|  |  |
| --- | --- |
| ACN 079 220 901admin@banksiacorporate.com.au [www.banksiacorporate.com.au](http://www.banksiacorporate.com.au) Phone (03) 9734 6780**Order Form – DISCRETIONARY TRUST – VESTING & WINDING UP PACKAGE – 2025/26** |  |

# Your Details

|  |  |
| --- | --- |
| Your Firm |        |
| Your Name |       |
| Delivery Address |       |
| Date |       |
| Phone Number |       |
| Email Address |       |
|  |  |
| Option 1 – Deed in Triplicate (Hardcopy) $280 Y/N? |       |
| Option 2 – Electronic Deed Only $240 Y/N? |       |
| Additional Deed (Hard Copy) $22 Y/N? |       |
| Additional Deed (Soft Copy) $22 Y/N?  |       |

# Trust Details

|  |  |
| --- | --- |
| Name of Trust |        |
| Date of Original Deed |       |
| Dates of Subsequent Amendments (if any) |       |
| Effective Date of this New Document |       |
| The Laws of which state/territory apply? |       |
| Clause in Deed Allowing Trustee to Bring Forward Vesting Date and Vest Trust Fund |       |
| Which statement applies to this Trust?1. The Trust has assets only
2. The trust has both assets & liabilities
3. The trust has liabilities only
4. The trust has no assets or liabilities
 |                      |
| Insert the full name of the default beneficiary who any trust assets which have not been disposed of prior to the new vesting date are to be distributed to. Note: this person must ordinarily be a beneficiary of the Trust.  |       |
| Insert the full name of the second beneficiary who any trust assets which have not been disposed of prior to the new vesting date are to be distributed to. Note: this person must ordinarily be a beneficiary of the Trust. |       |

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# 1/2

# Settlor

| **Full Name** |       |
| --- | --- |
| **Residential Address** |        |

# Trustees

| Name of Trustee |        |
| --- | --- |
| A.C.N. (if applicable) |       |
| Address |       |
|   |
| Name of Trustee |       |
| A.C.N. (if applicable)  |       |
| Address |       |

# Appointors

|  |  |
| --- | --- |
| **Name of Appointor** |       |
| **Address**  |       |
|  |       |
| **Name of Appointor** |       |
| **Address** |       |
|  |
| Guardians – Optional |
| **Name of Guardian** |       |
| **Address** |       |
|  |       |
| **Name of Guardian** |       |
| **Address** |       |
|  |
| Credit Card Payment |
| **Cardholder’s Name** |       |
| **Credit Card No.** |       |
| **Expiry Date** |       |
| **Amount** |       |
| **Cardholder’s Signature** |       |

# 2/2