

NEW TRUST SET UP FORM

Information Required for New Trust Set Up



Discretionary Trust

Fixed Unit Trust

Proposed Name of The Trust

Address

Settlor (for Discretionary Trust only)

Address

Level 2, Suite 202, 689 Burke Road Camberwell, VIC 3124

Appointer/Principal (1)

First Name

Middle Name (if any)

Surname

Residential Address

Date of Birth (DD/MM/YYYY)

City and Country of Birth

Appointer/Principal (2)

First Name

Middle Name (if any)

Surname

Residential Address

Date of Birth (DD/MM/YYYY)

City and Country of Birth

If the Trustee is a COMPANY - please fill out all requested details below

Full name of Company (1)

A.C.N.

Date of Incorporation

Registered Address

Full Name of Director (1)

Director ID

Full Name of Director (2)

Director ID

Full Name of Secretary

Full name of Company (2)

A.C.N.

Date of Incorporation

Registered Address

Full Name of Director (1)

Director ID

Full Name of Director (2)

Director ID

Full Name of Secretary

NEW TRUST SET UP FORM

Information Required for New Trust Set Up



If the Trustee is a COMPANY - please fill out all requested details below

Full name of Company (3)	
A.C.N.	
Date of Incorporation	
Registered Address	
Full Name of Director (1)	
Director ID	
Full Name of Director (2)	
Director ID	
Full Name of Secretary	

Full name of Company (4)	
A.C.N.	
Date of Incorporation	
Registered Address	
Full Name of Director (1)	
Director ID	
Full Name of Director (2)	
Director ID	
Full Name of Secretary	

If the Trustee is an INDIVIDUAL - please fill out all requested details below

First Name	
Middle Name (if any)	
Surname	
Residential Address	
Date of Birth (DD/MM/YYYY)	
City and Country of Birth	

First Name	
Middle Name (if any)	
Surname	
Residential Address	
Date of Birth (DD/MM/YYYY)	
City and Country of Birth	

First Name	
Middle Name (if any)	
Surname	
Residential Address	
Date of Birth (DD/MM/YYYY)	
City and Country of Birth	

NEW TRUST SET UP FORM

Information Required for New Trust Set Up



First Name	
Middle Name (if any)	
Surname	
Residential Address	
Date of Birth (DD/MM/YYYY)	
City and Country of Birth	

For Discretionary Trust, please fill out the Beneficiary details below

	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
First Name		
Middle Name (if any)		
Surname		
Residential Address		
Date of Birth (DD/MM/YYYY)		
City and Country of Birth		

	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
First Name		
Middle Name (if any)		
Surname		
Residential Address		
Date of Birth (DD/MM/YYYY)		
City and Country of Birth		

	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
First Name		
Middle Name (if any)		
Surname		
Residential Address		
Date of Birth (DD/MM/YYYY)		
City and Country of Birth		

	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
First Name		
Middle Name (if any)		
Surname		
Residential Address		
Date of Birth (DD/MM/YYYY)		
City and Country of Birth		

NEW TRUST SET UP FORM

Information Required for New Trust Set Up



For Fixed Unit Trust, if the Unit Holder is the Trust or Super Fund and the Trustee is the Company, please fill out the details below

Unit holder (1): Trust

Name of the Trustee Company

ACN (for the Company)

Registered Address

Director Name (1)

Director Name (2)

Secretary Name

Number of Units

Price of Units

Beneficial owner (Trust name)

Unit holder (2): Trust

Name of the Trustee Company

ACN (for the Company)

Registered Address

Director Name (1)

Director Name (2)

Secretary Name

Number of Units

Price of Units

Beneficial owner (Trust name)

Unit holder (3): Trust

Name of the Trustee Company

ACN (for the Company)

Registered Address

Director Name (1)

Director Name (2)

Secretary Name

Number of Units

Price of Units

Beneficial owner (Trust name)

Unit holder (4): Trust

Name of the Trustee Company

ACN (for the Company)

Registered Address

Director Name (1)

Director Name (2)

Secretary Name

Number of Units

Price of Units

Beneficial owner (Trust name)

NEW TRUST SET UP FORM

Information Required for New Trust Set Up



For Fixed Unit Trust, if the Unit Holder is the Trust or Super Fund and the Trustee is an Individual, please fill out the details below

Unit holder (1): Trust or Super Fund

Name of the Trustee (1)

Residential Address

Name of the Trustee (2)

Residential Address

Name of the Trustee (3)

Residential Address

Number of Units

Price of Units

Beneficial owner (Trust or SF name)

Unit holder (2): Trust or Super Fund

Name of the Trustee (1)

Residential Address

Name of the Trustee (2)

Residential Address

Name of the Trustee (3)

Residential Address

Number of Units

Price of Units

Beneficial owner (Trust or SF name)

Unit holder (1): Trust or Super Fund

Name of the Trustee (1)

Residential Address

Name of the Trustee (2)

Residential Address

Name of the Trustee (3)

Residential Address

Number of Units

Price of Units

Beneficial owner (Trust or SF name)

Unit holder (1): Trust or Super Fund

Name of the Trustee (Unit Holder) 1

Residential Address

Name of the Trustee (Unit Holder) 2

Residential Address

Name of the Trustee (Unit Holder) 3

Residential Address

Number of Units

Price of Units

Beneficial owner (Trust or SF name)

NEW TRUST SET UP FORM

Information Required for New Trust Set Up



For Fixed Unit Trust, if the Unit Holder is an Individual, please fill out the details below

Unit holder (1): Individual

First Name

Middle Name (if any)

Surname

Residential Address

Date of Birth (DD/MM/YYYY)

City and Country of Birth

Unit holder (2): Individual

First Name

Middle Name (if any)

Surname

Residential Address

Date of Birth (DD/MM/YYYY)

City and Country of Birth

Unit holder (3): Individual

First Name

Middle Name (if any)

Surname

Residential Address

Date of Birth (DD/MM/YYYY)

City and Country of Birth

Unit holder (4): Individual

First Name

Middle Name (if any)

Surname

Residential Address

Date of Birth (DD/MM/YYYY)

City and Country of Birth