

DISCRETIONARY (FAMILY) TRUST ORDER FORM

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

TRUST TO BE KNOWN AS (Name of Trust) _____

SETTLEMENT SUM \$ _____

SETTLOR

FULL LEGAL NAME _____

ADDRESS _____

TRUSTEE/S

FULL LEGAL NAME _____

ADDRESS _____

*** If Trustee is a Company, provide Company Name, A.C.N. and Registered Office Address above.**

SPECIFIED BENEFICIARY/IES

FULL LEGAL NAME _____

ADDRESS _____

FULL LEGAL NAME _____

ADDRESS _____

FULL LEGAL NAME _____

ADDRESS _____

APPOINTOR/S

FULL LEGAL NAME _____

ADDRESS _____

FULL LEGAL NAME _____

ADDRESS _____

OTHER INSTRUCTIONS

Would you like "foreign persons" to be excluded from being Beneficiaries of this Trust? Yes No

Would you like the Beneficiaries of this Trust to be limited to "relatives" for the purposes of Section 71CC of the Stamp Duties Act (SA)? Yes No

PAYMENT DETAILS **VISA** **MASTERCARD** **Amount Due: \$396.00**

(please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)

Credit Card Number _____ Expiry Date _____

Name of Cardholder _____ Signature of Cardholder _____

Note: Trust Deeds will be prepared by Mellor Olsson (a law firm associated with Shelfcom). I authorise Mellor Olsson to charge my credit card for the Amount Due describe above.

Or Direct Deposit

Mellor Olsson BSB: 105-900 Account No. 977417640 (quote Trust name as reference & attach proof of payment)