

Order Form – DISCRETIONARY TRUST DEED - July 2019

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

<u>OPTION 1</u>	<u>OPTION 2</u>	<u>EXTRAS</u>
Deed in triplicate (Hardcopy) <input type="checkbox"/> Yes \$250	Electronic Deed Only <input type="checkbox"/> Yes \$220	Deeds Stamped <input type="checkbox"/> Yes \$200 Indexed Binder <input type="checkbox"/> Yes \$ 55 Deed (Hardcopy) <input type="checkbox"/> Yes \$ 10 Deed (Electronic) <input type="checkbox"/> Yes \$ 10

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

TRUSTEE'S NAME (1 ST)	
TRUSTEE'S ACN (if applic)	
TRUSTEE'S ADDRESS	

BENEFICIARIES	
If you are creating a family trust, tick this box if both parents (i.e. beneficiary 1 & 2) must be the parents of the children that are to be beneficiaries. NOTE - tick this box and you will exclude step children and children from former/subsequent relationships.	
<input type="checkbox"/> Yes	

Full Name	
Address	

Full Name	
Address	

Full Name	
Address	

Full Name	
Address	

ORDER FORM – DISCRETIONARY TRUST DEED (CONTINUED)

Full Name	
Address	

Full Name	
Address	

LAWS OF WHICH STATE/TERRITORY APPLY TO THIS DOCUMENT?	
---	--

APPOINTOR (Please tick desired alternative)	
FIRST APPOINTOR	
SECOND APPOINTOR (If Applicable)	
<input type="checkbox"/> <u>Alternative 1</u> – The first appointor during his/her lifetime and upon his/her death the second appointor (should he/she survive him/her) and upon the death of the survivor such person as the survivor may by Deed or Will appoint and failing such appointment the survivor’s legal personal representative.	
<input type="checkbox"/> <u>Alternative 2</u> - The first appointor during his/her lifetime or any person whom he/she may by Deed or Will appoint and failing appointment his/her legal personal representative.	
<input type="checkbox"/> <u>Alternative 3</u> - The first and second appointors jointly during their joint lifetimes and after the death of one of them the survivor and after the death of the survivor such person as the survivor may by Deed or Will or appoint and failing such appointment the survivor's legal personal representative.	

GUARDIAN – OPTIONAL (Please tick desired alternative)	
FIRST GUARDIAN	
SECOND GUARDIAN (If Applicable)	
<input type="checkbox"/> <u>Alternative 1</u> – The first guardian during his/her lifetime and upon his/her death the second guardian (should he/she survive him/her) and upon the death of the survivor such person as the survivor may by Deed or Will appoint and failing such appointment the survivor’s legal personal representative.	
<input type="checkbox"/> <u>Alternative 2</u> - The first guardian during his/her lifetime or any person whom he/she may by Deed or Will appoint and failing appointment his/her legal personal representative.	
<input type="checkbox"/> <u>Alternative 3</u> - The first and second guardians jointly during their joint lifetimes and after the death of one of them the survivor and after the death of the survivor such person as the survivor may by Deed or Will or appoint and failing such appointment the survivor's legal personal representative.	

CREDIT CARD PAYMENT

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