

**ORDER FORM – DISCRETIONARY TRUST – VESTING & WINDING UP PACKAGE**

<b>YOUR FIRM</b>		
<b>YOUR NAME</b>		
<b>DELIVERY ADDRESS</b>		
<b>DATE</b>	<b>PHONE NO.</b>	<b>FAX NO.</b>

**TRUST INFORMATION**

<b>NAME OF TRUST</b>	
<b>DATE ORIGINAL TRUST DEED SIGNED &amp; DATES OF SUBSEQUENT AMENDMENTS</b>	
<b>CLAUSE IN DEED ALLOWING FOR TRUSTEE TO BRING FORWARD VESTING DATE AND VEST TRUST FUND</b>	

Which statement applies to this Trust? (Please circle)

- The Trust has assets only
- The Trust has both assets and liabilities
- The Trust has liabilities only
- The Trust has no assets or liabilities

Insert the full name of the default beneficiary who any trust assets which have not been disposed of prior to the new vesting date are to be distributed to. Note: this person must ordinarily be a beneficiary of the Trust.	
Insert the full name of the second default beneficiary who any trust assets which have not been disposed of prior to the new vesting date are to be distributed to. Note: this person must ordinarily be a beneficiary of the Trust.	

Year this document is to be signed	The laws of which state/territory apply to this document?
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**TRUSTEE'S INFORMATION**

Full Name of Trustee 1	
A.C.N. (if relevant)	
Address	

Full Name of Trustee 2	
A.C.N. (if relevant)	
Address	

**ORDER FORM – DISCRETIONARY TRUST – VESTING & WINDING UP PACKAGE  
(CONTINUED)**

**SETTLOR'S INFORMATION**

Full Name of Settlor	
Address	

**APPOINTOR INFORMATION**

Full Name of Appointor	
Address	

Full Name of Joint Appointor (if relevant)	
Address	

**GUARDIAN INFORMATION**

Full Name of Guardian	
Address	

Full Name of Joint Guardian (if relevant)	
Address	

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us. Amount \$.....

Mastercard      Credit Card No. .... Expiry Date: .....

Visa      Cardholder's Name (Please Print) .....

Cardholder's Signature .....