



## DISCRETIONARY TRUST ORDER FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### TRUST DETAILS

Name of Trust \_\_\_\_\_  
Date of Trust \_\_\_\_\_  
Names of ALL Trustee/s  
(1 st listed to be Chairman) \_\_\_\_\_  
Street Address of Trustee/s \_\_\_\_\_  
If Trustee is company: (1) ACN \_\_\_\_\_  
(2) Names of ALL Directors  
(1 st listed to be Chairman) \_\_\_\_\_  
Principle of Trust \_\_\_\_\_  
Party/s who will have the power to appoint and/or remove a Trustee/Beneficiary \_\_\_\_\_

### PRIMARY BENEFICIARIES: (Please provide full names)

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

### DEFAULT BENEFICIARIES: Please note that if no nomination is made below, the Primary Beneficiaries will be the takers in default.

#1 \_\_\_\_\_ #4 \_\_\_\_\_  
#2 \_\_\_\_\_ #5 \_\_\_\_\_  
#3 \_\_\_\_\_ #6 \_\_\_\_\_

### PAYMENT DETAILS: Please debit the following card details by the amount of \$ **859.00**

TYPE OF CARD: Visa  Mastercard  Cheque  Visa

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: ( / )

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please return this Form to [info@atomaat.com.au](mailto:info@atomaat.com.au) or call us on 07 5452 7205