

Discretionary (Family) 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

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)