

Trust name

## Order form: Class Discretionary Trust

### The Castle difference

Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

### Choose your package – PDFs included with all packages

Premium

All documents printed and inserted in a folder (with 2 dividers).  
4 bound deeds.

Presented in:-

- White Folder
- White Folder with Slip Case
- Black Folder
- Black Folder with Vertical Holder
- Black Folder with Box and Lid

Standard

All key documents printed. 2 bound deeds.

Electronic

Email delivery of all documents in PDF.

### Additional order requirements

Apply for an ABN

Yes – complete [ABN application form](#) (additional fee of \$220 applies)  No

Applicable law

VIC  NSW  QLD  SA  WA  NT  TAS  ACT

Would you like us to attend to stamp duty<sup>1</sup>

Yes  No If Yes please choose jurisdiction<sup>2</sup>  VIC  NSW  NT

<sup>1</sup> Additional fees apply for deeds to be stamped in NSW, and NT

<sup>2</sup> Stamp duty is only applicable in VIC, NSW, and NT

### Delivery

Required delivery date

ASAP  Specific date

Please provide specific date

Delivery address

Street address preferred

Firm address (listed above)

Other address

Please provide other address

### Payment – The options to pay in 14 or 30 days are only available for approved clients

Pay now

Cheque

Please make cheques payable to: Castle Corporate Pty Ltd.

Credit card

Please complete a [Credit Card Authorisation form](#) and return with this form.

Bank deposit

Account details:  
BSB: 083-419, Account: 66332-9114

Please provide reference you will use for direct deposit

Pay in 14 days with your [Enduring Credit Card Authorisation](#)

Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date

### Declaration

By submitting this form to Castle Corporate Pty Ltd, I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a Trustee, Settlor or Appointor (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

**Trust details**

Name of trust	<input type="text"/>	
Commencement date	<input type="checkbox"/> Same as formation date of corporate trustee	<input type="checkbox"/> Specify date
Settlement sum	\$ <input type="text"/>	
Type of Deed	<input type="checkbox"/> Include foreign beneficiaries	
	<input type="checkbox"/> Exclude foreign beneficiaries	

Recommended for trusts that intend to purchase property in Queensland, New South Wales and/or Victoria to avoid duty surcharges

**Settlor**

Settlor	<input type="checkbox"/> Castle staff member (*note: this option is available for standard and premium packages) <input type="checkbox"/> Other (please specify below)	
Settlor name <small>If not Castle staff member</small>	<input type="text"/>	
Settlor address <small>If not Castle staff member</small>	<input type="text"/>	

**Trustee(s)** – If more than two trustees, please provide their details in the 'Additional information' space at the bottom of page 3.

Trustee name	<input type="text"/>	ACN	<input type="text"/>
Trustee address	<input type="text"/>		
If corporate trustee, name of director(s)	<input type="text"/>		

Full Name(s) including titles

Trustee name	<input type="text"/>	ACN	<input type="text"/>
Trustee address	<input type="text"/>		
If corporate trustee, name of director(s)	<input type="text"/>		

Full Name(s) including titles

**Additional information** – use this space to give us any other information that may help us to complete your order.

**GROUP A: Appointors**

Do you want an appointor?

- Yes – Please fill in details below  
 No

If neither box is ticked we will assume an appointor is not required

Name

Given name(s)	Surname
---------------	---------

Address

--

Name

Given name(s)	Surname
---------------	---------

Address

--

If you have completed the Appointor's section, do you want a succession plan?

- Yes  No

**First appointor – one person**

single appointor

Please number in order of succession

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

**First appointor – two or more persons**

Joint appointors

Last surviving appointor succeeded by:

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

Family appointors

- Each person succeeded by his/her legal personal representative (LPR)
- Each person succeeded by his/her spouse
- Other: please use Additional information section at the bottom of page 3.

**GROUP A: Primary beneficiaries**

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Additional information – GROUP A

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**GROUP B: Appointors**

Do you want an appointor?

