



DISCRETIONARY TRUST ESTABLISHMENT

Name of the Trust:			
Date of Establishment:		State Established:	
Settled Sum:		Contact Person:	
Contact Phone:		Contact Mobile:	

SETTLOR – Cannot be a party to the trust

Name: Surname	
Given Names	
Address:	

TRUSTEE

INDIVIDUAL

Individual Name:			
Title:		Date of Birth:	
Individual Address:			

COMPANY

Company Name:		A.C.N.	
Company Address:			
Directors:			

APPOINTOR

Name: Surname	
Given Name	
Address:	

BENEFICIARIES

Name: Surname Given Names			
Title:	Date of Birth:		
Address:			
Relationship to appointor	<input type="checkbox"/> Self <input type="checkbox"/> Parent	<input type="checkbox"/> Spouse <input type="checkbox"/> Legal Rep	<input type="checkbox"/> Child <input type="checkbox"/> Other

Name: Surname Given Names			
Title:	Date of Birth		
Address:			
Relationship to appointor	<input type="checkbox"/> Self <input type="checkbox"/> Parent	<input type="checkbox"/> Spouse <input type="checkbox"/> Legal Rep	<input type="checkbox"/> Child <input type="checkbox"/> Other

Name: Surname Given Names			
Title:	Date of Birth		
Address:			
Relationship to appointor	<input type="checkbox"/> Self <input type="checkbox"/> Parent	<input type="checkbox"/> Spouse <input type="checkbox"/> Legal Rep	<input type="checkbox"/> Child <input type="checkbox"/> Other

Name: Surname Given Names			
Title:	Date of Birth		
Address:			
Relationship to appointor	<input type="checkbox"/> Self <input type="checkbox"/> Parent	<input type="checkbox"/> Spouse <input type="checkbox"/> Legal Rep	<input type="checkbox"/> Child <input type="checkbox"/> Other

TAXATION

Apply for TFN:	TFN:	Yes / No
Apply for ABN:	ABN:	Yes / No
Register for GST:		Yes / No