Please use this Form if you would like to appoint a Successor to your CAF Charitable Trust. Before completing this Form you should read the accompanying booklet: ‘Guide to your CAF Charitable Trust’ which contains important guidance notes. Please note this Form applies only to individuals, it is not applicable to a CAF Charitable Trust which has been opened by an Organisation.

Please complete this form in BLOCK CAPITALS.

Data Protection and Privacy
We take data protection and privacy very seriously. Our Privacy notice at www.cafonline.org/privacy governs the way in which we collect, retain and use personal data. We shall ensure that we only hold personal data for as long as it is needed and that it is held securely.

If you have any questions when completing this Appointment of Successor Form, please contact a member of our Private Client team on 03000 123 028.

Telephone calls may be monitored or recorded for security/training purposes.

Home address
If your address details change in the future, please notify a member of our Private Client team on 03000 123 028.

Registered charity number 268369
By signing this Form, I confirm:

- my willingness to undertake the role of Successor to this CAF Charitable Trust
- I agree and accept to use the service as set out in the CAF Charitable Trust Terms and conditions
- if there was anything that I did not fully understand, I have sought professional advice and guidance before signing this Appointment of Successor Form
- the information given in this completed Form is accurate
- I am responsible for updating CAF if my contact details change
- my approval for CAF to carry out the necessary anti-money laundering checks in respect of this application.

First Successor declaration

By signing this Form, I confirm:

- my willingness to undertake the role of Successor to this CAF Charitable Trust
- I agree and accept to use the service as set out in the CAF Charitable Trust Terms and conditions
- if there was anything that I did not fully understand, I have sought professional advice and guidance before signing this Appointment of Successor Form
- the information given in this completed Form is accurate
- I am responsible for updating CAF if my contact details change
- my approval for CAF to carry out the necessary anti-money laundering checks in respect of this application.

Please tick the boxes in the declaration section to confirm your understanding of the points raised.

First Successor's signature

Keeping you informed

As well as contacting you about this product or service, we would like to send you information about other related products and services from the CAF Group that we believe will be of interest to you.

I DO NOT want to receive this information by (tick all that apply):

- Email
- Phone
- Post

Please note: if you tick a box, we will not be able to tell you about these products and services in this way.

For information about how CAF handles your information, see our Privacy Notice which you can find at www.cafonline.org/privacy

CAF and the companies in which it has a majority stake, or their subsidiaries (defined here as the CAF Group) will not share your information with any outside organisation except as part of providing a product/service or when legally obliged to do so.
Home address
If your address details change in the future, please notify a member of our Private Client team on 03000 123 028.

Gender

Country of residence
List all jurisdictions in which you are considered to be resident for tax purposes.

List all jurisdictions in which you submit a tax return.

Occupation(s) (please list all)
Second Successor declaration

By signing this Form, I confirm:

☐ my willingness to undertake the role of Successor to this CAF Charitable Trust
☐ I agree and accept to use the service as set out in the CAF Charitable Trust Terms and conditions
☐ if there was anything that I did not fully understand, I have sought professional advice and guidance before signing this Appointment of Successor Form
☐ the information given in this completed Form is accurate
☐ I am responsible for updating CAF if my contact details change
☐ my approval for CAF to carry out the necessary anti-money laundering checks in respect of this application:

Full name

Second Successor’s signature     Date   dd/mm/yyyy

Keeping you informed

As well as contacting you about this product or service, we would like to send you information about other related products and services from the CAF Group that we believe will be of interest to you.

I DO NOT want to receive this information by (tick all that apply):

☐ Email
☐ Phone
☐ Post

Please note: if you tick a box, we will not be able to tell you about these products and services in this way.

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Please send the Form(s) to your Private Client Manager at:
CAF, Private Clients, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4TA