



DEED OF VARIATION OF A DISCRETIONARY TRUST – ORDER FORM

NAME OF TRUST AND STATE OF OPERATION:

..... State/Territory:

DETAILS OF VARIATION REQUIRED TO THE TRUST DEED:

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

- Change to the Trustee(s)
- Change to the Appointor(s)
- Change to the Name of the Trust
- Update the Trust Deed to include the Bamford provisions
- Other – please provide details below, or as a separate annexure.

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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: Name(s) and Address(es):

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IF CORPORATE TRUSTEE:

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

Address of Corporate Trustee:
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CURRENT APPOINTOR: Name(s) and Address(es):

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NEW INDIVIDUAL TRUSTEE IF APPLICABLE: Name(s) and Address(es):

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NEW CORPORATE TRUSTEE IF APPLICABLE:

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

Address of Corporate Trustee:
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NEW APPOINTOR IF APPLICABLE: Name(s) and Address(es):

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NEW NAME OF TRUST IF APPLICABLE:

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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 trust 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:/.../.....

PAYMENT REQUIRED WITH ORDER

Amount \$.....

Direct Deposit / EFT

Bank: ANZ Banking Group BSB: 015-056 Account: 225324305 Ref: Please use name of Trust

MasterCard

Visa

Card Number:.....Expiry Date:.....CCV

Name of Cardholder:.....Signature.....