



Quick-Phone: 1300 66 86 09
Quick-Fax: 1300 66 87 09

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

Please debit the following credit card by the amount of \$ 302.50

TYPE OF CARD: Visa Mastercard Diners Club Amex Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this application to **FAX 1300 668 709** or call 1300 668 609 with any queries