

Trust name

Order form: Discretionary trust variation

Important information

When completing this form, please ensure you provide current information in relation to:

- other parties to the deed (including names and addresses), and
- the names of director(s) (if a company).

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Documents to submit with this form

When submitting this form, please also attach the following documents:

- a copy of the trust deed
- a copy of any variations or amendments to the trust deed, and
- a copy of any changes of trustee documentation.

All original documents will be returned to you with the new documentation.

Payment

- Cheque with order form Please make cheque payable to: Castle Legal Pty Ltd.
- Credit card Please complete [Credit Card Authorisation](#) and return with this form.
- Credit terms of 30 days This option is for approved clients only.

Trust details

Name of trust

Date established

 / /

Location for meetings

Date of change

 / /

Must be a present or future date

Variation details

Please select the appropriate option below, then use the box provided to advise of any further information.

- Change of trust name
Please advise the new name in the box below.
- Change of appointor
Provide full name and residential address of the new appointor in the box below. Please also detail how the position is to be filled upon the death or resignation of the new appointor (ie succession plan).
- Change of trust powers
In the box below, please provide details of the additional or amended trust powers, which are to be dealt with in the deed of variation. If the request for additional trust powers has been made by the trust's bank, the bank usually provides the preferred wording. Please provide the wording when submitting this form.
- Amendment to vesting date
Please advise the amendment required in the box below.
- Other amendments
Please advise the amendments required in the box below.

Current trustee(s)													
Individual trustee(s)	Corporate trustee(s)												
<table border="1"> <tr> <td>Title</td> <td> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify: </td> </tr> <tr> <td>Full name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> </table>	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:	Full name		Address		<table border="1"> <tr> <td>Company Name</td> <td></td> </tr> <tr> <td>ACN</td> <td></td> </tr> <tr> <td>Registered office</td> <td></td> </tr> </table>	Company Name		ACN		Registered office	
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Full name													
Residential address													

Additional information – If you would like to provide any more information about other parties, please do so below. You can also use this space to give us any other information that may help us to complete your order.

Other parties	
Other individual parties	Other corporate parties
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – Please specify:</p> <p>Full name</p> <p>Address</p> <p>Role <input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:</p>	<p>Company Name</p> <p>ACN</p> <p>Registered office</p> <p>Role <input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:</p>
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