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ORDER FORM – DISCRETIONARY TRUST DEED

YOUR FIRM					
YOUR NAME					
DELIVERY ADDRESS					
DATE		PHONE NO.		FAX NO.	

REGISTER COMPLETE WITH DIVIDERS? Yes/No	ADDITIONAL COPY OF DEED? Yes/No (3 provided)
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NAME OF TRUST	
SETTLOR'S NAME	
SETTLOR'S ADDRESS	
SETTLED SUM	

TRUSTEE'S NAME (1ST)	
TRUSTEE'S A.C.N. (If Applicable)	
TRUSTEE'S ADDRESS	

TRUSTEE'S NAME (2ND) (If Applicable)	
TRUSTEE'S ADDRESS	

SPECIFIED BENEFICIARIES (Usually the Tax Planner/s)	
Full Name	
Address	

Full Name	
Address	

ADDITIONAL GENERAL BENEFICIARIES (Usually the Children of the Tax Planner/s)	
Full Name	
Address	

Full Name	
Address	

