No  
 Yes 2@  
     a) Amount \_\_\_\_\_                      b) How frequent? \_\_\_\_\_  
     c) Inflation rate \_\_\_\_\_ % per annum

2) Other instructions to the Protector 2@

## SECTION 5: TRIGGER EVENTS FOR DECLARATION TRUST (fill up only for Declaration Trust)

When will RWT act as Trustee to replace the Settlor(s) as Main Trustee(s)? 3@

Death     Total permanent disability

Comatose     Missing for a period of \_\_\_\_\_

Critical illness

Others: \_\_\_\_\_ 1@

## SECTION 6: WHO CAN REVOKE OR AMEND THE TRUST? (COMPULSORY)

Trust is created by:

	1@	<u>Settlor</u>	<u>Protector</u>	<u>Beneficiary</u>
1) Sole Settlor only				
a) Who can revoke the trust?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Who can amend/change the trust?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Additional instructions: _____				2@



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- 2) **Joint Settlers** 1@
- |  | <u>Settlor No. 1</u> | <u>Settlor No. 2</u> | <u>Protector</u> |
|--|----------------------|----------------------|------------------|
| a) Who can revoke the trust <b>before</b> death or Event occurs? | [ ]                  | [ ]                  | [ ]              |
| b) Who can revoke the trust <b>after</b> death or Event occurs?  | [ ]                  | [ ]                  | [ ]              |
| c) Who can amend/change the trust?                               | [ ]                  | [ ]                  | [ ]              |
- d) Additional instructions: \_\_\_\_\_ 2@  
*(for example, both Settlers to amend/revoke; or Settlor No. 1 can revoke/amend and after his death, Settlor No. 2 can revoke or amend; or either one of the Settlor can revoke/amend)*

## SECTION 7: IS THERE AN EFFECTIVE CONTROLLER? (COMPULSORY)

- 1) **Is the Settlor giving instructions to set up the trust and have the power to vary and/or revoke the Trust?**
- [ ] Yes      [ ] No, the person having such powers is the Effective Controller whose details are stated in Item 2

*“Effective Controller” means the party (person or organization) who ultimately owns or controls the Settlor (if a body corporate or incorporated), or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or incorporated, or the person whom the Settlor is accustomed to take instructions from in relation to the asset to be settled.*

### 2) DETAILS OF THE EFFECTIVE CONTROLLER

- a) **Provide to RWT the following documents (OTHERWISE TRUST SUBMISSION WILL BE REJECTED):**

- [ ] Copy of NRIC / Passport
- [ ] Copy of latest/current utility bill such as TNB, Unifi, Astro, water bill or bank/insurance statement stating the Effective Controller’s name and the address
- [ ] FATCA and CRS Self Declaration Form properly filled and signed by the Effective Controller. *(If the Effective Controller is a US person, please inform us)*

- b) **Full name** \_\_\_\_\_
- c) **NRIC/Passport No** \_\_\_\_\_
- d) **Country** \_\_\_\_\_
- e) **Date of birth** \_\_\_\_\_
- f) **Domicile** \_\_\_\_\_
- g) **Email** \_\_\_\_\_
- h) **HP no** \_\_\_\_\_
- i) **Income source**    [ ] Salary    [ ] Business    [ ] Pension    [ ] Unemployed
- Others \_\_\_\_\_

### j) Income source details

*For pension income, please state the details of the last employer and last position held*

Name of employer/ business \_\_\_\_\_

Position held \_\_\_\_\_ % of ownership in the business (if any) \_\_\_\_\_ %

Address \_\_\_\_\_

**For Unemployed / Others, please explain how the asset to be placed in the trust was obtained?**

- k) **Relationship to Settlor** \_\_\_\_\_
- l) **Years known to Settlor** \_\_\_\_\_



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## SECTION 8: WHEN WILL THE TRUST END? (COMPULSORY)

- 1) \_\_\_\_\_ years FROM the date of the trust (maximum 80 years) *(It starts from date of trust)* 1@
- 2) Others: \_\_\_\_\_ 1@  
*(example: until my youngest child is 25 years old; or until the death of my wife; or upon the exhaustion of the funds)*

## SECTION 9: WHAT ASSET IS BEING PLACED INTO THE TRUST? (COMPULSORY)

Please make additional copies of this page if there is not enough space.

1) LIFE INSURANCE POLICY DETAILS					
No	Type of Policy	Policy/ Account no	Company	Name of Policy Owner	Name of Life Assured
1)					1@
2)					
3)					
4)					1@
5)					
6)					
7)					1@
8)					
9)					
10)					1@
11)					
12)					
13)					1@
14)					
15)					

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2) OTHER MOVABLE ASSETS SUCH AS BANK ACCOUNTS / UNIT TRUST ACCOUNTS / SDN BHD SHARES				
No	Type of Asset	Account no	Company	Name of account holder(s)/shareholder(s)
1)				1@
2)				
3)				
4)				1@
5)				
6)				
7)				1@
8)				
9)				
10)				1@
11)				
12)				

**Note: joint accounts must be between Settlor No. 1 and Settlor No. 2**

3) IMMOVABLE ASSETS			
No	Property type	Address	Title details such as HSD, Grant No, Lot No etc
1)			1@
2)			1@
3)			1@
4)			1@
5)			1@
6)			1@



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## SECTION 10: WHO ARE THE BENEFICIARIES? (COMPULSORY)

### BENEFICIARY NO. 1

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

### BENEFICIARY NO. 2

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

### BENEFICIARY NO. 3

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

### BENEFICIARY NO. 4

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_



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## BENEFICIARY NO. 5

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

## BENEFICIARY NO. 6

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

## BENEFICIARY NO. 7

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_

## BENEFICIARY NO. 8

- 1) Full Name \_\_\_\_\_
- 2) NRIC / Passport No. \_\_\_\_\_ 3) Relationship to Settlor \_\_\_\_\_  
*If not Malaysian, state country of Passport or ID*
- 4) Correspondence Address \_\_\_\_\_
- 5) Email \_\_\_\_\_ 6) HP no. \_\_\_\_\_



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## SECTION 11: HOW TO DISTRIBUTE THE ASSETS TO THE BENEFICIARY? (COMPULSORY)

1) BEFORE SETTLOR IS DIAGNOSED WITH CRITICAL ILLNESS/TPD/COMA, IS THE SETTLOR THE SOLE BENEFICIARY (INSURANCE TRUST) / 99% BENEFICIARY (DECLARATION TRUST)?

Yes  No, the Beneficiaries will be those stated in Section 10 above and entitlement stated below in Item 2.

2) WHEN SETTLOR IS DIAGNOSED WITH CRITICAL ILLNESS/TPD/COMATOSE, HOW SHOULD THE DISTRIBUTION BE MADE BY RWT?

