

THE COMPANY PEOPLE

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FIRM/PERSON PLACING ORDER	
Firm Name:	Contact Name:
Address:	
Phone:	Fax:

Desired Name of Trust _____

State/Territory of Jurisdiction _____

FIRST TRUSTEE(S)

Name of first Trustee _____

(IF COMPANY INCLUDE A.C.N. NO.)

Registered Office/residential address _____

SECOND TRUSTEE (If any)

Name of second Trustee _____

Registered Office/residential address _____

***SETTLOR**

Full name _____

Settled Sum \$ _____

Address _____

APPOINTER

Full name _____

GUARDIAN

Full name _____

SPECIFIED BENEFICIARIES

1 **Full name** _____ 5 **Full name** _____

2 **Full name** _____ 6 **Full name** _____

3 **Full name** _____ 7 **Full name** _____

4 **Full name** _____ 8 **Full name** _____

If there is insufficient space provided, please photocopy and submit as part of your order.

