

**DISCRETIONARY TRUST DETAILS (family Trust)**

Name of Trust: \_\_\_\_\_

Date of Trust: \_\_\_\_\_

Address: \_\_\_\_\_

Name of all Trustees: \_\_\_\_\_

\_\_\_\_\_

If Trustee is a Company name & ACN \_\_\_\_\_

Names of ALL Directors \_\_\_\_\_

\_\_\_\_\_

Appointor of Trust (*Parties with power to appoint and/or remove Trustee/s*) \_\_\_\_\_

Full Name of Settlor: \_\_\_\_\_

Street Address of Settlor: \_\_\_\_\_

Settlement Sum: \$10.00 or \_\_\_\_\_

**SPECIFIED BENEFICIARIES**

FOR FAMILY TRUST ONLY BENEFICIARIES *A standard "Remoter issue" clause is contained within the Trust deed and should be sufficient for all contingencies*

1. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

**DEFAULT BENEFICIARIES** (If no nomination is made all specified beneficiaries are installed)

1. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

**PAYMENT OPTIONS Approved 30 day account clients \$250**

**Credit Card** - Please debit the following credit card by \$245.00 (includes merchant fee)

TYPE OF CARD: Visa  Mastercard  Bankcard

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: ( / )

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Direct Deposit - \$240.00 BSB: 012 349 ACC#: 221 604 238 Account Name: Allans off the Shelf**

**PLEASE COMPLETE** Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Please return this application to **Fax (02) 9997 1844**