



STL TRUSTEES
...Service built on Trust

Affix Passport Size Photograph

BVN: _____

STL SPECIAL NEEDS TRUST KYC FORM

Surname _____ Other Names _____
Title _____ Marital Status _____
(Mr./Mrs.) Gender Male Female
Address _____
Postal Address _____
Email Address _____ Phone Number _____
Initial Trust Asset _____

REQUIRED DOCUMENTATION

- 1 Passport Photograph
- Photocopy of Means of Identification
- Photocopy of Utility Bill



STL TRUSTEES

...Service built on Trust

STL SPECIAL NEEDS TRUST ENROLLMENT FORM

Beneficiary's Information:

Surname _____ Other Names _____

Date of Birth _____ Relationship to Settlor _____

Medical/Physical Status _____

Details of Special Needs _____

(Medical Treatments, Therapies, Educational Support/Others)

Location of Beneficiary:

Current location of the beneficiary _____

(City, State, Country)

Distribution Preferences for the Beneficiary:

Specify preferred method and frequency of distributions from the trust (monthly, quarterly, annually).
Indicate purpose of distributions (medical expenses, school fees, other necessities).

Additional Comments/Instructions:

Any additional information or specific instructions for the trust management

Signature Section:

Signature of Settlor: _____

Date: _____