

Discretionary Trust Establishment

Contact Details:

Advisor Name:

.....

Advisor Company:

.....

Postal Address:

.....

Phone:

.....

Email:

.....

Payment Details:

Enclosed is payment for a Discretionary Trust for \$242.00

Direct Deposit*

Cheque

Account name: Super Registry Pty Ltd
Account details: Macquarie Bank
BSB: 183-334
Account: 122 641 285

**If you are paying via direct deposit please use the Trust name as the transaction reference*

Discretionary Trust Details:

Name of Trust:

.....

Establishment date:

/ /

.....

State of Registration:

.....

Registered Address:

.....

Address where the Trustees
will hold their meetings:

.....

Settlor Details:

Please note that the Settlor cannot be a company or a beneficiary of the Trust.

Name of Settlor:

.....

Address of Settlor:

.....

Settled Sum:

\$

.....

Appointor Details:

Appointor 1 Name:
Address:
Appointor 2 Name:
Address:

Appointor Successor Details (Optional):

You have the option to nominate a successor to the Appointors of the Trust. This person / these people will take over as Appointor/s of the Trust upon the death of the original Appointor/s. You can either nominate a successor to each Appointor of the Trust, or a successor to the last surviving Appointor.

Do you want to nominate a successor to the Appointors of the Trust? – Yes / No

If you have answered Yes, please complete this section.

Successor to Appointor 1:
Successor to Appointor:

OR

Successor to the last surviving Appointor:

Trustee Details (if a Corporate Trustee):

Company Name:
Company ACN: - -
Registered address:
Director Names (4 max):
.....
.....
.....
.....
Company Chairman:

Trustee Details (if individual Trustees):

Trustee Names:
.....
.....
.....
.....
Who will act as Chairman of the Trustees?

Details of Specified Beneficiaries:

Beneficiary 1 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 2 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 3 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 4 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 5 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 6 Name:

ACN (if applicable): -

Address:
.....

**If you would like to nominate additional Specified Beneficiaries (up to a maximum of 20) please complete their details on a separate sheet of paper and attach it to your order.*

Details of General Beneficiaries:

Beneficiary 1 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 2 Name:

ACN (if applicable): -

Address:
.....

Beneficiary 3 Name:

ACN (if applicable): -

Address:
.....

**If you would like to nominate additional General Beneficiaries (up to a maximum of 5) please complete their details on a separate sheet of paper and attach it to your order.*

Please Fax or Email this completed form to Super Registry:

Fax: (03) 8256 0108 Email: info@superregistry.com.au