



BUTLERS

*Barristers & Solicitors
Notary Public*

The Personal Law Firm

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Part of the Australasian Lawyers Group

DISCRETIONARY TRUST INSTRUCTION FORM

If space below is insufficient, use a separate sheet of paper.

NAME OF TRUST

Name: _____

Address (Registered Office): _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

SETTLOR

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Occupation: _____

TRUSTEES

Full Name : _____

Australian Company Number (if a company):

Address (Registered Office): _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Occupation (Unless Company): _____

Full Name: _____
Australian Company Number (if a company): _____
Address (Registered Office): _____
Post Box (if any) No: _____ Town: _____ Postcode: _____
Occupation (Unless Company): _____

Full Name: _____
Australian Company Number (if a company): _____
Address (Registered Office): _____
Post Box (if any) No: _____ Town: _____ Postcode: _____
Occupation (Unless Company): _____

If you would like to establish a new corporate trustee, then please fill in Shelf Company form.

If you would like to use an existing company then please provide us with a current company extract.

Otherwise, please advise of the following:

COMPANY DIRECTORS:

Name: _____
Address: _____
Post Box (if any) No: _____ Town: _____ Postcode: _____
Relationship to Client: _____

Name: _____
Address: _____
Post Box (if any) No: _____ Town: _____ Postcode: _____
Relationship to Client: _____

Name: _____
Address: _____
Post Box (if any) No: _____ Town: _____ Postcode: _____
Relationship to Client: _____

COMPANY SHAREHOLDERS:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____ No of Shares Issued: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____ No of Shares Issued: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____ No of Shares Issued: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____ No of Shares Issued: _____

SETTLED SUM

\$ _____ (Usually \$50.00)

SPECIFIED/PRIMARY BENEFICIARIES

You may name them individually as follows:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Alternatively, you may use any of the following (add/delete as appropriate):

The children, grandchildren and great grandchildren of _____

The spouses, brothers, brothers-in-law, sisters, sisters-in-law, aunts, uncles, parents, widowers, widows and descendants for the time being of

ADDITIONAL MEMBERS OF CLASS OF GENERAL BENEFICIARIES

You may name them individually as follows:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Alternatively, you may use any of the following (add/delete as appropriate):

The children, grandchildren and great grandchildren of _____

The spouses, brothers, brothers-in-law, sisters, sisters-in-law, aunts, uncles, parents, widowers, and descendants for the time being of _____

VESTING DATE

30 June _____ (normally 80 years from last 30 June)

GUARDIAN(S)

Please indicate your initial appointments:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Please indicate any successor appointments:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

APPOINTOR(S)

Please indicate your initial appointments:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Please indicate any successor appointments:

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

Name: _____

Address: _____

Post Box (if any) No: _____ Town: _____ Postcode: _____

Relationship to Client: _____

SPECIFIC PROVISIONS

Please list any special provisions you would like to include in the trust deed.

