



Level 1, 18 Richardson Street, West Perth WA 6005

PO Box 1906 West Perth WA 6872

Tel: (08) 9388 0551

Fax: (08) 9388 6551

Discretionary/Family Trust Instructions

Name of Trust:.....State:.....

Special Purpose (Pharmacy, Farming (stamp duty exemption), etc):

PLEASE PROVIDE FULL NAMES INCLUDING MIDDLE NAMES

SETTLOR DETAILS

Name of Settlor: Settled Sum: \$20.00 or
Address: Suburb: State: Postcode:

TRUSTEE DETAILS

Name of Trustee:
A.C.N. or 2nd Trustee:
Directors Names (if applicable):
Address:
Suburb: State: Postcode:

SPECIFIED BENEFICIARIES

The children of: and:
Address:
Are there children from this relationship? Yes / No Previous relationships? Yes / No
Additional Specified Beneficiaries:
Additional General Beneficiaries:

APPOINTOR DETAILS

1) Name: Address:
2) Name: Address:
Sole Succeeding Jointly Jointly at all times
* Jointly = on the death of one, the survivor solely *Jointly at all times = on the death of one, a successor replaces that person

APPLICANT DETAILS

Firm Name: Contact Person:
Address:
Telephone: Facsimile:
Email Address: Deadline:

Payment Details: \$220 or \$275 (with register)

Chq Encl. Direct Deposit (BSB: 124-001 Account Number: 0104 8552)

or Charge our Credit Card: Bankcard Visa Mastercard

Card Number:..... Expiry Date:

Name of Cardholder: Signature