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**ORDER FORM – DISCRETIONARY TRUST – DEED OF VARIATION**

**APPOINTMENT/REMOVAL OF TRUSTEE, APPOINTOR, GUARDIAN OR CHANGE THE TRUST NAME**

<b>YOUR FIRM</b>		
<b>YOUR NAME</b>		
<b>DELIVERY ADDRESS</b>		
<b>EMAIL ADDRESS</b>		
<b>DATE</b>	<b>PHONE NO.</b>	<b>FAX NO.</b>

Select (by ticking the appropriate check boxes) one or more of the following:-

- To appoint one or more Trustees
- To have one or more Trustees resign
- To appoint one or more Appointors
- To have one or more Appointors resign
- To appoint one or more Guardians
- To have one or more Guardians resign
- To change the name of the Trust

**DISCRETIONARY TRUST INFORMATION**

<b>FULL NAME OF TRUST</b>	
<b>DATE ORIGINAL TRUST DEED SIGNED</b>	
<b>FULL NAME OF SETTLOR</b>	
<b>ADDRESS OF SETTLOR</b>	
<b>DATE OF ORIGINAL DEED</b>	
<b>CLAUSE IN TRUST DEED ALLOWING TRUST DEED TO BE AMENDED</b>	
<b>EFFECTIVE DATE OF THIS DOCUMENT</b>	
<b>LAWS OF WHICH STATE/TERRITORY APPLY TO THIS DOCUMENT</b>	
<b>IF YOU ARE CHANGING THE NAME OF THE TRUST, INSERT THE NEW NAME HERE</b>	

**TRUSTEE INFORMATION**

TRUSTEE FULL NAME	
TRUSTEE A.C.N. (IF APPLICABLE)	
ADDRESS OF TRUSTEE	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	
IS THIS TRUSTEE RESIGNING OR CEASING TO ACT AS TRUSTEE?	

TRUSTEE FULL NAME	
TRUSTEE A.C.N. (IF APPLICABLE)	
ADDRESS OF TRUSTEE	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	
IS THIS TRUSTEE RESIGNING OR CEASING TO ACT AS TRUSTEE?	

**NEW TRUSTEE INFORMATION**

TRUSTEE FULL NAME	
TRUSTEE A.C.N. (IF APPLICABLE)	
ADDRESS OF TRUSTEE	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	

TRUSTEE FULL NAME	
TRUSTEE A.C.N. (IF APPLICABLE)	
ADDRESS OF TRUSTEE	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	

**APPOINTOR INFORMATION**

FULL NAME OF APPOINTOR	
APPOINTOR A.C.N. (IF APPLICABLE)	
ADDRESS OF APPOINTOR	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	
IS THIS APPOINTOR RESIGNING OR CEASING TO ACT AS APPOINTOR?	
FULL NAME OF JOINT APPOINTOR	
JOINT APPOINTOR A.C.N. (IF APPLICABLE)	
ADDRESS OF JOINT APPOINTOR	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	
IS THIS JOINT APPOINTOR RESIGNING OR CEASING TO ACT AS APPOINTOR?	

**NEW APPOINTOR INFORMATION**

FULL NAME OF NEW APPOINTOR	
NEW APPOINTOR A.C.N. (IF APPLICABLE)	
ADDRESS OF NEW APPOINTOR	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	
FULL NAME OF NEW JOINT APPOINTOR	
NEW JOINT APPOINTOR A.C.N. (IF APPLICABLE)	
ADDRESS OF NEW JOINT APPOINTOR	
FULL NAME OF CHAIRPERSON (IF APPLICABLE)	

**GUARDIAN INFORMATION**

FULL NAME OF GUARDIAN	
ADDRESS OF GUARDIAN	
IS THIS GUARDIAN RESIGNING OR CEASING TO ACT A GUARDIAN?	
FULL NAME OF JOINT GUARDIAN	
ADDRESS OF JOINT GUARDIAN	
IS THIS JOINT GUARDIAN RESIGNING OR CEASING TO ACT AS GUARDIAN?	

**NEW GUARDIAN INFORMATION**

FULL NAME OF NEW GUARDIAN	
ADDRESS OF NEW GUARDIAN	
FULL NAME OF NEW JOINT GUARDIAN	
ADDRESS OF NEW JOINT GUARDIAN	

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us. Amount \$.....

Mastercard      Credit Card No. .... Expiry Date: .....

Visa      Cardholder's Name (Please Print) .....

Cardholder's Signature .....