TRUSTS · VARIATION

Deed of variation.

Vary the deed of a discretionary trust, prepared by our legal partner. Stamping incurs an additional fee.

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.

PLEASE ATTACH

A copy of the existing deed and every deed of variation must come with this order.

01 The trust.

NAME OF TRUST *		STATE * *of operation*	

ORIGINAL DEED DATE *		LATER VARIATION DATES *if any*	

02 Variations required.

Tick each change. For anything else, describe it below and we will confirm a quote.

- ☐ Change of trustee(s)
- ☐ Change of appointor(s)
- ☐ Change of trust name
- ☐ Add Bamford provisions
- ☐ Other (describe below)

OTHER VARIATION DETAILS	

03 Current trustee.

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

CORPORATE TRUSTEE	ACN
CORPORATE TRUSTEE ADDRESS	

04 Current appointor.

APPOINTOR 1 NAME	ADDRESS
APPOINTOR 2 NAME	**ADDRESS**

05 New trustee.

If applicable.

NEW TRUSTEE IS

☐ Additional ☐ Replacement

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

CORPORATE TRUSTEE	ACN
CORPORATE TRUSTEE ADDRESS	

06 New appointor.

If applicable.

NEW APPOINTOR IS	
☐ Additional (joint) ☐ Replacement	
NEW APPOINTOR 1 NAME	**ADDRESS**
NEW APPOINTOR 2 NAME	**ADDRESS**

07 New trust name.

If applicable.

NEW NAME OF TRUST	

08 Additional notes.

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

NOTES AND INSTRUCTIONS	

09 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				

10 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 _____

11 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