

**Fax To:**  
**Company Incorporations Australia**  
**DISCRETIONARY TRUST – ORDER**

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

**NAME OF TRUST AND STATE OF OPERATION**

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 \$20.00

**TRUSTEE** Name/s: \_\_\_\_\_

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

**IF CORPORATE TRUSTEE:**

ACN \_\_\_\_\_

Company Name \_\_\_\_\_

**PRIMARY BENEFICIARIES:** The children of

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

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

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

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

**MEMBERS OF THE CLASS OF ELIGIBLE BENEFICIARIES:**

(persons or entities unrelated to the above – please include Trustee if Trustee is to be a beneficiary)

**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 Person \_\_\_\_\_

ph \_\_\_\_\_

fax \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_

Signature \_\_\_\_\_

**Payment required on order**

**PAYMENT DETAILS**

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

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