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Name on card: _____

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Signature: _____

Disclaimer - We do not provide legal, accounting or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

DISCRETIONARY TRUST ORDER FORM

Name of Trust: **The** _____

State of jurisdiction: _____

Date of Deed: _____ to be left blank

Name of Settlor _____
(NB Must not be a beneficiary of the trust)

Address of Settlor _____

Name of Trustee * _____

ACN of Trustee (N/A if Trustee is a person) _____

Address of Trustee _____

Directors of Trustee Company _____
(N/A if Trustee is a person)

Chairman of Directors of Trustee Company _____

Settled Sum _____

Appointor/Beneficiary **

Name _____

Address _____

Appointor Beneficiary

Name _____

Address _____

Appointor Beneficiary

* **NOTE:** Please consider carefully your choice of trustee. There are wide ranging implications should you decide to change the trustee of this trust. These implications could include the payment of stamp duty or precluding the new, continuing and retiring trustees from benefiting under the trust. We urge you to obtain clear legal, accounting and stamp duty advice particularly in relation to this aspect of your instructions to us.

* * The Appointer has ultimate control (namely, can appoint and discharge the Trustee). Accordingly, depending on the individual circumstances of the client, the Appointer can be a single person or two persons jointly.

The deed provides that the beneficiaries include such persons as are related to the Appointor and or Beneficiary as follows:

- the spouse, children and remote descendants of such children, brothers, sisters parents,
- children and remote descendants of such brothers and sisters and spouses of any of the foregoing.

Client Details:

Company _____

Name _____ Email _____

Address _____

Delivery Address _____

Phone _____ Fax _____