Note:

- Medical expenses stated below includes hospitalization, surgical procedures, nursing care, medication, medical equipment, nursing care center, elder care center and medical consultation.
- Debts including housing loan instalment, hire purchase instalment, credit cards and personal loan instalment.
- Where the Settlor is able to operate a bank account on his own without any help as confirmed by the Protector, ALL of the Settlor's entitlement will be given to him.
- Where the trust distributes 100% of all the Trust Asset, the trust ends!

a) What is the entitlement of each of the Settlor, Joint Settlor (if any) and other Beneficiaries?

Name of beneficiary	% of entitlement	Name of beneficiary	% of entitlement
Settlor No.1			
Settlor No. 2			

In case any of the beneficiary dies, his/her entitlement goes to who?

Settlor No. 1 dies, his/her entitlement goes to \_\_\_\_\_ (state name). If more than 1 beneficiary to receive, then choose:  equally  proportionate 1@

Settlor No. 2 dies, his/her entitlement goes to \_\_\_\_\_ (state name). If more than 1 beneficiary to receive, then choose:  equally  proportionate 1@

\_\_\_\_\_ dies, his/her/their entitlement goes to \_\_\_\_\_ more than 1 beneficiary to receive, then choose:  equally  proportionate 1@

Other instructions: for e.g. to the children's own children equally: \_\_\_\_\_ 1@

**Please calculate the TOTAL payment to beneficiaries and ensure that the trust assets are enough to pay out the amount during the trust period!**

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**b) The entitlement of the beneficiaries stated above in Item 2(a) will be used or distributed in the following manner:**

i) Settlor No. 1				ii) Settlor No. 2			
[ ]	Monthly maintenance	RM	1@	[ ]	Distribute ALL the entitlement of Settlor to remaining Settlor and trust ends; OR		1@
[ ]	Medical expenses	RM	1@	[ ]	Distribute entitlement of Settlor No. 2 in the following manner:		
[ ]	Payment of debts	RM	1@	[ ]	Monthly maintenance until _____ age	RM	1@
[ ]	Funeral expenses (death of settlor)	RM	1@	[ ]	Annual maintenance until _____ age	RM	1@
[ ]	Legal fees for Probate (death of settlor)	RM	1@	[ ]	Medical expenses until _____ age	RM	1@
[ ]	RWT deposit for estate administration fee (if acting as executor) (min. RM6,000) (death of settlor)	RM	1@	[ ]	Annual vacation (max)	RM	1@
[ ]	Others: (state below) (for example, pay for medical and maintenance as and when incurred; or at discretion of trustee)	Allocation	3@	[ ]	Gift for CNY/Christmas/Hari Raya until _____ age	RM	1@
[ ]				[ ]	Gift for birthday until _____ age	RM	1@
[ ]				[ ]	Funeral expenses (death of settlor)	RM	1@
[ ]				[ ]	Others: (state below)	Allocation	3@
<b>TOTAL AMOUNT REQUIRED FOR SETTLOR: RM</b>				<b>TOTAL AMOUNT REQUIRED FOR JOINT SETTOR: RM</b>			
iii) Children				iv) Others			
[ ]	Set aside medical expenses for each child (payment will be made as and when needed)	RM	1@	[ ]	Monthly household expenses for _____ (state name/group)	RM	1@
[ ]	Annual vacation (max)	RM	1@	[ ]	Emergency fund for _____ (state name/group)	RM	1@
[ ]	Gift for CNY/Christmas/Hari Raya until _____ age	RM	1@	[ ]	Deposit for purchase of 1 motor vehicle or 1 motorcycle each for _____ (state name/group)	RM	1@
[ ]	Gift for birthday until _____ age	RM	1@	[ ]	Monthly payment for hire purchase of motor vehicle or motorcycle each for _____ (state name/group)	RM	1@
[ ]	Gift for: (state event below)	RM	1@	[ ]	Annual allowance payment for motor vehicle or motorcycle each for _____ (state name/group)	RM	1@
[ ]	Annual maintenance until _____ age (starting from 1 <sup>st</sup> January or next working day)	RM	1@	[ ]	One-time payment for purchase of 1 motor vehicle or 1 motorcycle each for _____ (state name/group)	RM	1@

[continue next page]



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iii) Children (continue)			iv) Others (continue)		
[ ]	Monthly maintenance ( <i>state details below</i> ):		[ ]	Deposit for purchase of 1 property (residential or commercial) each for spouse and children (when children reach minimum age of _____)	
	• Age _____ to _____	RM 1@	[ ]	Monthly payment for property loan each for spouse and children	
	• Age _____ to _____	RM 1@	[ ]	Annual allowance payment for property each for spouse and children	
	• Age _____ to _____	RM 1@	[ ]	One-time payment for purchase of property each for spouse and children	
	• Age _____ to _____	RM 1@	[ ]	Gift for children's each new born baby	
[ ]	Wedding allowance for each child:		[ ]	One-time business startup fund each for _____ ( <i>state name/group</i> )	
	• 1 <sup>st</sup> marriage	RM 1@	[ ]	Others: ( <i>state below</i> ) ( <i>for example, pay for medical, education and maintenance as and when incurred; or at discretion of trustee</i> )	
	• 2 <sup>nd</sup> marriage	RM 1@			
[ ]	Allocation for education for each child until the age of _____		RM 1@		
[ ]	To reward for academic achievement of each child:				
	• Primary: achieve grade of _____	RM 1@			
	• Secondary: achieve grade of _____	RM 1@		<b>TOTAL AMOUNT REQUIRED FOR OTHERS: RM</b>	
	• Pre-university/College/Matriculation: achieve grade of _____	RM 1@			
	• 1 <sup>st</sup> University degree/Professional qualification: achieve grade of _____	RM 1@		<b>TOTAL AMOUNT REQUIRED FOR EACH CHILD:</b>	
<b>TOTAL AMOUNT REQUIRED FOR EACH CHILD:</b>			<b>TOTAL AMOUNT REQUIRED FOR EACH CHILD:</b>		
	<u>Name of child</u>	<u>Total Amount required (RM)</u>		<u>Name of child</u>	<u>Total Amount required (RM)</u>



