

I wish to establish a new Discretionary Trust

## YOUR CONTACT DETAILS

Name:

Street Address:

Postal Address:

Telephone:

Fax:

Mobile:

Email:

Send documentation to Street Address (*above*)

Send documentation to Postal Address (*above*)

## TRUST DETAILS

Name of Trust:

Settlor Name:

Address of Settlor:

Initial Sum:

## TRUSTEE DETAILS

Name of Trustee:

ACN/ABN (if corporate):

Address of Trustee:

Directors of Corporate Trustee (if applicable):

1.

2.

3.

4.

## APPOINTOR DETAILS

Name:

Address:

Name:

Address:

## BENEFICIARY DETAILS

***\*Please note that additional beneficiaries may be added or removed at any time.***

1. Name:

TFN / ACN / ABN:

Address:

Date of Birth:

2. Name:

TFN / ACN / ABN:

Address:

Date of Birth:

## BENEFICIARY DETAILS

|                |                  |
|----------------|------------------|
| 3. Name:       | TFN / ACN / ABN: |
| Address:       |                  |
| Date of Birth: |                  |
| 4. Name:       | TFN / ACN / ABN: |
| Address:       |                  |
| Date of Birth: |                  |
| 5. Name:       | TFN / ACN / ABN: |
| Address:       |                  |
| Date of Birth: |                  |

## CONSENT AND AGREEMENT

|   |              |
|---|--------------|
| <input type="checkbox"/> By ticking this box, we confirm that all necessary consent has been obtained and is held for all person/s listed on this form, and consent to Platinum Accounting & Taxation Pty Ltd and/or its agent to sign the Application. |              |
| We acknowledge that we are liable to pay fees to Platinum Accounting & Taxation Pty Ltd for the service provided.   |              |
| Date:   |              |
| Signature 1:  | Signature 2: |
| Print Name:   | Print Name:  |
| Signature 3:  | Signature 4: |
| Print Name:   | Print Name:  |

## PAYMENT (NON-REFUNDABLE)

|  |  |
|--|--|
| <b>Please Note: Discretionary Trust establishment will not proceed until full payment is received/cleared.</b>   |  |
| <input type="checkbox"/> Enclosed a cheque made payable to Platinum Accounting & Taxation Pty Ltd  |  |
| <input type="checkbox"/> EFT Payment details: <i>(use applicant surname as the reference)</i><br>ANZ Bank<br>BSB: 013-017<br>Account Number: 4953-98099  |  |
| <input type="checkbox"/> Cash or Money Order also accepted (please do not post cash)   |  |
| <input type="checkbox"/> Credit Card:  |  |
| Cardholder's Name:   |  |
| Cardholder's Signature:  |  |
| Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard  |  |
| Card Number:   |  |
| Expiry Date:   |  |
| Card Verification Value:*  |  |
| Amount: \$   |  |
| * The card verification value (CVV) is an extra code printed on your debit or credit card. CVV for Visa or MasterCard is the final three digits of the number printed on the signature strip on the back of your card. |  |

### Returning the Form

Please email your completed form to:  
[info@platinumaccounting.com.au](mailto:info@platinumaccounting.com.au)