TRUST ESTABLISHMENT · DISCRETIONARY

Family trust order form.

Instructions for a new discretionary (family) trust deed, prepared by our legal partner and returned with a full trust register.

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 *	
STATE OF TRUST *	☐ NSW ☐ VIC ☐ QLD ☐ SA ☐ WA ☐ TAS ☐ ACT ☐ NT

02 The trustees.

A company or individuals. PO boxes are not accepted for addresses.

01 TRUSTEE

TRUSTEE NAME * *individual or company*	ACN *if company*	CHAIR FOR MINUTES *if company*

STREET ADDRESS * *no PO boxes*

SUBURB *	STATE *	POSTCODE *	COUNTRY *if not AU*

02 TRUSTEE (OPTIONAL)

TRUSTEE NAME *individual or company*	ACN *if company*	CHAIR FOR MINUTES *if company*

STREET ADDRESS *no PO boxes*

SUBURB	STATE	POSTCODE	COUNTRY *if not AU*

03 The settlor.

The settlor must not be a director of the trustee company, and should be independent of the trustee and every beneficiary.

SETTLOR NAME *		SETTLED SUM ($) *a gift, never refunded*	
STREET ADDRESS *			
SUBURB *		STATE *	POSTCODE *
COUNTRY *if not Australia*			

04 The appointor.

The appointor must be 18 or older. Leave the death successor blank to default to the legal personal representative.

SOLE APPOINTOR *					
ON APPOINTOR'S DEATH *successor*					
JOINT APPOINTOR 2		JOINT APPOINTOR 3		JOINT APPOINTOR 4	

05 Primary beneficiaries.

Up to five. Enter an individual or a company for each.

- ☐ **Exclude foreign persons.** The deed will expressly exclude foreign parties as primary and secondary beneficiaries (relevant to state land tax and duty surcharges).
- ☐ **South Australian farming trust.** Tick if this trust will carry on a primary production business in SA.

01 BENEFICIARY

GIVEN NAMES	SURNAME	COMPANY NAME *if a company*

STREET ADDRESS

SUBURB	STATE	POSTCODE	COUNTRY *if not AU*

02 BENEFICIARY

GIVEN NAMES	SURNAME	COMPANY NAME *if a company*

STREET ADDRESS

SUBURB	STATE	POSTCODE	COUNTRY *if not AU*

03 BENEFICIARY

GIVEN NAMES	SURNAME	COMPANY NAME *if a company*

STREET ADDRESS

SUBURB	STATE	POSTCODE	COUNTRY *if not AU*

04 BENEFICIARY

GIVEN NAMES	SURNAME	COMPANY NAME *if a company*

STREET ADDRESS

SUBURB	STATE	POSTCODE	COUNTRY *if not AU*

05 BENEFICIARY

GIVEN NAMES	SURNAME	COMPANY NAME *if a company*

STREET ADDRESS

SUBURB	STATE	POSTCODE	COUNTRY *if not AU*

06 Additional services.

Tick anything to add to this order.

Printed, bound and delivered documents	See price list	☐ Add
Stamping *South Australia only*	See price list	☐ Add
ABN registration *complete the ABN section below*	See price list	☐ Add
Business name registration, 1 year *complete the business name section below*	See price list	☐ Add
Business name registration, 3 years *complete the business name section below*	See price list	☐ Add

07 ABN registration.

Complete only if you ticked ABN registration above.

BUSINESS ACTIVITY * *describe in detail*			
AUTHORISED CONTACT *		PHONE *	
AUTHORISED EMAIL *		APPLY FOR GST?	☐ Yes ☐ No
TAX AGENT NUMBER *if your firm is lodging as tax agent*		TURNOVER ($) *estimate*	
GST METHOD	☐ Cash ☐ Accruals		

08 Business name registration.

Complete only if you ticked business name registration above.

BUSINESS NAME			
CONTACT NAME		CONTACT EMAIL	

ABN AND BUSINESS NAME

I authorise CoSec Partners to lodge the ABN and business name applications on my behalf and confirm:

01 ☐ I am not disqualified from managing corporations under s206B(1) of the Corporations Act 2001.

02 ☐ Within the last 5 years I have not been convicted of, or released from prison after serving a term of imprisonment for, any offence referred to in s32(1)(c) or (d) of the Business Names Registration Act 2011.

03 ☐ This application is submitted under, and complies with, the ASIC Electronic Lodgement Protocol.

04 ☐ I have the TFN, name and date of birth, or name, address and date of birth, for all key people in the business.

05 ☐ I am not applying only because I have been asked to get an ABN as a condition of employment.

06 ☐ The business has, or will have once started, the key characteristics of a business, and I can provide evidence of entitlement to an ABN if asked.

07 ☐ I will give true and correct information. Penalties of up to $12,600 can apply for each false or misleading statement in an ABN application.

08 ☐ Once registered, I will keep the ABN up to date within 28 days of any change and cancel it when no longer carrying on an enterprise.

09 Additional notes.

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

NOTES AND INSTRUCTIONS	

10 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

11 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

12 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