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**3) WHEN SETTLOR DIED (INSURANCE TRUST/DECLARATION TRUST) OR DISAPPEAR (DECLARATION TRUST), HOW SHOULD THE FUNDS BE DISTRIBUTED BY RWT?**

a) What is the entitlement of each of the Beneficiaries? 2@

Name of beneficiary	% of entitlement	Name of beneficiary	% of entitlement

**In case any of the beneficiary dies, his/her entitlement goes to who? Choose one:**

- Settlor No. 1 dies, his/her entitlement goes to \_\_\_\_\_ (state name). If more than 1 beneficiary to receive, then choose:  equally  proportionate 1@
- Settlor No. 2 dies, his/her entitlement goes to \_\_\_\_\_ (state name). If more than 1 beneficiary to receive, then choose:  equally  proportionate 1@
- \_\_\_\_\_ dies, his/her/their entitlement goes to \_\_\_\_\_ more than 1 beneficiary to receive, then choose:  equally  proportionate 1@
- Other instructions: for e.g. to the children's own children equally: \_\_\_\_\_ 1@

b) The entitlement of the beneficiaries above in Item 3(a) will be used or distributed in the following manner:

i) Spouse			ii) Parent(s) / Parent(s) in law				
			Area	Father	Mother	Father-in-law	Mother-in-law
<input type="checkbox"/>	Monthly maintenance until _____ age	RM 1@					
<input type="checkbox"/>	Annual maintenance until _____ age	RM 1@	Monthly maintenance until _____ age	RM 1@	RM 1@	RM 1@	RM 1@
<input type="checkbox"/>	Medical expenses until _____ age	RM 1@	Annual maintenance until _____ age	RM 1@	RM 1@	RM 1@	RM 1@
<input type="checkbox"/>	Annual vacation (max)	RM 1@	Medical expenses until _____ age	RM 1@	RM 1@	RM 1@	RM 1@
<input type="checkbox"/>	Gift for CNY/Christmas/Hari Raya until _____ age	RM 1@	Gift for CNY/Christmas/Hari Raya until _____ age	RM 1@	RM 1@	RM 1@	RM 1@
<input type="checkbox"/>	Gift for birthday until _____ age	RM 1@	Gift for birthday until _____ age	RM 1@	RM 1@	RM 1@	RM 1@
<input type="checkbox"/>	Gift for: (state it below)	RM 1@	Gift for: (state below)	RM 1@	RM 1@	RM 1@	RM 1@
<input type="checkbox"/>	Funeral expenses of spouse and probate for spouse's estate	RM 1@	Funeral expenses	RM 1@	RM 1@	RM 1@	RM 1@
<b>TOTAL AMOUNT REQUIRED FOR SPOUSE: RM</b>			<b>TOTAL AMOUNT REQUIRED FOR EACH PERSON: RM</b>				



# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

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iii) Children				iv) Others			
[ ]	Set aside medical expenses for each child ( <i>payment will be made as and when needed</i> )	RM	1@	[ ]	Monthly household expenses for spouse and children	RM	1@
[ ]	Annual vacation (max)	RM	1@	[ ]	Emergency fund for spouse and children	RM	1@
[ ]	Gift for CNY/Christmas/Hari Raya until _____ age	RM	1@	[ ]	Deposit for purchase of 1 motor vehicle or 1 motorcycle each for _____ ( <i>state name/group</i> )	RM	1@
[ ]	Gift for birthday until _____ age	RM	1@	[ ]	Monthly payment for hire purchase of motor vehicle or motorcycle each for _____ ( <i>state name/group</i> )	RM	1@
[ ]	Gift for: ( <i>state event below</i> )	RM	1@	[ ]	Annual allowance payment for motor vehicle or motorcycle each for _____ ( <i>state name/group</i> )	RM	1@
[ ]	Annual maintenance until _____ age ( <i>starting from 1<sup>st</sup> January or next working day</i> )	RM	1@	[ ]	One-time payment for purchase of 1 motor vehicle or 1 motorcycle each for _____ ( <i>state name/group</i> )	RM	1@
[ ]	Monthly maintenance ( <i>state details below</i> ):			[ ]	Deposit for purchase of 1 property (residential or commercial) each for spouse and children (children reach minimum age of _____)	RM	1@
	• Age _____ to _____	RM	1@	[ ]	Monthly payment for property loan each for spouse and children	RM	1@
	• Age _____ to _____	RM	1@	[ ]	Annual allowance payment for property each for spouse and children	RM	1@
	• Age _____ to _____	RM	1@	[ ]	One-time payment for purchase of property each for spouse and children	RM	1@
	• Age _____ to _____	RM	1@	[ ]	Gift for children's each new born baby	RM	1@
[ ]	Wedding allowance for each child:			[ ]	One-time business startup fund each for spouse and children	RM	1@
	• 1 <sup>st</sup> marriage	RM	1@	[ ]	Others: ( <i>state below</i> ) ( <i>for example, pay for medical, education and maintenance as and when incurred; or at discretion of trustee</i> )	<u>Allocation</u>	3@
	• 2 <sup>nd</sup> marriage	RM	1@				
[ ]	Allocation for education for each child until the age of _____	RM	1@				
[ ]	To reward for academic achievement of each child:						
	• Primary: achieve grade of _____	RM	1@				
	• Secondary: achieve grade of _____	RM	1@				

[continue next page]



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iii) Children (continue)			iv) Others (continue)	
<ul style="list-style-type: none"> <li>• Pre-university/College/Matriculation: achieve grade of _____</li> </ul>	RM	1@	<b>TOTAL AMOUNT REQUIRED FOR OTHERS: RM</b>	
<ul style="list-style-type: none"> <li>• 1<sup>st</sup> University degree/Professional qualification: achieve grade of _____</li> </ul>	RM	1@		
<b>TOTAL AMOUNT REQUIRED FOR EACH CHILD:</b>			<b>TOTAL AMOUNT REQUIRED FOR EACH CHILD:</b>	
<u>Name of child</u>	<u>Total Amount required (RM)</u>		<u>Name of child</u>	<u>Total Amount required (RM)</u>
v) Donation to Charity				
Name of Charity	Address	Registration No	Amount	Frequency to pay (monthly/annual)
				1@
				1@
				1@
				1@
				1@
				1@
<b>TOTAL AMOUNT REQUIRED FOR CHARITY: (RM x no. of months payable): RM</b>				

**4) ANY OF THE PAYMENT INFLATION PROOF?**

[ ] No                      [ ] Yes, the inflation rate will be at \_\_\_\_\_% p.a. beginning from the date of the Trust Deed 1@



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## 5) WHO RECEIVES PAYMENT ON BEHALF OF MINOR BENEFICIARY?

