



416 Flinders Mall (PO Box 991)
Townsville Qld 4810

Ph: (07) 4771 5664 Fax: (07) 4772 5742

DISCRETIONARY TRUST DEED *Please complete all details in block letters.*

date: _____

email address: _____

from (your firm name): _____ ref: _____

PLEASE SEND DOCUMENTS FOR EXECUTION

- by overnight courier
- by overnight courier tomorrow
- by local courier
- by email
- in due course

NAME OF TRUST

full name of trust _____

TRUSTEE DETAILS

full name (ACN/ARBN/ABN if applicable) _____

directors names (if applicable) _____

residential address / registered office _____

state _____ postcode _____

PRINCIPAL DETAILS

full name of principal

residential address /
registered office

state

postcode

n.b. the principal has power under the trust deed to appoint a new trustee or nominate additional beneficiaries

**NAMED PRIMARY
BENEFICIARIES**

full names

ACCOUNTANTS OF TRUST

firm name

address

state

postcode

email address

contact person

phone

BANKER OF TRUST

bank

branch address

state

postcode

email address

contact person

phone

ANY FURTHER INSTRUCTIONS
