



Level 1, 224 Rokeby Road Subiaco WA 6008
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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: 033-157 Account Number: 525 180)

or Charge our Credit Card: Bankcard Visa Mastercard

Card Number: Expiry Date:

Name of Cardholder: Signature