Choose one:

- Parent or Guardian or person the Protector confirms in writing is taking care of the minor Beneficiary; OR 1@
- Person named below (if more than one, in order of priority) 2@

Full name	NRIC/Passport No	Address	Relationship to Settlor(s)

## 6) WHEN THE TRUST ENDS, WHO GETS THE BALANCE OF THE TRUST ASSETS?

Choose one:

- Surviving beneficiaries receive their OWN REMAINING entitlement; OR 1@
- Surviving beneficiaries receive EQUALLY the Trust Asset; OR 1@
- The following beneficiaries to receive balance when the Trust ends: 2@

Full name	NRIC/Passport No	Address	Relationship to Settlor(s)	% of entitlement

## 7) ANY DISQUALIFICATION OF BENEFICIARY TO RECEIVE ENTITLEMENT? *Those disqualified will be treated having predeceased so that the next beneficiary is entitled 3@*

- Bankruptcy  Others: (state it)

Disappearance for more than \_\_\_\_\_ days

Conviction and imprisonment of \_\_\_\_\_ months



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8) The term "Children" includes:

Illegitimate

Legally adopted

Others: *(state it)*

---

9) **ANY SPECIAL INSTRUCTION?**

3@



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## SECTION 12: DECLARATION BY THE SETTLOR OR SETTLORS (COMPULSORY)

I, being the sole Settlor or individually as Settlers (where there is more than one Settlor), hereby agree and declare that, to the best of my knowledge and belief:

- a) The particulars and information furnished by me in this Rockwills Trust Instruction Form for the establishment of Trust is, having made all reasonable enquiries, true, complete and correct; I will advise Rockwills Trustee Berhad ("RWT") in writing immediately if any information contained in this application ceases to be accurate or changes in any way. I acknowledge and confirm that RWT shall be entitled to rely on my declaration above on the identity(ies) and also all information relating to the setting up of the trust account. In the event RWT requires additional information and/or documentation (such as utility bill, copies of Passport and NRIC, income tax returns, salary slip and any proof of income) for preparation of the trust and/or for due diligence purposes, I agree to provide such information and/or documentation required.
- b) I agree to inform RWT of all changes in my residence and/or citizenship and/or that of the Beneficiaries and any relevant parties to the Trust.
- c) I confirm that any monies and/or other assets transferred now or at any time in the future to the Trust or any underlying company are or will be my property(ies).
- d) I confirm that any monies and/or other assets to be settled in the Trust by the Settlor are free or will be from any lien, charges or encumbrances when RWT acts as trustee;
- e) I confirm that the proposed arrangements:
  - i) Will not involve dealings with any funds that are either directly or indirectly the proceeds of any crime, and
  - ii) Will not breach any law or regulation to which the Settlor is subject to.
- f) I confirm that I am not an undischarged bankrupt and there are currently no pending proceedings for bankruptcy.
- g) I understand and agree that the Trust including the funds and assets set up within the Trust are not from and will not be used for any illegal activities such as:
  - i) Accepting and/or distributing the proceeds from drug trafficking, corruption or any other criminal activities; and
  - ii) Engage in any form of money laundering and/or terrorism financing.
- h) I understand that by settling the monies and/or other assets into the Trust, I transfer the legal ownership of the monies and/or other assets to the Trustee for the benefit of the beneficiaries.
- i) I understand that if any insurance policy(ies) is assigned to RWT before the trust is signed by me, RWT will hold on trust the insurance policy(ies). In the event of my death before the trust is signed by me, any proceeds received by RWT will be distributed to my estate, or in the case of any insurance policy(ies) where I am not the original policy owner and assignor, it shall be re-assigned to the policy owner and assignor of the policy. RWT is entitled to deduct such amounts from the insurance proceeds for its trustee's fees, expenses and disbursements incurred by RWT.
- j) I agree that communication via electronic mail (email) constitute a valid tool of communication with RWT. I hereby authorise RWT to act on any instruction for the trust transmitted via the email address that I have provided in the trust. Any instruction received from the said email will be deemed as instruction from me. In consideration of RWT agreeing to the foregoing, I hereby undertake to indemnify RWT against all losses, costs, damages, expenses, claims and/or demands which RWT may incur or sustain by reason of RWT carrying out any instruction by me.
- k) I undertake to advise the Trustee by written notice as soon as practicable in the event that of any circumstances change, which may affect the structure of the Trust.
- l) I understand that the Rockwills Estate Planner ("REP") is merely facilitating the arrangement for RWT to be the trustee in respect of an express trust and I hereby agree and give my consent to RWT to obtain my particulars and information from the REP (if applicable) regarding all aspects of the Trust Application from application to completion.
- m) I agree to sign the Letter of Engagement (LOE) provided by the REP separately and the terms and conditions stated therein.

### PERSONAL DATA PROTECTION STATEMENT

Rockwills Group values all personal information provided by you and we respect the privacy of your personal information. Any personal information provided by you to Rockwills Group will be solely for providing you with services which you have engaged us to provide and to advise you of other related services products, which may be of interest to you. For details of the Rockwills PDPA, please visit our website at [www.rockwills.com](http://www.rockwills.com)

I or We (if there is more than one Settlor):

- a) have read, understood and confirm the information above; and



# ROCKWILLS TRUST INSTRUCTION FORM

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- b) confirmed that the current fees of RWT stated in Section 14 have been explained to me or us; and
- c) read, understood and agrees that the current fees of RWT stated in Section 14 below may change from time to time at the inception of the trust and during the trust period where RWT acts as the trustee.

Signature of the Settlor No. 1

Signature of Settlor No. 2 (if any)

Full name: \_\_\_\_\_

Full name: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_

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

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

Witnessed by:

Witness full name: \_\_\_\_\_

Signature of the Witness

NRIC/Passport No: \_\_\_\_\_

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

Address: (if REP is witness, need not fill address): \_\_\_\_\_

### To be filled and signed by the REP

I have read and explained the contents and requirements of this form to the Settlor(s) and he/she confirmed that he/she understood the above by affixing his/her signature above. I have also sighted the original IC/Passport of the Settlor(s).

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

Signature of the REP

NRIC/Passport No: \_\_\_\_\_

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

### **SECTION 13: PAYMENT TO BE MADE (COMPULSORY)**

1) Estimated full setup fee RM \_\_\_\_\_

2) Deposit paid (minimum RM1,500 or amount stated in LOE) RM \_\_\_\_\_

3) Estimated balance payment to collect (less deposit collected) RM \_\_\_\_\_

4) Payment made by: (Rockwills Corporation Sdn Bhd is the collection agent for companies in the Rockwills Group)

Credit card payments –  
(Please email the acknowledgement of payment to [e-service@rockwills.com](mailto:e-service@rockwills.com))

Bank deposit/transfer details: **Public Bank 3139185835 or CIMB 800-2325-790**  
Account name: ROCKWILLS CORPORATION SDN BHD (Please provide proof of transfer/deposit)

Cheque – payable to **ROCKWILLS CORPORATION SDN BHD**

Cheque No: \_\_\_\_\_ Bank & Branch: \_\_\_\_\_

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## SECTION 14: FEES CHARGEABLE BY RWT

