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# APPLICATION FOR ESTABLISHMENT OF A DISCRETIONARY TRUST

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## Applicant Details

What is the name of the trust:

Nature of Business Activity:

Contact Name:

Postal Address:

Suburb:

State:

Postcode:

Street Address:

Suburb:

State:

Postcode:

Telephone:

Fax:

Email Address:

## Appointer 1:

(The appointer's role is to replace the Trustee if need be. This is a good idea in situations such as death or insolvency of a trustee)

Title:

Full Name:

Residential Address:

Suburb:

State:

Postcode:

Residential Address:

Suburb:

State:

Postcode:

**Trustee Details:****Names of Individual Trustees**

(Complete this section if the Discretionary trust will have individual trustees)

**Appointer 2:**

(The appointer's role is to replace the Trustee if need be. This is a good idea in situations such as death or insolvency of a trustee)

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

**Trustee 1:**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

TFN: \_\_\_\_\_

**Trustee 2:**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

TFN: \_\_\_\_\_

**Trustee Company:**

(Complete this section if the Discretionary trust will have individual trustees)

Full Company Name: \_\_\_\_\_ ACN: \_\_\_\_\_

Directors' Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Beneficiaries:**

(Beneficiaries are persons to whom profit and capital of the trust can be distributed. The trust deed will also automatically include a long list of eligible beneficiaries which are children, relatives, and related companies and trusts for the specified primary beneficiaries.)

**Primary Beneficiary 1:**

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Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Primary Beneficiary 2:**

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Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Primary Beneficiary 3:**

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Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Primary Beneficiary 4:**

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Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please return completed forms to:

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