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ORDER FORM – DISCRETIONARY TRUST DEED

YOUR FIRM		
YOUR NAME		
DELIVERY ADDRESS		
DATE	PHONE NO.	FAX NO.

NAME OF TRUST		
SETTLOR'S NAME		
SETTLOR'S ADDRESS		
SETTLED SUM		

TRUSTEE'S NAME (1ST)		
TRUSTEE'S A.C.N. (If Applicable)		
TRUSTEE'S ADDRESS		

TRUSTEE'S NAME (2ND) (If Applicable)		
TRUSTEE'S ADDRESS		

SPECIFIED BENEFICIARIES (Usually the Tax Planner/s)	
Full Name	
Address	

Full Name	
Address	

ADDITIONAL GENERAL BENEFICIARIES (Usually the Children of the Tax Planner/s)	
Full Name	
Address	

Full Name	
Address	