1)	TYPE OF TRUST	NO. OF @	SETUP FEE
	<ul style="list-style-type: none"> <li>Insurance Trust</li> <li>Declaration of Trust</li> <li>Private Trust</li> </ul> <p><i>(for Family Business Trust, fees to be quoted by Rockwills Advisory Services Sdn Bhd [RAS])</i></p> <p><i>(for Buy-Sell Trust fees, refer to Buy-Sell Instruction Form fee table)</i></p> <p><i>(all documents will be in English)</i></p> <p><i>(the client is entitled to 3 rounds of amendments, for additional rounds of amendments please see "other fees")</i></p>	18 & below	1,500
		19 – 20	1,750
		21 – 22	2,000
		23 - 24	2,250
		25 - 26	2,500
		27 - 28	2,750
		29 - 30	3,000
		31 - 32	3,250
		Above 32	3,500 – 25,000
2)	OTHER FEES		
	SERVICE	FEES (RM)	
	Express drafting within 5 work days	10% additional of the Setup Fee	
	Urgent express drafting within 2 work days	30% additional of the Setup Fee	
	Additional 2 rounds of amendments	1,000.00	
	Deed of Revocation <i>(for revocable trust only)</i>	600.00	
	Deed of Revocation for Declaration Trust <i>(and Power of Attorney)</i>	1,000.00	
	Deed of RWT Appointment as New Trustee	250.00	
	Deed of Retirement of Trustee <i>(to replace RWT as the trustee)</i>	1,000.00	
	Additional Power of Attorney	400.00	
	Revocation of Power of Attorney	400.00	
	Supplemental deed for additional trust asset	<ul style="list-style-type: none"> <li>200.00 to amend trust asset only</li> <li>Any amendment other than trust asset, shall be charged based on number of amendments</li> </ul>	
	Assignment of Malaysian insurance policy	100.00 per policy	
	Assignment of overseas/offshore insurance policy <i>(where CTC of documents of RWT, directors and shareholders are required and documents to be sent to overseas insurer)</i> <i>Acceptance of oversea/offshore insurance policy is at the discretion of the management</i>	<ul style="list-style-type: none"> <li>150.00 per policy: courier fee; and</li> <li>200.00 per policy: CTC of RWT documents per policy; and</li> <li>200.00 per policy: CTC of each of RWT's corporate shareholder's documents</li> <li>Courier fee – to be paid by client</li> </ul>	
3)	ANNUAL TRUSTEE ADMINISTRATION FEES (WHEN RWT ACTS AS TRUSTEE)		
(a)	MOVABLE ASSETS (except for company shares mentioned in Item (b) below) (see Notes below)		
	For the first RM1,000,000	0.75% subject to a minimum of RM2,000	
	For the next RM9,000,000	0.5%	
	Above RM10,000,000	0.25%	
(b)	HOLDING OF LISTED AND UNLISTED COMPANY SHARES		
	<ul style="list-style-type: none"> <li>RM8,000 for holding of shares for the first three (3) companies; and</li> <li>RM2,500 shall be charged for each subsequent company; and</li> <li>Dividends received shall be charged under Movable Assets in (a).</li> </ul>		
(c)	IMMEDIATE DISTRIBUTION OF LISTED AND UNLISTED COMPANY SHARES		
	<ul style="list-style-type: none"> <li>RM2,000 for distributing of shares for the first three (3) companies; and</li> <li>RM2,000 shall be charged for the subsequent three (3) companies.</li> </ul>		
(d)	IMMOVABLE ASSETS (INCOME BEARING)		
	<ul style="list-style-type: none"> <li>1.0% of market value of the property OR RM6,000 per title/lot, whichever is lower</li> <li>Rental income will be charged under Movable Assets in (a)</li> </ul>		
(e)	IMMOVABLE ASSETS (NON-INCOME BEARING)		
	<ul style="list-style-type: none"> <li>RM2,000 per title/lot</li> </ul>		
(f)	PAYOUT OF INSURANCE BENEFITS TO SETTLOR		
	Administration Fee: RM50.00 per payment		
	<p>Only applies to insurance pay out for</p> <ol style="list-style-type: none"> <li>the medical and hospitalization claims of the Settlor provided it is covered by the terms and conditions of the insurance policy</li> <li>annuity payments or bonuses or investment returns or income or dividend distribution which are not specified in the terms and conditions of the trust during the lifetime of the Settlor for his benefit only before any claim on the sum assured is made; and</li> <li>the withdrawal of the cash value or surrender value or redemption value of the insurance policy during the lifetime of the Settlor for his benefit only before any claim on the sum assured is made;</li> </ol> <p><u>provided</u> there are no written instructions for accumulation of the funds by the Trustee.</p>		

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**Note: moneys received by RWT due to any claim arising from death or Total Permanent Disability or Critical Illness or maturity of endowment policy (collectively and individually hereinafter known as "Sum Assured") being part of the terms of the policy or in any situation where the Sum Assured is payable to RWT as the policy owner or trustee of the policy, the fees under Movable Asset in (a) shall be payable, which shall be subject to a minimum fee of RM2,000.**

## EXAMPLE OF ANNUAL TRUSTEE ADMINISTRATION FEES CALCULATION

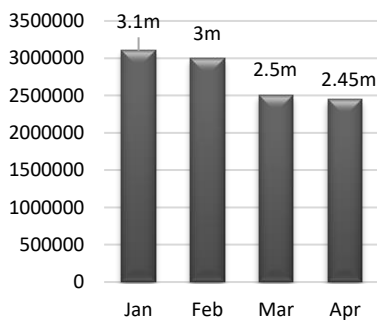
The assets below are required to be held on trust for 5 years from the date of the Settlor's death:

Assets	Value
Bank Accounts	RM600,000.00
Non-listed Shares	RM600,000.00
Insurance Policy	RM2,500,000.00
House (no rental)	RM2,100,000.00
<b>Gross Estate Value</b>	<b>RM5,800,000.00</b>

Assets	Annual Trust Administration Fees		Calculation
Bank Accounts	First RM1 million:	0.75% p.a. (minimum RM2,000)	RM1,000,000 x 0.75% = RM7,500
Insurance Policy	Next RM9 million:	0.5% p.a.	RM2,100,000 x 0.5% = RM10,500
House	-	RM2,000	RM2,000
Non-listed Shares	-	RM8,000	RM8,000
<b>TRUST ADMINISTRATION FEE (without Prepaid Gold 20% Discount)</b>			<b>RM28,000</b>

With Prepaid Gold, the subscriber will be entitled to the following benefits:	With Prepaid Gold	Without Prepaid Gold
Trust Administration Fee (without Prepaid Gold 20% Discount)		RM28,000
Less Prepaid Gold 20% Discount on Trust Administration	(RM5,600)	
<b>Trust Administration Fee after Prepaid Gold 20% discount</b>		<b>RM22,400</b>

For example:



### EXAMPLE OF ANNUAL TRUSTEE FEE CALCULATION

Trust Fund in January: RM3,100,000

Pro-rata monthly fee for January:

- RM1,000,000 x 0.75% / 12 = RM625
- RM2,100,000 x 0.5% / 12 = RM875

Total fee for January: RM1,500

In Feb, withdrawal of RM100,000 was made to pay for education and daily expenses

Balance in February: RM3,000,000

Pro-rata monthly fee for February:

- RM1,000,000 x 0.75% / 12 = RM625
- RM2,000,000 x 0.5% / 12 = RM833.33

Total fee for February: RM1,458.33

At the end of 12 months, if the total annual fee is less than RM2,000, the annual trust administration fee will be at RM2,000.



