

Trust name

## Order form: Special disability trust

### The Castle difference

Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

### Payment – The options to pay in 30 days is only available for approved clients

- Cheque Please make cheques payable to: Castle Legal Pty Ltd.  
 Credit card Please complete a Credit Card Authorisation form and return with this form.  
 Credit terms of 30 days This option is for approved clients only

### Additional order requirements

Apply for an ABN

Yes – complete ABN application form  No

Applicable Law

VIC  NSW  QLD  SA  WA  NT  TAS  ACT

Would you like us to attend to stamp duty<sup>1</sup>

Yes  No

<sup>1</sup>stamp duty exemptions may apply

<sup>2</sup>Stamp duty is only applicable in VIC, NSW and NT

If yes, please choose jurisdiction<sup>2</sup>

VIC  NSW  NT

### Delivery

Required delivery date

ASAP  Specific date

Please provide specific date

Delivery address

Street address preferred

Firm address (as listed above)  Other address

Please provide other address

### Declaration

By submitting this form to Castle Legal Pty Ltd, I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a trustee or appointor (as relevant). I indemnify Castle Legal Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

Trust details	
Name of trust	<input type="text"/>
Commencement date	<input type="checkbox"/> Today <input type="checkbox"/> Same as formation date of corporate trustee <input type="checkbox"/> Same as required delivery date <input type="checkbox"/> Specify date
Settlement sum	<input type="text"/>
Settlor – The Settlor must be an immediate family member ie. Parent/Step Parent/Sibling/Grandparent	
Settlor name	<input type="text"/>
Settlor address	<input type="text"/>
Trustee(s) – If more than two trustees, please provide their details in the 'Additional details' space at the bottom of page 3.	
<input type="checkbox"/> <i>Individual</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text" value="Other – please specify"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>
<input type="checkbox"/> <i>Corporate</i>	<input type="text" value="Company Name"/> ACN <input type="text"/>
Number of Directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> Two or more directors - names not required <input type="text"/>
Address Individual, must be residential	<input type="text"/>
<input type="checkbox"/> <i>Individual</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text" value="Other – please specify"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>
<input type="checkbox"/> <i>Corporate</i>	<input type="text" value="Company Name"/> ACN <input type="text"/>
Number of Directors	<input type="checkbox"/> One – advise full name to the right <input type="checkbox"/> Two or more directors - names not required <input type="text"/>
Address Individual, must be residential	<input type="text"/>
Appointor(s)	
Succession plan - Optional	
<input type="checkbox"/> Choose not to have appointor <b>OR</b> succession plan <input type="checkbox"/> Choose to have appointor <b>AND</b> succession plan	
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>
Address	<input type="text"/>
Name	<input type="text" value="Given name(s)"/> <input type="text" value="Surname"/>
Address	<input type="text"/>
How will the appointors serve:	<input type="checkbox"/> One appointor only <input type="checkbox"/> Jointly <input type="checkbox"/> As family appointor

**One appointor**

Please number in order of succession	Spouse	Children	LPR	Other (please provide name and address)
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**Two or more appointors**

<input type="checkbox"/> Joint appointors	Last surviving appointor succeeded by:	Spouse	Children	LPR	Other (please provide name and address)
<input type="checkbox"/> Family appointor	<input type="checkbox"/> Each person succeeded by his/her legal personal representative (LPR) <input type="checkbox"/> Each person succeeded by his/her spouse <input type="checkbox"/> Other: please use Additional information section at the bottom of page 3.				

**Primary beneficiary**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other					<small>Other – please specify</small>
Name	<small>Given name(s)</small>		<small>Surname</small>			
Address	[Empty text box]					
Relationship to first appointor	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> LPR <input type="checkbox"/> Other					

**Additional information** – use this space to give us any other information that may help us to complete your order.