



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 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:
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