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## FATCA/CRS INDIVIDUAL SELF-CERTIFICATION FORM

For Individual

Settlor 1

vApr19

Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), Rockwills Trustee Berhad is required to collect and report certain information to the local tax authority on the status of our customers.

As a trust company, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA or CRS.

### Part 1: Identification of Individual

<b>Name (as per NRIC/Passport)</b>			
<b>NRIC</b>			
<b>Passport No. (For Non-Malaysian) Please state issuing country</b>		<b>Passport Expiry Date</b>	
<b>Contact No.</b>		<b>Date of birth</b>	
<b>Place of Birth Please state town/city and country</b>			
<b>Residential Address</b>			
<b>Mailing Address (If different from above)</b>			

### Part 2: FATCA Self Certification

(Please tick in the appropriate box)

Do you possess any of the following US indicia?

- US citizen/tax resident (US passport/green card holder, US taxpayer, etc.)
- US place of birth
- US address (residence/ mailing/P.O. Box)
- US telephone number

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered "YES" to any of the questions above, you are deemed to be a **US person**. Please provide your US Taxpayer Identification number (TIN) and complete the W-9 form.

TIN: \_\_\_\_\_

If you answer "NO" for all the above, please tick [✓] the box as appropriate.

I am not a US person

I am no longer a US person

Note: Please provide a copy of certificate of loss of U.S. nationality.

### Part 3: Tax Residence Information

Are you currently a tax resident outside Malaysia? (please tick in the appropriate box)

No, I am currently solely a tax resident in Malaysia (please proceed to Part 5 to sign the Declaration).

Yes, I am currently a tax resident of the following countries: (please fill up the details below, Part 3 and Part 4)

Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN) or equivalent	If TIN or equivalent is unavailable, please state Reason A, B or C
1		
2		
3		

**Reason A:** The country/jurisdiction where the Individual is liable to pay tax does not issue TIN to its residents



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**Reason B:** *The Individual is otherwise unable to obtain a TIN or equivalent number*

**Reason C:** *No TIN is required (only select this reason if the authorities of the country of residence for tax purposes do not require the TIN to be disclosed)*

If you have selected Reason B above, please explain below why you are unable to obtain a TIN.

1	
2	
3	

## Part 4: Reasonableness Test – Country of Address or Telephone Number outside Country of Tax Residency (where applicable)

iii) *Please help us understand why the country of your residential/mailling address or contact number differs from the country of tax residency.*

**Reason** (please tick only one box)

- Working in the country of residential/mailling address/contact number for less than 6 months
- On an educational or cultural exchange visitor program in the country of residential/mailling address/telephone numbers for less than 6 months
- Regular travel between countries/jurisdictions for work and home
- Others – Please state: \_\_\_\_\_

iv) *Please provide a copy of your national identity card or passport or other government issued identity document of the country(s) where you are a tax resident.*

## Part 5: Declaration by and Signature of the Individual

- I represent and declare that the information provided above is true, accurate and complete.
- I understand the term “U.S. person” means any citizen or resident of the United States.
- I hereby consent to Rockwills Trustee Berhad (RWT) disclosing the above information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
- I hereby agree that RWT may classify me as a recalcitrant account holder in the event I fail to provide accurate and complete information and/or documentation as RWT may require.
- I hereby agree that RWT may withhold from my account(s) such amounts in accordance with the provisions of Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
- I undertake to notify RWT in writing within 30 calendar days of any change in circumstances which causes the information contained herein to become incorrect.

**Name of Individual** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## FATCA/CRS INDIVIDUAL SELF-CERTIFICATION FORM

For Individual

Settlor 2

vApr19

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As a trust company, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA or CRS.

### Part 1: Identification of Individual

<b>Name (as per NRIC/Passport)</b>			
<b>NRIC</b>			
<b>Passport No. (For Non-Malaysian) Please state issuing country</b>		<b>Passport Expiry Date</b>	
<b>Contact No.</b>		<b>Date of birth</b>	
<b>Place of Birth Please state town/city and country</b>			
<b>Residential Address</b>			
<b>Mailing Address (If different from above)</b>			

### Part 2: FATCA Self Certification

(Please tick in the appropriate box)

Do you possess any of the following US indicia?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. US citizen/tax resident (US passport/green card holder, US taxpayer, etc.) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. US place of birth  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. US address (residence/ mailing/P.O. Box)                                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. US telephone number  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you answered "YES" to any of the questions above, you are deemed to be a **US person**. Please provide your US Taxpayer Identification number (TIN) and complete the W-9 form.

TIN: \_\_\_\_\_

If you answer "NO" for all the above, please tick [✓] the box as appropriate.

I am not a US person

I am no longer a US person

Note: Please provide a copy of certificate of loss of U.S. nationality.

### Part 3: Tax Residence Information

Are you currently a tax resident outside Malaysia? (please tick in the appropriate box)

No, I am currently solely a tax resident in Malaysia (please proceed to Part 5 to sign the Declaration).

Yes, I am currently a tax resident of the following countries: (please fill up the details below, Part 3 and Part 4)

Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN) or equivalent	If TIN or equivalent is unavailable, please state Reason A, B or C
1		
2		
3		

**Reason A:** The country/jurisdiction where the Individual is liable to pay tax does not issue TIN to its residents



# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

Email completed Trust Instruction Form and required documents: [trustform@rockwills.com](mailto:trustform@rockwills.com)

**Reason B:** *The Individual is otherwise unable to obtain a TIN or equivalent number*

**Reason C:** *No TIN is required (only select this reason if the authorities of the country of residence for tax purposes do not require the TIN to be disclosed)*

If you have selected Reason B above, please explain below why you are unable to obtain a TIN.

