

Discretionary Trust Order Form

APPLICANT DETAILS

Name of Firm / Individual.....

Tel. No. & Contact.....

Delivery options: Email Mail Courier (Cbd) Client Pick-Up

Name of Fund Commencement Date/...../.....

NAME OF TRUST

Name of Trust.....

DATE SETTLED / /

SETTLOR (Person who is not related to the Trust)

Full Name

Address

TRUSTEE

Full Name Full Name

Address Address

Company Name & ACN:.....

Registered Address

Name of Directors.....

PRIMARY BENEFICIARIES

The Children of the marriage of.....

and

Address

GENERAL BENEFICIARIES

All the Relatives of.....

and

Address

ADDITIONAL INCOME BENEFICIARIES

If not already stated please provide full name, any additional corporations, church or charity

.....

.....

APPOINTER/GUARDIAN

Full Name and upon his/her/their death then.....

Address

Settled Sum \$ Vesting Day (If not 80 years).....

Any special requirements (please provide details)

.....

Please indicate if you require a trust register (fee \$44.00)

Yes No