TERRY FRENCH & ASSOCIATES
ACCOUNTANTS & TAX AGENTS

# Company/Trust Registration order form

## DISCRETIONARY TRUST ORDER FORM

Name: _____ Address:_____

Phone: _____ E-mail: _____

## TRUST DETAILS

Name of Trust: _____ Date of Trust: _____

Names of ALL Trustee/s (1st listed to be Chairman)

_____

_____

Street Address of Trustee/s

_____

_____

If Trustee is company: (1) ACN _____

(2) Names of ALL Directors Principle of Trust (Party/s who will have the power to appoint and/or remove a Trustee/Beneficiary)

_____

_____

PRIMARY BENEFICIARIES: (Please provide full legal names)

#1 _____DOB_____TFN_____

#2 _____DOB_____TFN_____

#3 _____DOB_____TFN_____

DEFAULT BENEFICIARIES: Please note that if no nomination is made below, the Primary Beneficiaries will be the takers in default.

#1_____ #2_____

#3_____ #4_____

#5_____ #6_____

## PAYMENT DETAILS:

TYPE OF CARD: Visa ☐ Mastercard ☐ Cheque ☐

CARD NUMBER: _____ EXPIRY DATE: ( / )

NAME ON CARD: _____ SIGNATURE: _____

This list is extensive and is only a guideline and some may not be applicable.