

DISCRETIONARY (FAMILY) TRUST ORDER FORM

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

PARTY RESPONSIBLE FOR PAYMENT - NAME _____

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 _____

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