

## ORDER FORM - DISCRETIONARY (FAMILY) TRUST

**APPLICANT DETAILS - NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PARTY RESPONSIBLE FOR PAYMENT - NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

**TRUST TO BE KNOWN AS (Name of Trust)** \_\_\_\_\_

**SETTLEMENT SUM \$** \_\_\_\_\_

### SETTLOR

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

### TRUSTEE/S

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

### SPECIFIED BENEFICIARY/IES

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

### APPOINTOR/S

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

<b>PAYMENT DETAILS</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Credit Card Number _____		
Expiry Date _____	CVV _____	
Name of Cardholder _____	Signature _____	
<b>Amount Due: \$385.00</b>		