

**Fax To:**  
**Company Incorporations Australia**

phone: 1800 179 329  
facsimile: 1800 631 533  
email: sales@lawsoft.com.au

**CLASS TRUST – ORDER FORM**

**NAME OF TRUST AND STATE OF OPERATION** ( Class trust not suitable in some states)

Stamp Duty State/Territory \_\_\_\_\_

**SETTLOR:** (must not be a director of the Trustee Company – should be independent of Trustee and all beneficiaries)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SETTLED SUM**

Gift of \$ \_\_\_\_\_

**CORPORATE TRUSTEE**

Name: \_\_\_\_\_ ACN \_\_\_\_\_

Directors Name(s)

\_\_\_\_\_

**TRUSTEES:** Name:

\_\_\_\_\_ and \_\_\_\_\_ if jointly

Address

\_\_\_\_\_

**ELIGIBLE BENEFICIARIES:** The original member applicant

Name \_\_\_\_\_ Member Ratio \_\_\_\_\_ %

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Member Ratio \_\_\_\_\_ %

Address: \_\_\_\_\_

If member ratios are not specified, Member Ratios are to be proportionate to the shareholding in the trustee company (if applicable)

**CORPORATE ELIGIBLE BENEFICIARIES:** Corporate Beneficiaries must nominate a member principal

ACN \_\_\_\_\_ Nominated Principal: \_\_\_\_\_

**APPOINTOR**

\_\_\_\_\_ and \_\_\_\_\_ if jointly

Upon appointor's death:

\_\_\_\_\_ and \_\_\_\_\_ if jointly

To Company Incorporations Australia : You are appointed to act as our agent to procure a Trust Deed and ancillary legal documentation from a solicitor, the particulars for such trust deed and legal documents being set out hereinbefore. In consideration for your acting as our agent, payment of solicitors costs, attending to compilation of materials in a register and delivery of same we shall pay you such amounts as agreed.

**APPLICANT DETAILS (FIRM):**

Contact \_\_\_\_\_ ph: \_\_\_\_\_ fax \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_ Signature \_\_\_\_\_

**Payment required on order**

Payment  Chq enclosed  Cash  Direct Deposit \*

Or charge by credit  Bankcard  Mastercard  Visa

Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name of cardholder \_\_\_\_\_ Signature \_\_\_\_\_

\*Direct deposit details: Bank/Branch NAB King William Street, Adelaide Date Deposit Transferred

BSB 085 070 Account 69-679-4709 / /