

Discretionary Trust Order Form

APPLICANT DETAILS

Name of Firm / Individual.....

Tel. No. & Contact..... Email.....

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

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.....

SPECIFIED BENEFICIARIES

Full Name

Address

Full Name

Address

Full Name

Address

Full Name

Address

APPOINTER/GUARDIAN

Full Name and upon his/her death then

Address

Vesting Day (If not 80 years).....

Settled Sum \$ (if amount other than already included \$10 settled sum)