

COMPANIES NOW

Phone: 1300 658 934

Fax: (02) 9997 1844

DISCRETIONARY TRUST DETAILS

Discretionary Trust Order Form

Date: __/__/__

Name: _____ Phone: _____

Email: _____ Fax: _____

Del Address: _____

Name of Trust: _____

Date of Trust: _____

Address: _____

Name of all Trustees (1st name of Chairman): _____

If Trustee is a Company: 1: ACN _____

(1st name of Chairman) 2: Names of ALL Directors _____

Appointer of Trust (*Party/s with power to appoint and/or remove Trustee/s*) _____

Full Name of Setlor: _____

Street Address of Setlor: _____

Settlement Sum): \$10.00 or _____

SPECIFIED BENEFICIARIES

FOR FAMILY TRUST ONLY BENEFICIARIES A standard "Remoter issue" clause is contained within the Trust deed and should be sufficient for all contingencies

1. Full Name: _____ Street Address: _____
2. Full Name: _____ Street Address: _____
3. Full Name: _____ Street Address: _____
4. Full Name: _____ Street Address: _____
5. Full Name: _____ Street Address: _____

DEFAULT BENEFICIARIES (If no nomination is made all specified beneficiaries are installed)

1. Full Name: _____ Street Address: _____
2. Full Name: _____ Street Address: _____
3. Full Name: _____ Street Address: _____
4. Full Name: _____ Street Address: _____
5. Full Name: _____ Street Address: _____

PAYMENT DETAILS Please debit the following credit card by the amount of \$275

TYPE OF CARD: Visa Mastercard Bankcard

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this application to Fax (02) 9997 1844 or phone 1300 658 934 for enquiries