



ORDER FORM - DISCRETIONARY TRUST DEED

DESIRED NAME:

STATE / TERRITORY OF JURISDICTION:

FIRST TRUSTEE:

Name:

Address:

A.C.N. (if trustee is a Company):

SECOND TRUSTEE (if required):

Name:

Address:

A.C.N. (if trustee is a Company):

SETTLOR: (client's accountant)

Address:

SETTLED SUM: \$10

IS A CHARITY TO BE A BENEFICIARY OF THE TRUST? Yes No

REASON FOR STRUCTURE SETUP:

APPOINTOR:

GUARDIAN (optional – required for any beneficiaries under 18yrs or persons unfit to make decisions):

SPECIFIED BENEFICIARIES

Name:

Name:

Name:

Name:

Name:

Name:

ADDITIONAL BENEFICIARIES:

Name:

Name:

Name:

Name: