

**This is the Last Will and Testament of**

\_\_\_\_\_ **Title**      \_\_\_\_\_ **First name**      \_\_\_\_\_ **Middle name(s)**      \_\_\_\_\_ **Surname**

\_\_\_\_\_ **Full residential address**

\_\_\_\_\_ State, Nigeria made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
**Day**      **Month**      **Year**

1. I hereby **revoke** all previous testamentary dispositions made by me and declare this to be my Last Will and Testament
2. I hereby appoint **Stanbic IBTC Trustees Limited** a private limited liability company incorporated and registered in Nigeria whose business address is at Plot 1678 Olakunle Bakare Close, off Sanusi Fafunwa Street, Victoria Island, Lagos State, Nigeria to be the **Trustee and Executor** of my Will.

In this Will:

- (a) the expression "Assets" shall specifically relate to my pension benefits and/or entitlements due from my employer as well as proceeds realized from my personal bank accounts.
  - (b) the expression "my executors " shall include my executors for the time being and their successors and Assigns.
  - (c) the expression "issue (s)" shall include the direct blood descendants of the person (s) specified (children, grandchildren, great - grandchildren etc) and any individual that may have been adopted by such person (s) as at the date of his/her/their demise.
3. I hereby bequeath to the person (s) listed in the Schedule of Beneficiaries provided herein, in the proportions indicated against their respective names all pension benefits due from my employer by virtue of the provisions of the Pension Reform Act 2014 as well as any entitlements due from my employer for my benefit.
  4. I also declare that I maintain personal bank accounts; particulars of which are set forth in the schedule below

S/n	Bank Name	Branch	Account Number	Account Type
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

5. I hereby bequeath the cumulative proceeds realized from such personal bank accounts to the person(s) listed in the Schedule of Beneficiaries provided herein and such proceeds shall form part of the Assets to be distributed in the proportions indicated against their respective names. I further declare that the above schedule shall also include personal bank accounts established after the execution of this my Will, being registered to my Bank Verification Number (BVN) \_\_\_\_\_  
**(Please note that my wishes shall apply to my personal bank accounts and/ or business accounts held in my personal capacity)**

6. I equally declare that I currently maintain the underlisted mutual fund investment accounts (“investments”) and I hereby bequeath cumulative balance standing in such investment accounts to the person(s) listed in the Schedule of Beneficiaries provided herein to be distributed in the proportions indicated against their respective names. I further declare that the schedule of investments provided below shall also include other mutual fund investments established by me after the execution of this Will.

S/n	Name of Institution/ Fund Manager	Institution/ Fund Manager Address	Mutual Fund Name	Mutual Fund Account Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Schedule of Beneficiaries**

*(Please fill in below the requested details for each of the desired beneficiaries):*

S/N	Full names of beneficiary(ies) and relationship	Address of beneficiary(ies)	Mother's full names	%
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
			<b>Total (must be equal 100%)</b>	

7. If any of the above mentioned beneficiaries specified in this Will should pre - decease me leaving issue(s), the portion of the Assets attributed to such deceased beneficiary under this my Will shall be distributed equally among such issue (s). In the absence of any issue(s), it is my wish that the other beneficiaries mentioned in this my Will shall take equally by substitution the portion of the Assets to which such deceased beneficiary would have been entitled if he/she had been living at my death.

8. I appoint Stanbic IBTC Trustees Limited (SITL) as trustee to this my Will in respect of any of my beneficiaries who are yet to attain the age of \_\_\_\_\_ (18 and above) at the time of my demise and I direct SITL to utilize the entitlements due to the such minor beneficiaries in the proportion stated by me above strictly for the education and health of my said minor beneficiaries until they each attain the age of 18 years and above or upon completion of their education, whereupon the residues shall then revert to each beneficiary respectively in the proportion to which they are entitled under this my Will. To this end, I desire that my trustee should invest all such applicable sums not immediately in use, in conservative investment outlet(s) which at the discretion of the trustees could be outsourced to a third party fund manager. Provided however that this clause would not apply where there are no beneficiaries that are minors at the time of my demise.
9. I agree that my estate shall bear and be responsible for all costs, charges and fees whatsoever required to prove and administer this my Will as well as all other pecuniary liabilities that may arise in course of proving and administering my Will including the executors fees of 1% on my estate's asset as agreed prior to my demise as well as all other pecuniary liabilities that may arise in the course of administering my Will (hereinafter called the "charges")
10. The executors shall be entitled and are hereby authorised to deduct the charges from the assets before paying same over to the beneficiaries in the proportions stated herein.
11. Subject to the settlement of all Charges required to prove and administer my Will, I hereby devise and bequeath the residue of all Assets which are specifically disposed under this Will (or by any codicil hereto) to the beneficiaries specifically listed in clause 4 above, in equal proportions.

