

New Account Application Form

- Individual & Joint Accounts



Account Application – Individual & Joint Accounts



Strategic Wealth Preservation
P.O. Box 10055 • George Town, KY1-1001 • Cayman Islands
T: 1 (345) 640 2111 • E: info@swpcayman.com

Please note this form is for opening Individual and Joint Accounts only. All information will be kept confidential and used solely for the purposes of opening an account with Strategic Wealth Preservation Ltd.

Section 1 - Account Owners

Account Owner(s)

Name 1 (primary contact): _____

Nationality: _____

Occupation: _____

Date of birth: _____

Street address 1: _____

Street address 2: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Phone Number: _____

Email: _____

Name 2: _____

Nationality: _____

Occupation: _____

Date of birth: _____

Street address 1: _____

Street address 2: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Phone Number: _____

Email: _____

Name 3: _____

Nationality: _____

Occupation: _____

Date of birth: _____

Street address 1: _____

Street address 2: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Phone Number: _____

Email: _____

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Name 4: _____
Nationality: _____
Occupation: _____
Date of birth: _____
Street address 1: _____
Street address 2: _____
City: _____
State/Province: _____
Country: _____
ZIP/Postal Code: _____
Phone Number: _____
Email: _____

Section 2 - Account Owner Signatures

All account owner signatures:

Signature (Name 1): _____
Signature (Name 2): _____
Signature (Name 3): _____
Signature (Name 4): _____

Section 3 - Verification of Identity Requirements & Document Certification

In an effort to comply with global anti-money laundering standards SWP requires that the identity of all clients be verified.

Please provide a certified copy of your passport or driver's license for all individuals identified in Section 1 - Account Owner(s). The copy must be clear and current. The person who is certifying or notarising the document should be a "suitable person". This includes lawyers, accountants, directors or managers of regulated credit or financial institutions, a notary public, a member of the judiciary or a senior civil servant. No individual can certify his or her own documents.

The certifier should sign the actual document copy, printing their name underneath and clearly indicating their position or capacity along with a contact address and phone number and confirming that the document is true copy of the original.

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Section 4 - Additional Information (optional)

How did you learn about SWP? KITCO

Would you like to receive our quarterly newsletter, product promotions and company alerts by email? _____
If so, write 'Yes'

If you would like to pay for your quarterly storage fees by credit card, please complete and return the attached Credit Card Authorization form.

If you would like to name beneficiaries to your account, please complete and return the attached Beneficiary Designation form.

Section 5 - Declaration and Signature

I hereby declare that the particulars given herein are true, correct, and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority. This includes jurisdictional tax reporting obligations.

I hereby accept and acknowledge that SWP shall not be held liable should the applicant(s) not be forthcoming in their ability to abide by local, state/provincial and federal regulations.

Full Name Signature of Applicant Date

Section 6 - Instructions

Please complete and return this form:

By email - info@swpcayman.com

By mail - Strategic Wealth Preservation
P.O. Box 10055
George Town, KY1-1001
Cayman Islands

An SWP representative will be in touch with you shortly to confirm your account has been opened. If you have any question, please email info@swpcayman.com or call 1 (345) 640-2111.

Reset Form

Print Form

CREDIT CARD AUTHORIZATION FORM

Please note this form is optional. You can also provide your credit card information by calling +1 (345) 640-2111.

I, _____ authorize Strategic Wealth Preservation Ltd. (SWP) to charge my credit card for storage fees and other services rendered as reflected by the invoices I periodically receive from SWP.

Credit Card Type: _____

Please note that we do not accept Discovery Cards.

Credit Card Number: _____

Credit Card Expiry (mm/yy): _____

Security Code (reverse of card): _____

Cardholder Name (please print): _____

Cardholder Signature: _____

Date: _____

Please return to info@swpcayman.com. Thank you.

BENEFICIARY DESIGNATION FORM

Please note this form is optional. Beneficiaries are not required and can be added at a later date.

Name of Account Owner: _____

Marital Status: _____

Address: _____

Phone Number: _____

Email: _____

The account owner designates the following beneficiaries to receive or claim any account holdings whether in currency or metals in storage under the account owner listed name, payable on and after the death of the account owner.

PRIMARY BENEFICIARIES; in equal shares unless otherwise provided below: (Indicated % for each beneficiary= 100%)

Full Name	Address	Relationship	
_____	_____	_____	_____
Passport Number	Date of Birth	Phone number	Percentage
_____	_____	_____	_____

Full Name	Address	Relationship	
_____	_____	_____	_____
Passport Number	Date of Birth	Phone number	Percentage
_____	_____	_____	_____

Full Name	Address	Relationship	
_____	_____	_____	_____
Passport Number	Date of Birth	Phone number	Percentage
_____	_____	_____	_____

I the undersigned am in full capacity and request that Strategic Wealth Preservation (SWP) follow any provisions and or instructions as set forth in this Beneficiary Designation Form.

Account Owner Signature: _____

Date: _____

Notary Public Signature: _____

PROVISIONS

1. **DECEASED BENEFICIARIES** - Unless otherwise provided in this form, the interest of any deceased beneficiary shall be shared by the surviving beneficiaries then entitled, in equal shares, or shall fall to the last surviving beneficiary.
2. Primary Beneficiaries shall provide Strategic Wealth Preservation, (SWP) representative, with death certificate of deceased account owner and valid Passport Identification Document of each primary beneficiary before listed primary beneficiaries can receive or claim any metals or currency from the account of deceased owner.
3. Please see attached Listed Primary Beneficiaries Passport Identification documents to be part of this Beneficiary Designation Form.
4. Only the account Owner at his discretion can revoke, cancel and or make changes or updates to this Beneficiary Designation Form, and shall be done with written notice to Strategic Wealth Preservation (SWP), any such notifications shall be effective as per the date of notification. Subsequent Beneficiary Designation Forms shall supersede all prior written Beneficiary Designation Forms.