



Quick-Phone: 1300 66 86 09

Quick-Fax: 1300 66 87 09

FREE DISCRETIONARY TRUST ORDER FORM

Name: _____

Firm: _____

Phone: _____

Email: _____

PROPOSED TRUST DETAIL

Name of Trust: _____

Date of Trust: _____

Jurisdiction (State or Territory): _____

Names of **ALL** Trustees: _____
(1st listed to be Chairman)

Address for 1st Trustee/s Meeting: _____

If Trustee is a Company: _____
(1st listed to be Chairman) → 1 - ACN _____
2 - Names of ALL Directors _____

Appointor of Trust: _____
Party/s with power to appoint and/or remove Trustee/s

Full Name of Settlor: _____

Street Address of Settlor: _____

Settled Monies: \$10.00 or _____

SPECIFIED BENEFICIARIES – provide FULL names for ALL beneficiaries and ACN's where beneficiaries are companies

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

DEFAULT BENEFICIARIES – please note if no nomination is made below, the Specified Beneficiaries WILL BE installed as the Default Beneficiaries

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

ADDITIONAL BENEFICIARIES IN THIS TRUST DEED: Relatives of Specified Beneficiaries (i.e. spouses, parents, grandparents, brothers, sisters, children and grandchildren), companies and trusts in which any of the Specified Beneficiaries own shares, are directors, trustees or beneficiaries and the trustees of charitable trusts and tax exempt organisations are automatically included.

PAYMENT DETAILS

Must be submitted with the Free Trust Company Order Form