

DISCRETIONARY TRUST DEED ORDER FORM

ACCOUNTANT'S DETAILS	
Name:	
Address:	
Phone:	

TRUST DETAILS	
Trust Name:	
Primary Beneficiaries: (Full Names)	1. _____ 2. _____ 3. _____ (Please state full name if individual/s & if company please state company name, ACN & address of registered office)
Trustee Details: (Include ACN if a Company)	
Appointer Details: (Full Names)	1. _____ 2. _____

Payment by Credit Card:

CARDHOLDER FULL NAME: _____

CARD NUMBER: _____

CARD TYPE: MASTERCARD VISA BANKCARD

EXPIRY DATE: _____

AMOUNT (AUD): \$ _____ DATE: _____

SIGNATURE: _____



Fax details to
TVP Law
(07) 5528 1200



Post to
TVP Law
PO Box 10418
SOUTHPORT QLD 4215



Questions?
(07) 5556 5200