

**Order Form – DISCRETIONARY TRUST – DEED OF VARIATION - July 2019**

**APPOINTMENT/REMOVAL OF TRUSTEE, APPOINTOR, GUARDUAN OR CHANGE THE TRUST NAME**

<b>YOUR FIRM</b>			
<b>YOUR NAME</b>			
<b>DELIVERY ADDRESS</b>			
<b>DATE</b>	<b>PHONE NO.</b>	<b>FAX NO.</b>	<b>EMAIL ADDRESS</b>
<b>OPTION 1</b> Deed in triplicate (Hardcopy) <input type="checkbox"/> Yes \$250	<b>OPTION 2</b> Electronic Deed Only <input type="checkbox"/> Yes \$220	<b>EXTRAS</b> Deed (Hardcopy) <input type="checkbox"/> Yes \$10 Deed (Electronic) <input type="checkbox"/> Yes \$10	

Select (by ticking the appropriate check boxes) one or more of the following:-

<input type="checkbox"/> To appoint one or more Trustees	<input type="checkbox"/> To appoint one or more Appointors
<input type="checkbox"/> To have one or more Trustees resign	<input type="checkbox"/> To have one or more Appointors resign
<input type="checkbox"/> To change the name of the Trust	<input type="checkbox"/> To appoint one or more Guardians
	<input type="checkbox"/> To have one or more Guardians resign

**DISCRETIONARY TRUST INFORMATION**

<b>FULL NAME OF TRUST</b>	
<b>DATE ORIGINAL TRUST DEED SIGNED</b>	
<b>FULL NAME OF SETTLOR</b>	
<b>ADDRESS OF SETTLOR</b>	
<b>DATE OF ORIGINAL DEED</b>	
<b>CLAUSE IN TRUST DEED ALLOWING TRUST DEED TO BE AMENDED</b>	
<b>EFFECTIVE DATE OF THIS DOC.</b>	
<b>LAWS OF WHICH STATE/TERRITORY APPLY TO THIS DOCUMENT</b>	
<b>IF CHANGING THE NAME OF THE TRUST, INSERT THE NEW NAME HERE</b>	

**TRUSTEE INFORMATION**

<b>TRUSTEE FULL NAME</b>	
<b>TRUSTEE A.C.N. (IF APPLICABLE)</b>	
<b>ADDRESS OF TRUSTEE</b>	
<b>NAME OF CHAIRPERSON (IF APPLIC.)</b>	
<b>IS THIS TRUSTEE RESIGNING OR CEASING TO ACT AS TRUSTEE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>TRUSTEE FULL NAME</b>	
<b>TRUSTEE A.C.N. (IF APPLICABLE)</b>	
<b>ADDRESS OF TRUSTEE</b>	
<b>NAME OF CHAIRPERSON (IF APPLIC.)</b>	
<b>IS THIS TRUSTEE RESIGNING OR CEASING TO ACT AS TRUSTEE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**NEW TRUSTEE INFORMATION**

TRUSTEE FULL NAME	
TRUSTEE A.C.N. (IF APPLICABLE)	
ADDRESS OF TRUSTEE	
NAME OF CHAIRPERSON (IF APPLIC.)	

TRUSTEE FULL NAME	
TRUSTEE A.C.N. (IF APPLICABLE)	
ADDRESS OF TRUSTEE	
NAME OF CHAIRPERSON (IF APPLIC.)	

**APPOINTOR INFORMATION**

FULL NAME OF APPOINTOR	
APPOINTOR A.C.N. (IF APPLICABLE)	
ADDRESS OF APPOINTOR	
NAME OF CHAIRPERSON (IF APPLIC.)	
IS THIS APPOINTOR RESIGNING OR CEASING TO ACT AS APPOINTOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME OF JOINT APPOINTOR	
JOINT APPOINTOR A.C.N. (IF APPLIC.)	
ADDRESS OF JOINT APPOINTOR	
NAME OF CHAIRPERSON (IF APPLIC.)	
IS THIS JOINT APPOINTOR RESIGNING OR CEASING?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**NEW APPOINTOR INFORMATION**

FULL NAME OF NEW APPOINTOR	
NEW APPOINTOR A.C.N. (IF APPLIC.)	
ADDRESS OF NEW APPOINTOR	
NAME OF CHAIRPERSON (IF APPLIC.)	
NAME OF NEW JOINT APPOINTOR	
NEW JOINT APPOINTOR ACN (IF ANY)	
ADDRESS OF NEW JOINT APPOINTOR	
NAME OF CHAIRPERSON (IF APPLIC.)	

**GUARDIAN INFORMATION**

FULL NAME OF GUARDIAN	
ADDRESS OF GUARDIAN	
IS THIS GUARDIAN RESIGNING OR CEASING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME OF JOINT GUARDIAN	
ADDRESS OF JOINT GUARDIAN	
IS THIS JOINT GUARDIAN RESIGNING OR CEASING TO ACT AS GUARDIAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**NEW GUARDIAN INFORMATION**

FULL NAME OF NEW GUARDIAN	
ADDRESS OF NEW GUARDIAN	
NAME OF NEW JOINT GUARDIAN	
ADDRESS OF NEW JOINT GUARDIAN	

**CREDIT CARD PAYMENT**

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