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INSTRUCTION SHEET
ESTABLISHMENT OF DISCRETIONARY TRUST

TO: Attention:
Telephone No: (08)

Facsimile No: (08)

FROM: Contact:

NAME OF TRUST:

SETTLOR *[This person should not be related to the beneficiaries]*

FULL NAME:

ADDRESS:
.....

SETTLEMENT SUM: \$10.00 [If not \$10.00, please advise amount] \$.....

TRUSTEE:

FULL NAME:

ACN (if applicable):

RESIDENTIAL ADDRESS or REGISTERED OFFICE:
.....
.....

DATE OF BIRTH/...../.....
or INCORPORATION:

IF MORE THAN 1 TRUSTEE:

FULL NAME:

ACN (if applicable):

RESIDENTIAL ADDRESS or REGISTERED OFFICE:
.....
.....

DATE OF BIRTH/...../.....
or INCORPORATION:

**[If the trustee is a company, we recommend that it be the sole trustee.
If a natural person is the trustee, we recommend that there be more than one trustee.]**

TRUSTEE APPOINTOR

FIRST APPOINTOR:

FULL NAME:

ADDRESS:
.....

PROPERTY APPOINTOR: *[This person must authorise any distribution from the trust by the trustee appointor. It is not necessary to have a property appointor. If you are unsure what is appropriate, please feel free to discuss with us.]*

FULL NAME:

ADDRESS:
.....

BENEFICIARIES:

FULL NAME:

ADDRESS
.....

FULL NAME:

ADDRESS
.....

[Unless you advise us otherwise the deed will include all your relatives and associated companies and trusts as potential beneficiaries.]

TRADING NAME OF TRUST: [if trust is to conduct business]

.....

ANY SPECIFIC REQUIREMENTS NOT COVERED ABOVE:

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.....
.....
.....
.....

OUR ACCOUNT IS TO BE CHARGED TO:

NAME:

ADDRESS:

CORRESPONDENCE TO BE ADDRESSED TO:

NAME:

ADDRESS:

SIGNED:

DATED:/...../.....