In witness whereof I have executed this Will in the manner below this \_\_\_\_\_ day of \_\_\_\_\_ Year

Signed by the within named Testator/Testatrix

*Sign here*

In the presence of us both being present at the same time who at his/her request in his/her presence and in the presence of each other have subscribed our names as witnesses:

Witness 1 (Name): _____ Address: _____ _____ Occupation: _____ E-mail address (please insert your personal address) _____ Mobile No.: _____ Signature/Date: _____	Witness 2 (Name): _____ Address: _____ _____ Occupation: _____ E-mail address (please insert your personal address) _____ Mobile No.: _____ Signature/Date: _____
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**Important! Please ensure that both witnesses are present when you are signing this Will as this will enable SITL confirm that you signed this Will voluntarily.**

**KINDLY NOTE that you cannot allocate your assets to any of your witnesses as this is not allowed from a legal perspective. Stanbic IBTC Trustees Limited will therefore be unable to distribute such asset to the relevant witness.**

Please note that CASH is not an acceptable mode of payment.



AFFIX  
PASSPORT  
PHOTO  
HERE

### SIMPLE WILL ONBOARDING FORM

#### Biodata

\_\_\_\_\_

Title First name Middle name(s) Surname

#### Means of Identification:

National ID Card  Permanent Voter's Card  Int'l Passport  Driver's License  Other: \_\_\_\_\_

Staff ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RSA No: **PEN** Pension Fund Administrator: \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed  Divorced  Separated **Sex:**  Female  Male

#### Contact Details

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

Email address (personal) \_\_\_\_\_ Mobile number \_\_\_\_\_

#### Employer Details

Employer: \_\_\_\_\_

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

Website: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### Human Capital Contact

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Next of Kin (For emergency and contact purpose only and need not be a beneficiary)

Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Certification

I, \_\_\_\_\_ certify that the information provided is complete and correct.

DD MMM YYYY

Date

PLEASE SIGN HERE

Signature

Kindly ensure updates are effected with SITL whenever there is a change in any of the information provided on this form.

**Also ensure all KYC documents are attached to this form during submission.**

Custody fee payable every five years – N26,875 ( Twenty Six Thousand, Eight Hundred and Seventy-Five Naira only)

Bank: **Stanbic IBTC Bank Plc**

Account Name: **SITL/SW Collection Account**

Account Number: **0014127826**

Sort Code: **221150014**

Branch: **Idejo**

\*DEPOSITORS NAME – **Your Full Name and Telephone number**

Stanbic IBTC Trustees Limited  
The Wealth House  
Plot 1678 Olakunle Bakare Close  
Off Sanusi Fafunwa Street  
Victoria Island  
Lagos, Nigeria

Dear Sir/Madam

## **Data Privacy and Marketing Consent**

### **Data Privacy Consent**

#### **Definitions**

**Group** Standard Bank Group Limited, its subsidiaries and their subsidiaries including Stanbic IBTC Trustees Limited.

**Personal Information** Information about an identifiable, natural person and where applicable, a juristic person, including, but not limited to information about: race; gender; sex; pregnancy; marital status; nationality; ethnic or social origin; colour; sexual orientation; age; physical or mental health; well-being; disability; religion; conscience; belief; culture; language; birth; education; medical, financial, criminal or employment history; any identifying number, symbol, e-mail, postal or physical address, telephone number; location; any online identifier; any other particular assignment of the person; biometric information; personal opinions, views or preferences of the person or the views or opinions of another individual about the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence; and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

**Process** Any operation or activity, automated or not, concerning Personal Information, including: alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking, merging, organisation, receipt, recording, retrieval, storage, updating, modification, or the use of information. Processing and Processed will have a similar meaning.

#### **Data protection**

1. You consent to us collecting your Personal Information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below.
2. If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and

**Confidential**

beneficiaries), you confirm that you are authorised to: (a) give us the Personal Information; (b) consent on their behalf to the Processing of their Personal Information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf.

3. You consent to us Processing your Personal Information:
  - to provide products and services to you in terms of this agreement and any other products and services for which you may apply;
  - to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
  - In countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
  - By sharing your Personal Information with our third-party service providers, locally and outside the country where the products or services are provided. We ask people who provide services to us to agree to our privacy policies if they need access to any Personal Information to carry out their services; and
  - Within the Group.
4. You will find our Processing practices in the Group's and our privacy statements. These statements are available on the Group's websites or on request.
5. If you are unsure about your tax or legal position because your Personal Information is processed in countries other than where you live, you should get independent advice.

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**Name of Authorized Signatory**

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**Name of Authorized Signatory**

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**Signature**

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**Signature**

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**Date**

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**Date**

## Marketing Consent

Permission to market products and services

As part of our service we would like to give you information about products and services offered by the Group, which we believe may benefit you. The Group means Standard Bank Group Limited, its subsidiaries and their subsidiaries including Stanbic IBTC Trustees Limited.

Because your personal information is confidential, we need your consent to share it within the Group.

Consent	Please tick applicable	
<p>I give my consent that you may:</p> <ul style="list-style-type: none"> <li>• Communicate other companies' products, services and special offers to me. If I respond positively to the communication, that company may contact me.</li> <li>• Contact me for research purposes. (The research companies we use follow strict codes of conduct and treat customer information confidentially).</li> <li>• Market your products, services and special offers to me.</li> <li>• Share my personal information within the Group for marketing purposes and that the Group may then market its products, services and special offers to me.</li> </ul>	<p>Yes</p>	<p>No</p>
	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

\_\_\_\_\_  
**Name of Authorized Signatory**

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

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

\_\_\_\_\_  
**Name of Authorized Signatory**

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

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