

Financial Intermediary Registration Form

Trust Administrator

6th Floor, Cumberland House
1 Victoria Street, Hamilton HM 11, Bermuda

Fax Number: (441) 248-6898
Email: Operations@beechwoodbermuda.com



ALL FIELDS ARE MANDATORY

1. FINANCIAL INTERMEDIARY DETAILS

| | | | | | | | | | |
|--|-----|-------|------------|---------|--|----------------|-----------------|--|--|
| Last Name | | | First Name | | | Middle Initial | | | |
| Mailing Address | | | | | | City | | | |
| State/Province | | | | Country | | | Zip/postal code | | |
| Date of Birth | Day | Month | Year | Tel No. | | Email | | | |
| Please check applicable box: <input type="checkbox"/> Brokerage <input type="checkbox"/> Bank <input type="checkbox"/> Other _____ | | | | | | | | | |
| Signature of Advisor | | | | | | Date | | | |

2. REGISTERED DISTRIBUTOR DETAILS

| | | | | | | | | | |
|---------------------|--|--|--|---------|--|------|-----------------|--|--|
| Name of Distributor | | | | | | | | | |
| Mailing Address | | | | | | City | | | |
| State/Province | | | | Country | | | Zip/postal code | | |
| Tel No. | | | | Email | | | | | |

3. DISTRIBUTOR AUTHORIZATION

I, the undersigned Officer, authorize registration of the above named Financial Intermediary to refer business on behalf of the Distributor.

| | | | | | | | | |
|---------------------------------|--|--|-------|--|--|------|--|--|
| Signature of Authorized Officer | | | Title | | | Date | | |
|---------------------------------|--|--|-------|--|--|------|--|--|