TRUSTS · LOST DEED

Deed of confirmation.

Where the existing discretionary trust deed cannot be located, a deed confirming its terms, prepared by our legal partner.

TIME TO COMPLETE	RETURN TO	QUESTIONS
10 min	team@cosecpartners.com.au	1300 226 226

FILLING THIS FORM

Type straight into the fields in Adobe Acrobat Reader, or print and complete by pen. **Required fields** are marked with an oxblood asterisk. Tick every box that applies and skip any section that does not apply to your order.

01 The trust.

NAME OF TRUST *		STAMP DUTY STATE *	
DATE EXISTING DEED WAS SIGNED *if known*			

02 Efforts to find the deed.

It is always better to have a copy of the deed than to confirm the terms of a lost one. Each statement below should be true before you order.

- ☐ You have contacted all prior solicitors and accountants who acted for the client and may have handled the deed.
- ☐ You have contacted the current accountant who prepares the trust's tax returns.
- ☐ You have reviewed the tax returns for the trust and its beneficiaries to identify the beneficiaries.
- ☐ You have tried to locate all minutes of the trustees.
- ☐ You are not aware of any updates or variations to the trust.
- ☐ Neither you nor the client set up any other trust at the same time.
- ☐ The bank(s) where the trust holds accounts do not hold a copy of the deed.
- ☐ You cannot locate the stamp duty assessment or a cheque butt for the duty paid.

SISTER DEED ATTACHED?		
	☐ Yes, a deed for a trust set up at the same time is attached	☐ No

03 The trustee.

TRUSTEE 1 NAME	ADDRESS
TRUSTEE 2 NAME	**ADDRESS**

CORPORATE TRUSTEE	ACN
CORPORATE TRUSTEE ADDRESS	
DIRECTORS OF CORPORATE TRUSTEE	

04 The appointor.

APPOINTOR 1 NAME	ADDRESS
APPOINTOR 2 NAME	**ADDRESS**
SUCCESSOR ON DEATH 1 NAME	**ADDRESS**
SUCCESSOR ON DEATH 2 NAME	**ADDRESS**

05 Primary beneficiaries.

01 PRIMARY BENEFICIARY

NAME	ACN *if company*
ADDRESS	

02 PRIMARY BENEFICIARY

NAME	ACN *if company*

ADDRESS

03 PRIMARY BENEFICIARY

NAME	ACN *if company*

ADDRESS

04 PRIMARY BENEFICIARY

NAME	ACN *if company*

ADDRESS

06 Additional notes.

Anything else we should know, or instructions for this order.

NOTES AND INSTRUCTIONS	

07 Your firm.

The firm or person placing this order with CoSec Partners.

FIRM *			
INDUSTRY	☐ Accounting ☐ Legal ☐ Financial planning ☐ Other		
CONTACT NAME *		PHONE *	
EMAIL *		PO NUMBER *if any*	
STREET ADDRESS			
SUBURB		STATE	POSTCODE
DOCUMENTS	☐ PDF by email ☐ PDF plus printed, bound and delivered		

08 Declarations & signature.

BY SIGNING BELOW **I/we confirm each of the following.**

01 ☐ The information in this form is true and correct at the time of signing.

02 ☐ Every person named in this form has consented to their details being given to CoSec Partners, and to ASIC, the ATO or a solicitor where needed to complete this order.

03 ☐ **Appointment of agent.** To CoSec Partners: You are appointed to act as our agent to procure a deed and ancillary legal documentation from a solicitor, on the particulars set out in this form. In consideration for you acting as our agent, paying solicitors' costs, compiling the materials into a register and delivering them, we will pay you the amounts agreed.

04 ☐ **No advice.** We understand CoSec Partners does not provide legal, accounting, financial or stamp duty advice and takes no responsibility for taxation, legal or other liabilities arising from work done on our instructions. We have obtained our own advice on this transaction.

SIGNATURE OF AUTHORISED PERSON | FULL NAME | DATE

09 Payment & submission.

PAYMENT

We invoice on receipt. We review your order, send an itemised invoice with a secure card payment link, and proceed on settlement. EFT is also available: **ANZ, BSB 015-056, Account 225 324 305**, reference: name of trust. Please do not write card details on this form. Current pricing is at cosecpartners.com.au.

Three ways to *return this form.*

EMAIL
team@cosecpartners.com.au

PORTAL
cosecpartners.com.au/portal

PHONE
1300 226 226