

DEED OF RENUNCIATION FOR A DISCRETIONARY TRUST — ORDER FORM

NAME OF TRUST AND STATE OF OPERATION:

..... State/Territory:

Please note that a copy of the existing Trust Deed and any Deeds of Variation must accompany this Order.

DATE OF THE ORIGINAL TRUST DEED:/...../.....

DATE(S) OF ANY SUBSEQUENT DEED(S) OF VARIATION:/...../.....
(i.e. any which have been executed since the original Trust was created)

CURRENT INDIVIDUAL TRUSTEE(S): Name(s) **and** Address(es):

..... of

..... of

IF CORPORATE TRUSTEE:

Name.....ACN:.....

Address of Corporate Trustee:

.....

CURRENT APPOINTOR(S): Name(s) **and** Address(es):

..... of

..... of

DETAILS OF THE PERSON(S) WHO ARE RENOUNCING THEIR RIGHTS UNDER THE TRUST DEED: Name(s) **and** Address(es):

..... of

..... of

..... of

..... of

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

Disclaimer – We do not provide legal, accounting, financial 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.

APPLICANT DETAILS (FIRM):.....

CONTACT PERSON: PH:..... FAX:.....

FULL ADDRESS:.....

EMAIL: SIGNATURE:..... DATE:/...../.....

Please indicate how you would like to receive the documents

- Electronic Delivery - PDF by email, or**
- Electronic Delivery plus hard copy printed, bound and delivered**

For pricing, please refer to our online price list ([Click Here](#))

| | | |
|--|--------------------------------------|-------------------------------|
| PAYMENT REQUIRED WITH ORDER | | Amount \$..... |
| <input type="checkbox"/> Direct Deposit / EFT | | |
| Bank: ANZ Banking Group | BSB: 015-056 Account: 225324305 | Ref: Please use name of Trust |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | |
| Card Number:..... | Expiry Date:..... | CCV |
| Name of Cardholder:..... | Signature:..... | |