

Order Form – DISCRETIONARY TRUST – VESTING & WINDING UP PACKAGE - July 2018

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

<p><u>OPTION 1</u> Deed in triplicate <input type="checkbox"/> Yes \$230 (Hardcopy)</p>	<p><u>OPTION 2</u> Electronic Deed Only <input type="checkbox"/> Yes \$195</p>	<p><u>EXTRAS</u> Deed (Hardcopy) <input type="checkbox"/> Yes \$11 Deed (Electronic) <input type="checkbox"/> Yes \$11</p>
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TRUST INFORMATION

NAME OF TRUST	
DATE ORIGINAL TRUST DEED SIGNED & DATES OF SUBSEQUENT AMENDMENTS	
CLAUSE IN DEED ALLOWING FOR TRUSTEE TO BRING FORWARD VESTING DATE AND VEST TRUST FUND	

Which statement applies to this Trust? (Please indicate)

- 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.	

The laws of which state/territory apply to this document?		Effective Date of this Document	
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**ORDER FORM – DISCRETIONARY TRUST – VESTING & WINDING UP PACKAGE
(CONTINUED)**

TRUSTEE'S INFORMATION

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

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

SETTLOR'S INFORMATION

Name of Settlor	
Address	

APPOINTOR INFORMATION

Name of Appointor	
Address	

Name of Joint Appointor (if any)	
Address	

GUARDIAN INFORMATION

Name of Guardian	
Address	

Name of Joint Guardian (if any)	
Address	

CREDIT CARD PAYMENT

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name		Cardholder's Signature	