



Level 1, 18 Richardson Street, West Perth WA 6005  
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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 2<sup>nd</sup> 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: .....  
Does the Trust Deed need to exclude "foreign persons" from being beneficiaries/potential beneficiaries? Yes / No  
(refer to NSW State Revenue Legislation Further Amendment Act 2020 relating to surcharges on purchase duty and land tax on NSW residential land)

#### 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 .....