

Trust name

Order form: Vesting of discretionary trust

Important information

Please forward a copy of the existing trust deed with any deeds of variation/amendment that may exist. Please ensure you also provide current information in relation to:

- other parties to the deed (including names and addresses)
- the names of director(s) (if a company), and
- a copy of the final balance sheet for the trust
- a list of assets and liabilities as at the requested vesting date

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

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Payment

Cheque with order

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 vesting

Must be today or future dated

 / /

Location for meetings

Trustees	
Individual trustees	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:	Company Name
Full name	ACN
Address	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:	Director 1 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	Full name
Address	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:	Director 2 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	Full name
Address	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:	Director 3 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	Full name
Address	Residential address
	Director 4 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

Appointors	
Individual appointor/s	Corporate appointor
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:	Company Name
Full name	ACN
Address	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:	Director 1 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	Full name
Address	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:	Director 2 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	Full name
Address	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:	Director 3 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	Full name
Address	Residential address
	Director 4 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

Other parties		Other corporate parties	
Other individual parties		Other corporate parties	
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:	Company Name	
Full name		ACN	
Address		Registered office	
Role	<input type="checkbox"/> Guardian <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	Role	<input type="checkbox"/> Guardian <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:
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:	Director 1 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:
Full name		Full name	
Address		Residential address	
Role	<input type="checkbox"/> Guardian <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	Director 2 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:
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:	Full name	
Full name		Residential address	
Address		Director 3 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:
Role	<input type="checkbox"/> Guardian <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	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:	Residential address	
Full name		Director 4 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:
Address		Full name	
Role	<input type="checkbox"/> Guardian <input type="checkbox"/> Supervisor <input type="checkbox"/> Other:	Residential address	

Distribution – Please detail how assets are to be distributed on vesting of trust. Provide actual amounts or percentages of what and to whom assets will be distributed.

Name of beneficiary	Amount/percentage (%)
1.	
2.	
3.	
4.	

Additional information - Use this space to give us any other information that may help us to complete your order.