|  |  |
| --- | --- |
| ACN 079 220 901  [admin@banksiacorporate.com.au](mailto:admin@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. |  |

# 

# 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