

## Discretionary Trust Establishment Full Service Order Form

### What you are required to do to order your Trust:

1. Complete all relevant fields in BLOCK LETTERS
2. Fax this form to Topdocs at (03) 8256 0108; or email this form to Topdocs at [orders@topdocs.com.au](mailto:orders@topdocs.com.au)

### SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

<b>YOUR NAME</b>				<b>Signature</b>	
<b>YOUR COMPANY NAME</b>					
<b>YOUR POSTAL ADDRESS</b>					
<b>DATE OF ORDER</b>		/ /		<b>Your Ref.</b>	
<b>Phone</b>		<b>Fax</b>		<b>Email</b>	

### SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a Discretionary Trust for the sum of \$

Direct Debit\*   
  Visa Card   
  MasterCard   
  Cheque

<b>Card Holder Name</b>			
<b>Credit Card Number</b>	-	-	-
<b>Expiry Date</b>	/	<b>Authorised Card Signature</b>	

\*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.

If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42.

### SECTION B: DISCRETIONARY TRUST DETAILS

<b>NAME OF TRUST</b>			
<b>Establishment Date of the Trust</b>	/	/	
<b>State of Registration</b>			
<b>Address where the meetings of the Trustees will be held</b>			

### SECTION C (I): SETTLOR DETAILS

Please note that the Settlor cannot be a company or a beneficiary of the Trust.

<b>Name of Settlor</b>	
<b>Address of Settlor</b>	
<b>Settled Sum</b>	\$

## SECTION C (II): APPOINTOR DETAILS

<b>Appointor 1 Name</b>		ACN (if applicable)	-	-
Address				

<b>Appointor 2 Name</b>		ACN (if applicable)	-	-
Address				

## SECTION C (III): APPOINTOR SUCCESSOR DETAILS (OPTIONAL)

You have the option to nominate a successor to the Appointors of the Trust. This person / these people will take over as Appointor/s of the Trust upon the death of the original Appointor/s. You can either nominate a successor to each Appointor of the Trust, or a successor to the last surviving Appointor.

Do you want to nominate a successor to the Appointors of the Trust? –  Yes /  No

If you have answered Yes, please complete this section.

<b>Successor to Appointor 1</b>	
<b>Successor to Appointor 2</b>	

OR

<b>Successor to the last surviving Appointor</b>	
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## SECTION D (I): TRUSTEE DETAILS WHERE THE TRUSTEE IS A COMPANY

Company Name		ACN (if applicable)	-	-
Registered Office				

Full names of all Directors of the Trustee Company:

<b>Director 1</b>		<b>Director 2</b>	
<b>Director 3</b>		<b>Director 4</b>	
<b>Which Director will chair the meetings of the Company?</b>			

## SECTION D (II): TRUSTEE DETAILS WHERE THE TRUSTEES ARE INDIVIDUALS

<b>TRUSTEE 1</b>	Full name
Address	
<b>TRUSTEE 2</b>	Full name
Address	
<b>TRUSTEE 3</b>	Full name
Address	

<b>TRUSTEE 4</b>	Full name
Address	
<b>Which Trustee will chair the meetings of the Company?</b>	

## SECTION E: DETAILS OF SPECIFIED BENEFICIARIES

<b>SPECIFIED BENEFICIARY 1</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>SPECIFIED BENEFICIARY 2</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>SPECIFIED BENEFICIARY 3</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>SPECIFIED BENEFICIARY 4</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>SPECIFIED BENEFICIARY 5</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>SPECIFIED BENEFICIARY 6</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

*If you would like to nominate additional Specified Beneficiaries (up to a maximum of 20) please complete their details on a separate sheet of paper and fax it with this order form.*

## SECTION F: DETAILS OF GENERAL BENEFICIARIES

<b>GENERAL BENEFICIARY 1</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>GENERAL BENEFICIARY 2</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

<b>GENERAL BENEFICIARY 3</b>		
Full name of Beneficiary	ACN (if applicable)	- -
Address		

*If you would like to nominate additional General Beneficiaries (up to a maximum of 5) please complete their details on a separate sheet of paper and fax it with this order form.*