

# DISCRETIONARY TRUST ORDER FORM



Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## TRUST DETAILS

Name of Trust \_\_\_\_\_

Date of Trust \_\_\_\_\_

Names of ALL Trustee/s  
(1 st listed to be Chairman) \_\_\_\_\_

Street Address of Trustee/s \_\_\_\_\_

If Trustee is company: (1) ACN \_\_\_\_\_

(2) Names of ALL Directors  
(1 st listed to be Chairman) \_\_\_\_\_

Principle of Trust \_\_\_\_\_

Party/s who will have the power to appoint and/or remove a Trustee/Beneficiary

## PRIMARY BENEFICIARIES: (Please provide full legal names)

#1 \_\_\_\_\_ DOB \_\_\_\_\_ TFN \_\_\_\_\_

#2 \_\_\_\_\_ DOB \_\_\_\_\_ TFN \_\_\_\_\_

#3 \_\_\_\_\_ DOB \_\_\_\_\_ TFN \_\_\_\_\_

## DEFAULT BENEFICIARIES: Please note that if no nomination is made below, the Primary Beneficiaries will be the takers in default.

#1 \_\_\_\_\_ #4 \_\_\_\_\_

#2 \_\_\_\_\_ #5 \_\_\_\_\_

#3 \_\_\_\_\_ #6 \_\_\_\_\_

## PAYMENT DETAILS: Please debit the following card details by the amount of \$ 870.00

TYPE OF CARD: Visa  Mastercard  Cheque  Visa

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: ( / )

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please return this Form to [info@atomaat.com.au](mailto:info@atomaat.com.au) or call us on 07 5452 7205