1	
2	
3	

## Part 4: Reasonableness Test – Country of Address or Telephone Number outside Country of Tax Residency (where applicable)

i) *Please help us understand why the country of your residential/ mailing address or contact number differs from the country of tax residency.*

**Reason** (please tick only one box)

- Working in the country of residential/ mailing address/ contact number for less than 6 months
- On an educational or cultural exchange visitor program in the country of residential/ mailing address/ telephone numbers for less than 6 months
- Regular travel between countries/ jurisdictions for work and home
- Others – Please state: \_\_\_\_\_

ii) *Please provide a copy of your national identity card or passport or other government issued identity document of the country(s) where you are a tax resident.*

## Part 5: Declaration by and Signature of the Individual

- I represent and declare that the information provided above is true, accurate and complete.
- I understand the term “U.S. person” means any citizen or resident of the United States.
- I hereby consent to Rockwills Trustee Berhad (RWT) disclosing the above information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
- I hereby agree that RWT may classify me as a recalcitrant account holder in the event I fail to provide accurate and complete information and/ or documentation as RWT may require.
- I hereby agree that RWT may withhold from my account(s) such amounts in accordance with the provisions of Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
- I undertake to notify RWT in writing within 30 calendar days of any change in circumstances which causes the information contained herein to become incorrect.

**Name of Individual** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

Email completed Trust Instruction Form and required documents: [trustform@rockwills.com](mailto:trustform@rockwills.com)

## FATCA/CRS INDIVIDUAL SELF-CERTIFICATION FORM

Effective Controller

For Individual

vApr19

Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), Rockwills Trustee Berhad is required to collect and report certain information to the local tax authority on the status of our customers.

As a trust company, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA or CRS.

### Part 1: Identification of Individual

<b>Name (as per NRIC/Passport)</b>			
<b>NRIC</b>			
<b>Passport No. (For Non-Malaysian) Please state issuing country</b>		<b>Passport Expiry Date</b>	
<b>Contact No.</b>		<b>Date of birth</b>	
<b>Place of Birth Please state town/city and country</b>			
<b>Residential Address</b>			
<b>Mailing Address (If different from above)</b>			

### Part 2: FATCA Self Certification

(Please tick in the appropriate box)

Do you possess any of the following US indicia?

- 5. US citizen/tax resident (US passport/green card holder, US taxpayer, etc.)
- 6. US place of birth
- 7. US address (residence/ mailing/P.O. Box)
- 8. US telephone number

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered "YES" to any of the questions above, you are deemed to be a **US person**. Please provide your US Taxpayer Identification number (TIN) and complete the W-9 form.

TIN: \_\_\_\_\_

If you answer "NO" for all the above, please tick [✓] the box as appropriate.

I am not a US person

I am no longer a US person

Note: Please provide a copy of certificate of loss of U.S. nationality.

### Part 3: Tax Residence Information

Are you currently a tax resident outside Malaysia? (please tick in the appropriate box)

No, I am currently solely a tax resident in Malaysia (please proceed to Part 5 to sign the Declaration).

Yes, I am currently a tax resident of the following countries: (please fill up the details below, Part 3 and Part 4)

Country/Jurisdiction of Tax Residence	Tax Identification Number (TIN) or equivalent	If TIN or equivalent is unavailable, please state Reason A, B or C
1		
2		
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**Reason A:** The country/jurisdiction where the Individual is liable to pay tax does not issue TIN to its residents



# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

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**Reason B:** *The Individual is otherwise unable to obtain a TIN or equivalent number*

**Reason C:** *No TIN is required (only select this reason if the authorities of the country of residence for tax purposes do not require the TIN to be disclosed)*

If you have selected Reason B above, please explain below why you are unable to obtain a TIN.

1	
2	
3	

## Part 4: Reasonableness Test – Country of Address or Telephone Number outside Country of Tax Residency (where applicable)

i) *Please help us understand why the country of your residential/ mailing address or contact number differs from the country of tax residency.*

**Reason** (please tick only one box)

- Working in the country of residential/ mailing address/ contact number for less than 6 months
- On an educational or cultural exchange visitor program in the country of residential/ mailing address/ telephone numbers for less than 6 months
- Regular travel between countries/ jurisdictions for work and home
- Others – Please state: \_\_\_\_\_

ii) *Please provide a copy of your national identity card or passport or other government issued identity document of the country(s) where you are a tax resident.*

## Part 5: Declaration by and Signature of the Individual

- I represent and declare that the information provided above is true, accurate and complete.
- I understand the term “U.S. person” means any citizen or resident of the United States.
- I hereby consent to Rockwills Trustee Berhad (RWT) disclosing the above information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
- I hereby agree that RWT may classify me as a recalcitrant account holder in the event I fail to provide accurate and complete information and/ or documentation as RWT may require.
- I hereby agree that RWT may withhold from my account(s) such amounts in accordance with the provisions of Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
- I undertake to notify RWT in writing within 30 calendar days of any change in circumstances which causes the information contained herein to become incorrect.

**Name of Individual** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

Email completed Trust Instruction Form and required documents: [trustform@rockwills.com](mailto:trustform@rockwills.com)

To: **Rockwills Trustee Berhad (200501026798)**  
Wisma Rockwills, No. 62, Jalan 2/131A  
Off Jalan Klang Lama, 58200 Kuala Lumpur

Settlor 1

**RE: LETTER OF ENGAGEMENT (“LOE”)**

I, the undersigned, hereby agree to the following:

- 1) Appointment of the authorised Rockwills Estate Planner (“REP”) named below to facilitate the preparation by Rockwills Trustee Berhad (Company No. 200501026798 (708932-T)) (“Rockwills”) of the document(s) below:

Name of REP: \_\_\_\_\_

Document(s) to prepare: [ ] Will [ ] Buy-Sell Trust (each shareholder/partner is to sign a separate LOE)  
(please tick relevant) [ ] Trust

- 2) Terms of engagement:

**Will/Trust**

- (a) Subject to the terms below, to pay Rockwills a non-refundable deposit of RM \_\_\_\_\_ (“Deposit”) upon signing this LOE and the REP taking my instructions;
- (b) Rockwills Corporation Sdn Bhd (“RWC”) shall be the collection agent for Rockwills;
- (c) To pay Rockwills the balance of the Will writing/Trust setup fee upon signing the Will/Trust;
- (d) The Will writing/Trust preparation services shall include a maximum of three (3) revisions to the draft prepared;
- (e) Where the Will writing/Trust preparation services exceed the maximum of three (3) revisions of the draft, it may be subject to additional fees;
- (f) Where the draft Will/Trust has been presented to me and I have not finalized within ninety (90) days, I agree clause (g) below shall apply;
- (g) In the event I cancel the Will/Trust services after the draft has been prepared, I agree that the Deposit to be forfeited. In addition, if the full Will writing fee / Trust setup fee exceeds the Deposit, I agree to pay a cancellation fee amounting to 75% of the balance of the Will writing fee/Trust setup fee;

**Buy-Sell Trust**

- (a) To pay the non-refundable full amount of RM \_\_\_\_\_ (“Full Payment”) being the Buy-Sell Trust fee upon the REP taking my instructions and Rockwills Corporation Sdn Bhd is the collection agent for Rockwills;
- (b) The Buy-Sell Trust preparation shall include a maximum of three (3) revisions to the draft prepared;
- (c) Where the Buy-Sell Trust preparation exceeded the maximum three (3) revisions of the draft, it shall be subject to additional fees; and
- (d) In the event I wish to cancel the Buy-Sell Trust preparation with the agreement of my business partners and terminate this LOE, I will immediately notify the REP in writing of my intentions to do so and the non-refundable full payment made shall be forfeited.

