

Trust name

## Order form: Discretionary trust - change of trustee

### 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 the 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

Date of change

Must be a present or future date

Location for meetings

**Current trustee(s)**

Individual trustee(s)		Corporate trustee(s)	
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	Company name
Full name	Address	ACN	Registered office
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	<b>Director 1</b> 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	Residential address	Full name
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	<b>Director 2</b> 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	Residential address	Full name
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	<b>Director 3</b> 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	Residential address	Full name
			<b>Director 4</b> 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
			Residential address

**Additional information** – If you would like to provide any more information about current trustees, please do so below.

**New trustee(s)**

Individual trustee(s)		Corporate trustee(s)	
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	Company name ACN Registered office
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	<b>Director 1</b> 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 Residential address
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	<b>Director 2</b> 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 Residential address
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	<b>Director 3</b> 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 Residential address
			<b>Director 4</b> 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 Residential address

**Additional information** – If you would like to provide any more information about new trustees, please do so below.

**Other parties**

**Other individual parties**

**Other corporate parties**

<b>Title</b>	<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:	<b>Company name</b>	
<b>Full name</b>		<b>ACN</b>	
<b>Address</b>		<b>Registered office</b>	
<b>Role</b>	<input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<b>Role</b>	<input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
<b>Title</b>	<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:	<b>Director 1 Title</b>	<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:
<b>Full name</b>		<b>Full name</b>	
<b>Address</b>		<b>Residential address</b>	
<b>Role</b>	<input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<b>Director 2 Title</b>	<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:
<b>Title</b>	<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:	<b>Full name</b>	
<b>Full name</b>		<b>Residential address</b>	
<b>Address</b>		<b>Director 3 Title</b>	<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:
<b>Role</b>	<input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<b>Full name</b>	
<b>Title</b>	<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:	<b>Residential address</b>	
<b>Full name</b>		<b>Director 4 Title</b>	<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:
<b>Address</b>		<b>Full name</b>	
<b>Role</b>	<input type="checkbox"/> Appointor <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	<b>Residential address</b>	

**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.