

**Order Form – DISCRETIONARY TRUST – VESTING & WINDING UP PACKAGE - July 2019**

<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>

<p><b><u>OPTION 1</u></b> Deed in triplicate <input type="checkbox"/> Yes \$250 (Hardcopy)</p>	<p><b><u>OPTION 2</u></b> Electronic Deed Only <input type="checkbox"/> Yes \$220</p>	<p><b><u>EXTRAS</u></b> Deed (Hardcopy) <input type="checkbox"/> Yes \$10 Deed (Electronic) <input type="checkbox"/> Yes \$10</p>
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**TRUST INFORMATION**

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