In the event I am requesting for a change of REP to prepare the above-mentioned document(s) other than the one named in this LOE, I agree that the Deposit/Full Payment shall be forfeited and I agree to execute a new LOE and pay for another Deposit/Full Payment to engage another REP.

I agree that the particulars and information furnished by me to Rockwills are true, complete and correct and Rockwills shall rely on the particulars and information provided by me to prepare the necessary documents and Rockwills shall not be required to seek confirmation of the accuracy of the particulars and information provided by me. I agree that Rockwills and the REP have done their best to ensure the relevant documents being prepared for me reflect my objectives and wishes, and there shall be no warranty given by Rockwills and the REP for the applicability or completeness of advice and recommendations. Where there is any error or omission, I agree that liability shall be limited to the fees paid by me to Rockwills for preparation of the documents mentioned above. I understand and agree that the services provided to me from Rockwills are made in good faith. I shall indemnify and not hold Rockwills and the REP liable for any losses, damages or claims resulting from incorrect or non-implementation, non-compliance, or delays in implementation of the engaged services above.

I understand that all personal information provided to Rockwills and its related companies within the Rockwills Group of Companies will be kept and used only by Rockwills Group of Companies for the purpose of providing comprehensive estate planning services and/or to communicate with me as part of their commitment to provide good customer service to all their clients. I acknowledge my right to my personal information is protected under the Personal Data Protection Act 2010, including my right to request access to or correction of my personal information held by Rockwills. Details of Rockwills’ personal data protection policies can be accessed from Rockwills’ website at [www.rockwills.com](http://www.rockwills.com).

I have read, understood and agree to the above statement.

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

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

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_

Note: Please request a copy of this LOE for your own records.



# ROCKWILLS TRUST INSTRUCTION FORM

Private and Confidential (ver. Apr2023)

Email completed Trust Instruction Form and required documents: [trustform@rockwills.com](mailto:trustform@rockwills.com)

To: **Rockwills Trustee Berhad (200501026798)**  
Wisma Rockwills, No. 62, Jalan 2/131A  
Off Jalan Klang Lama, 58200 Kuala Lumpur

Settlor 2

**RE: LETTER OF ENGAGEMENT (“LOE”)**

I, the undersigned, hereby agree to the following:

3) Appointment of the authorised Rockwills Estate Planner (“REP”) named below to facilitate the preparation by Rockwills Trustee Berhad (Company No. 200501026798 (708932-T)) (“Rockwills”) of the document(s) below:

Name of REP: \_\_\_\_\_

Document(s) to prepare: [ ] Will [ ] Buy-Sell Trust (each shareholder/partner is to sign a separate LOE)  
(please tick relevant) [ ] Trust

4) Terms of engagement:

**Will/Trust**

- (h) Subject to the terms below, to pay Rockwills a non-refundable deposit of RM \_\_\_\_\_ (“Deposit”) upon signing this LOE and the REP taking my instructions;
- (i) Rockwills Corporation Sdn Bhd (“RWC”) shall be the collection agent for Rockwills;
- (j) To pay Rockwills the balance of the Will writing/Trust setup fee upon signing the Will/Trust;
- (k) The Will writing/Trust preparation services shall include a maximum of three (3) revisions to the draft prepared and presented to me by the REP;
- (l) Where the Will writing/Trust preparation services exceed the maximum of three (3) revisions of the draft, it may be subject to additional fees;
- (m) Where the draft Will/Trust has been presented to me and I have not finalized within ninety (90) days, I agree clause (g) below shall apply;
- (n) In the event I cancel the Will/Trust services after the draft has been prepared, I agree that the Deposit to be forfeited. In addition, if the full Will writing fee / Trust setup fee exceeds the Deposit, I agree to pay a cancellation fee amounting to 75% of the balance of the Will writing fee/Trust setup fee;

**Buy-Sell Trust**

- (e) To pay the non-refundable full amount of RM \_\_\_\_\_ (“Full Payment”) being the Buy-Sell Trust fee upon the REP taking my instructions and Rockwills Corporation Sdn Bhd is the collection agent for Rockwills;
- (f) The Buy-Sell Trust preparation shall include a maximum of three (3) revisions to the draft prepared and delivered to me by the REP;
- (g) Where the Buy-Sell Trust preparation exceeded the maximum three (3) revisions of the draft, it shall be subject to additional fees; and
- (h) In the event I wish to cancel the Buy-Sell Trust preparation with the agreement of my business partners and terminate this LOE, I will immediately notify the REP in writing of my intentions to do so and the non-refundable full payment made shall be forfeited.

In the event I am requesting for a change of REP to prepare the above-mentioned document(s) other than the one named in this LOE, I agree that the Deposit/Full Payment shall be forfeited and I agree to execute a new LOE and pay for another Deposit/Full Payment to engage another REP.

I agree that the particulars and information furnished by me to Rockwills are true, complete and correct and Rockwills shall rely on the particulars and information provided by me to prepare the necessary documents and Rockwills shall not be required to seek confirmation of the accuracy of the particulars and information provided by me. I agree that Rockwills and the REP have done their best to ensure the relevant documents being prepared for me reflect my objectives and wishes, and there shall be no warranty given by Rockwills and the REP for the applicability or completeness of advice and recommendations. Where there is any error or omission, I agree that liability shall be limited to the fees paid by me to Rockwills for preparation of the documents mentioned above. I understand and agree that the services provided to me from Rockwills are made in good faith. I shall indemnify and not hold Rockwills and the REP liable for any losses, damages or claims resulting from incorrect or non-implementation, non-compliance, or delays in implementation of the engaged services above.

I understand that all personal information provided to Rockwills and its related companies within the Rockwills Group of Companies will be kept and used only by Rockwills Group of Companies for the purpose of providing comprehensive estate planning services and/or to communicate with me as part of their commitment to provide good customer service to all their clients. I acknowledge my right to my personal information is protected under the Personal Data Protection Act 2010, including my right to request access to or correction of my personal information held by Rockwills. Details of Rockwills’ personal data protection policies can be accessed from Rockwills’ website at [www.rockwills.com](http://www.rockwills.com).

I have read, understood and agree to the above statement.

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

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

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_

Note: Please request a copy of this LOE for your own records.

