

**DISCRETIONARY TRUST ORDER FORM**

Ordered By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**NAME OF TRUST**

**SETTLOR** \_\_\_\_\_ Professional Corporate Services  YES  NO If No,  
 Name \_\_\_\_\_  
 Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_  
 Street number and name \_\_\_\_\_  
 Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**TRUSTEE/S** - IF TRUSTEE IS A COMPANY PLEASE SUPPLY DIRECTOR'S/SECRETARY'S NAMES & ADDRESSES  
 UNLESS WE HAVE JUST OPENED THIS COMPANY

**1) Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_  
 Street number and name \_\_\_\_\_  
 Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**TRUSTEE/S**

**2) Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**OR**

**Company Name:** \_\_\_\_\_ Pty Ltd ACN \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_  
 Street number and name \_\_\_\_\_  
 Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

SETTLEMENT SUM \_\_\_\_\_

TEN DOLLARS (\$10)

**PRIMARY BENEFICIARIES** - IF TRUSTEE IS AN INDIVIDUAL, A MINIMUM OF 2 BENEFICIARIES ARE REQUIRED

**1) Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**2) Individual:** Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

**Address:**

Suite/Unit \_\_\_\_\_ Level \_\_\_\_\_ Building Name \_\_\_\_\_

Street number and name \_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

**SECONDARY BENEFICIARIES**

- (a) The spouses of the persons named herein as Primary Beneficiaries;
- (b) All the children of each of the persons named herein as Primary Beneficiaries and paragraph (a) above as are now living or as shall be born before the Vesting Day;
- (c) The parents of the persons named herein as Primary Beneficiaries;
- (d) The spouses of the persons mentioned in paragraph (b) above;
- (e) Such issue of the children mentioned in paragraphs (b) and (d) above as are already living or as shall be born before the Vesting Day;
- (f) Such issue of the children mentioned in paragraph (e) above as are already living or as shall be born before the Vesting Day;
- (g) Any brother, sister, nephew, niece, sister-in-law or brother-in-law of the persons named herein as Primary Beneficiaries and the persons mentioned in paragraphs (a), (b), (c), (d), (e), or (f) above as are now living or as shall be born before Vesting Day and irrespective of whether such persons are legitimate or otherwise or adopted whether legally or otherwise;

**TERTIARY BENEFICIARIES**

- (a) Any entity of which the persons named as Primary Beneficiary or Secondary Beneficiary above are either a Director, Shareholder or Beneficiary;
- (b) Any Company who has a Shareholder or a Director any Primary Beneficiary named herein;
- (c) Any beneficiary of any Discretionary Trust named as Primary Beneficiary or Secondary Beneficiary herein;
- (d) Any Discretionary Trust who has as a Beneficiary any Primary Beneficiary or Secondary Beneficiary herein;
- (e) Any Trust which has a trustee a Primary Beneficiary or Secondary Beneficiary named herein;
- (f) Any other person, company (whether in his or its own right or as trustee of a trust estate) or institution or any charity as the Trustee may, on or before the Vesting Day determine PROVIDED THAT the Settlor, whether present or future, shall not qualify as a beneficiary hereunder.

**APPOINTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

**AMOUNT PAYABLE: \$295.00**

**SIGNATURE** \_\_\_\_\_

**PAYMENT OPTIONS**

**Payment By Bank Deposit** Please tick

Bank: Bank of Queensland Ltd  
BSB: 124-001  
Account Number: 20970825  
Account Name: Professional Corporate Services

For clients who are not pre-authorized, proof of deposit must be faxed / emailed with this order.

**Pre-Authorised Credit Terms** Please tick

**Payment By Credit Card** Please tick

Type of Card  Mastercard  Visa

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_