

## DISCRETIONARY TRUST – ORDER FORM

**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: \$ ..... Never to be refunded

**TRUSTEE:** Name: ..... and ..... (if jointly)

Address: .....

.....

.....

**IF CORPORATE TRUSTEE:** Name.....ACN:.....

Address: .....

.....

Directors Name(s) if Corporate Trustee: .....

.....

**PRIMARY BENEFICIARIES:**

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

Address: .....

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

Address: .....

**APPOINTOR:** .....and.....(if jointly)

Upon appointor's death: .....and.....(if jointly)

To ABNAustralia.com.au: 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 you 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.

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 - \$242.00, or**
- Electronic Delivery plus hard copy printed, bound and delivered - \$297.00**

**Please note: Stamping of Deeds incurs an additional fee of \$27.50**

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