

Discretionary Trust Establishment Order Form

What you are required to do to order your Trust:

1. Complete all relevant fields in BLOCK LETTERS
2. Fax this form to Superannuation Support at (03) 8256 0117; or Email this form to admin@supersupport.com.au

SECTION A(I): PERSON/ADVISOR ORDERING DISCRETIONARY TRUST

YOUR NAME				Signature	
YOUR POSTAL ADDRESS					
YOUR COMPANY NAME					
DATE OF ORDER				Your Ref.	
Phone		Fax		Email	

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a DISCRETIONARY TRUST for the sum of \$

Direct Debit Visa Card MasterCard Cheque

Card Holder Name					
Credit Card Number	-	-	-		
Expiry Date	/		Authorised Card Signature		

*To pay by Direct Debit you must have a current Direct Debit arrangement with Superannuation Support Pty Ltd.
If you would like to arrange for Direct Debit for future purchases please contact Superannuation Support Pty Ltd on 1300 762 663.

SECTION B: DISCRETIONARY TRUST DETAILS

NAME OF TRUST					
Establishment Date of the Trust					
State of Registration					
Address where the meetings of the Trustees will be held					

SECTION C(I): SETTLOR DETAILS

Name of Settlor					
Address of Settlor					
Settled Sum	\$				

SECTION C (III): APPOINTOR DETAILS

Appointor 1 Name		ACN (if applicable)	-	-
Appointor 1 Address				
Successor to the Appointor				

Appointor 2 Name		ACN (if applicable)	-	-
Appointor 2 Address				
Successor to the Appointor				

SECTION D(I): TRUSTEE DETAILS WHERE THE TRUSTEE IS A COMPANY

Company Name		ACN (if applicable)	-	-
Registered Office				

Full names of all Directors of the Trustee Company

Director 1		Director 2	
Director 3		Director 4	
Which Director will chair the meetings of the Company?			
If the Trust is registered in NSW, the ACT or TAS, do you want to exclude the Trustee as a Beneficiary of the Trust?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

SECTION D(II): TRUSTEE DETAILS WHERE THE TRUSTEES ARE INDIVIDUALS

TRUSTEE 1	Full name
Address	
TRUSTEE 2	Full name
Address	
TRUSTEE 3	Full name
Address	
TRUSTEE 4	Full name
Address	

Which Trustee will chair the meetings of the Company?			
If the Trust is registered in NSW, the ACT or TAS, do you want to exclude the Trustee as a Beneficiary of the Trust?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

SECTION E: DETAILS OF SPECIFIED BENEFICIARIES

SPECIFIED BENEFICIARY 1

Full name of Beneficiary	ACN (if applicable)	-	-
Address			

SPECIFIED BENEFICIARY 2

Full name of Beneficiary	ACN (if applicable)	-	-
Address			

SPECIFIED BENEFICIARY 3

Full name of Beneficiary	ACN (if applicable)	-	-
Address			

SPECIFIED BENEFICIARY 4

Full name of Beneficiary	ACN (if applicable)	-	-
Address			

SPECIFIED BENEFICIARY 5

Full name of Beneficiary	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 fax it with this order form.

SECTION F: DETAILS OF GENERAL BENEFICIARIES

GENERAL BENEFICIARY 1

Full name of Beneficiary	ACN (if applicable)	-	-
Address			

GENERAL BENEFICIARY 2

Full name of Beneficiary	ACN (if applicable)	-	-
Address			

GENERAL BENEFICIARY 3

Full name of Beneficiary	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 fax it with this order form.