



**Kevin P. Scambler**  
 & ASSOCIATES  
 Ph 07 5452 7205

DISCRETIONARY TRUST ORDER FORM

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**TRUST DETAILS**

Name of Trust \_\_\_\_\_  
 Date of Trust \_\_\_\_\_  
 Names of ALL Trustee/s  
*(1 st listed to be Chairman)* \_\_\_\_\_  
 Street Address of Trustee/s \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If Trustee is company: (1) ACN \_\_\_\_\_  
 (2) Names of ALL Directors  
*(1 st listed to be Chairman)* \_\_\_\_\_  
 \_\_\_\_\_  
 Principle of Trust \_\_\_\_\_  
 Party/s who will have the power to appoint and/or remove a Trustee/Beneficiary

**PRIMARY BENEFICIARIES:** (Please provide full names)

#1 \_\_\_\_\_  
 #2 \_\_\_\_\_  
 #3 \_\_\_\_\_

**DEFAULT BENEFICIARIES:** Please note that if no nomination is made below, the Primary Beneficiaries will be the takers in default.

#1 \_\_\_\_\_ #4 \_\_\_\_\_  
 #2 \_\_\_\_\_ #5 \_\_\_\_\_  
 #3 \_\_\_\_\_ #6 \_\_\_\_\_

**PAYMENT DETAILS:** Please debit the following card details by the amount of **\$ 859.00**

**TYPE OF CARD:** Visa  Mastercard  Cheque

**CARD NUMBER:** \_\_\_\_\_ **EXPIRY DATE:** ( / )

**NAME ON CARD:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

Please return this Form on **FAX 07 5452 7206** or call with any queries