

# **CHANGING TRUSTEES**

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This document contains three deeds:

- Deed 1 - Deed of Resignation as a Trustee;
- Deed 2 - Deed of Removal of a Trustee, and
- Deed 3 - Deed of Assumption and Conveyance and Minute of Resignation of Trustees (Scotland only).

**Please read these notes before completing this document:**

**a.** Deeds 1 and 2 are designed for use with trusts governed by the laws of England, Wales and Northern Ireland and Deed 3 for trusts governed by the laws of Scotland. (Deed 1 can be used where the trust, from which the trustee is resigning, is governed by the laws of Scotland and where there is no simultaneous appointment of a new trustee(s)).

**b.** Removal:

Check to ensure the trust contains a power that allows the settlor to remove a trustee.

**c.** Removal/Resignation:

Most trusts provide that a trustee cannot resign/be removed unless two individual trustees/one corporate trustee remains in office. Appointment of new trustees should precede resignation/removal. Check the trust to see what it requires.

**d.** When complete, please email a certified copy of this form to **Guarantees@va.monumentinsurance.com** Alternatively post it by international airmail to Monument Life Insurance dac, Bishop's Square, Redmond's Hill, Dublin 2, D02 TD99, Ireland.

**e.** Personal information you provide on this form will be held and processed by us in accordance with the European General Data Protection Regulation, Irish data protection law and any applicable national privacy legislation. We need to collect this personal information so that we can carry out your instructions and in doing so carry out our contractual obligations.

See our **Data Privacy Notice** which can be found on our website **www.monumentregroup.com/guarantees/** This explains how we manage your personal information and provides details on your data protection rights, how long we will hold information on you, contact details of our Data Protection Officer should you have any queries or concerns and how you can contact the Irish Data Protection Commission.

If you provide Monument with personal information relating to any other individual you must ensure that you have a lawful basis to collect and process it. In completing this form, you confirm that you have provided any such individual with a copy of our **Data Privacy Notice** and all other information that such an individual is legally entitled to under the European General Data Protection Regulation.

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The foregoing is supplied as a specimen only. Individuals are advised to consult their solicitors or obtain such advice as may be necessary to ensure that their wishes are properly documented and given effect.

## DEED 1

Resigning Trustee's  
full name and address

Details of:

- Name of Settlor(s)
- Address of Settlor(s)
- Date of trust
- Policy number
- Name of Insurer

Add if applicable (for  
example, if a policy is  
held in Trust).

Date of signing this Deed

Signature of Witness and  
Witness details

Names of Continuing  
Trustees

Signatures of Continuing  
Trustees

## DEED OF RESIGNATION AS A TRUSTEE

I

residing (now) at

**Do hereby resign** the office of trustee under a trust by

of

dated (dd/mm/yyyy)

and relative to policy number

issued by

**Monument Life Insurance dac**

Executed by me on (dd/mm/yyyy)

Signature of Resigning Trustee

Witness signature

Full name

Address

Postcode

Occupation

I/We

being the Continuing Trustee(s) acting under the said trust hereby accept  
intimation of the foregoing resignation.

Signature

Signature

Signature

Signature

The foregoing is supplied as a specimen only. Individuals are advised to consult their solicitors or obtain such advice as may be necessary to ensure that their wishes are properly documented and given effect.

## DEED 2

Name and address of Settlor(s) with power of removal under the Trust.

Date of trust  
Policy number

Name of insurer

Name(s) of Trustee(s) being removed

Date of signing this Deed

Signature(s) of Settlor(s)

Signature of Witness and Witness details

## DEED OF REMOVAL OF TRUSTEE

**This Deed of Removal** is made by

Name(s)

Address(es)

(the 'Settlor')

### Whereas

The Settlor hereby, in accordance with the power conferred by a trust executed by the Settlor and dated (dd/mm/yyyy) relative to the policy number

issued by

**Monument Life Insurance dac**

removes from office as a Trustee and discharges

from their obligations under that trust.

The Settlor hereby confirms that this Deed falls within Category A of the Stamp Duty (Exempt Instruments) Regulations 1987.

**In witness whereof** the Settlor has executed this Deed on (dd/mm/yyyy)

as follows:

**Signed as a deed and delivered**  
by the Settlor in the presence of

Settlor signature

Settlor signature

Witness signature

Full name

Address

Postcode

Occupation

The foregoing is supplied as a specimen only. Individuals are advised to consult their solicitors or obtain such advice as may be necessary to ensure that their wishes are properly documented and given effect.

### DEED 3

## DEED OF ASSUMPTION AND CONVEYANCE AND MINUTE OF RESIGNATION OF TRUSTEES (SCOTLAND)

Names and addresses of Present Trustees

I/We

residing at

I/We

residing at

Name of Settlor(s) and Trust details

the present trustee(s) acting under a trust by

dated

day of

 (month)

(year)

and relative to policy number

issued by

**Monument Life Insurance dac**

Name(s) and address(es) of New Trustee(s)

**Do hereby assume**

residing at

and

residing at

as New Trustee(s) under the said trust ('the New Trustees') and I/We, do hereby dispense and convey to myself/ourselves and the New Trustees as trustees under the said trust and to the survivors and the survivor of us, All and Sundry the whole trust estate and effects heritable and moveable, real and personal of whatever description and wheresoever situated, at present belonging to me/us and under my/our control as present trustee(s) under the said trust together with the whole vouchers, titles and instructions thereof: And the said New Trustees by their signature(s) hereto accept office as trustee(s) under the said trust: \*and

I/We the said

residing at

Name(s) and address(es) of Retiring Trustee(s)

\*Leave blank if no resignation

The foregoing is supplied as a specimen only. Individuals are advised to consult their solicitors or obtain such advice as may be necessary to ensure that their wishes are properly documented and given effect.

**Do hereby resign** the office of trustee(s) under the said trust: and I/We the remaining trustee(s) and the New Trustees hereby accept intimation of the foregoing resignation:

The parties hereto hereby certify that this instrument falls within Category A of the Schedule to the Stamp Duty (Exempt Instruments) Regulations 1987.

**In witness whereof** these presents are subscribed by the parties hereto

at

Place and date of signing

on

day of

 (month)

two thousand and

 (year)

before the witness hereto subscribing.

Designed for signature by all Trustees (i.e. those continuing, resigning and being newly appointed) at same time before same witness

Witness signature

Signatures of Trustee(s)

Full name

Address

Postcode

Occupation



Monument Life Insurance dac is registered in Ireland number 325795 with its registered office at 2 Park Place, Ground Floor, Upper Hatch Street, Dublin 2, Ireland and is regulated by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and the Prudential Regulation Authority.