

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 legal names)

#1 _____ DOB _____ TFN _____

#2 _____ DOB _____ TFN _____

#3 _____ DOB _____ TFN _____

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 \$ **870.00**

TYPE OF CARD: Visa Mastercard Cheque Visa

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Please return this Form on **FAX 07 5452 7206** or call with any queries