- Yes – Please fill in details below  
 No

If neither box is ticked we will assume an appointor is not required

Name

Given name(s)	Surname
---------------	---------

Address

--

Name

Given name(s)	Surname
---------------	---------

Address

--

If you have completed the Appointor’s section, do you want a succession plan?

- Yes  No

**First appointor – one person**

single appointor

Please number in order of succession

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

**First appointor – two or more persons**

Joint appointors

Last surviving appointor succeeded by:

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

Family appointors

- Each person succeeded by his/her legal personal representative (LPR)
- Each person succeeded by his/her spouse
- Other: please use Additional information section at the bottom of page 3.

**GROUP B: Primary beneficiaries**

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Additional information – GROUP B

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**GROUP C: Appointors**

Do you want an appointor?

- Yes – Please fill in details below  
 No

If neither box is ticked we will assume an appointor is not required

Name

Given name(s)	Surname
---------------	---------

Address

Name

Given name(s)	Surname
---------------	---------

Address

If you have completed the Appointor’s section, do you want a succession plan?

- Yes  No

**First appointor – one person**

single appointor

Please number in order of succession

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

**First appointor – two or more persons**

Joint appointors

Last surviving appointor succeeded by:

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

Family appointors

- Each person succeeded by his/her legal personal representative (LPR)
- Each person succeeded by his/her spouse
- Other: please use Additional information section at the bottom of page 3.

**GROUP C: Primary beneficiaries**

Name

Given name(s)	Surname
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Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
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Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
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Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Additional information – GROUP C

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**GROUP D: Appointors**

Do you want an appointor?

- Yes – Please fill in details below  
 No

If neither box is ticked we will assume an appointor is not required

Name

Given name(s)	Surname
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Address

Name

Given name(s)	Surname
---------------	---------

Address

If you have completed the Appointor's section, do you want a succession plan?

- Yes  No

**First appointor – one person**

single appointor

Please number in order of succession

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

**First appointor – two or more persons**

Joint appointors

Last surviving appointor succeeded by:

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

Family appointors

- Each person succeeded by his/her legal personal representative (LPR)  
 Each person succeeded by his/her spouse  
 Other: please use Additional information section at the bottom of page 3.

**GROUP D: Primary beneficiaries**

Name

Given name(s)	Surname
---------------	---------

Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
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Address

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Additional information – GROUP D

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**GROUP E: Appointors**

Do you want an appointor?

- Yes – Please fill in details below  
 No

If neither box is ticked we will assume an appointor is not required

Name

Given name(s)	Surname
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Address

--

Name

Given name(s)	Surname
---------------	---------

Address

--

If you have completed the Appointor's section, do you want a succession plan?

- Yes  No

**First appointor – one person**

single appointor

Please number in order of succession

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

**First appointor – two or more persons**

Joint appointors

Last surviving appointor succeeded by:

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

Family appointors

- Each person succeeded by his/her legal personal representative (LPR)
- Each person succeeded by his/her spouse
- Other: please use Additional information section at the bottom of page 3.

**GROUP E: Primary beneficiaries**

Name

Given name(s)	Surname
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Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Additional information – GROUP E

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**GROUP F: Appointors**

Do you want an appointor?

- Yes – Please fill in details below  
 No

If neither box is ticked we will assume an appointor is not required

Name

Given name(s)	Surname
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Address

--

Name

Given name(s)	Surname
---------------	---------

Address

--

If you have completed the Appointor’s section, do you want a succession plan?

- Yes  No

**First appointor – one person**

single appointor

Please number in order of succession

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

**First appointor – two or more persons**

Joint appointors

Last surviving appointor succeeded by:

Spouse

Children

LPR

Other

Please provide name and address in Additional information on the following page

Family appointors

- Each person succeeded by his/her legal personal representative (LPR)
- Each person succeeded by his/her spouse
- Other: please use Additional information section at the bottom of page 3.

**GROUP F: Primary beneficiaries**

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Name

Given name(s)	Surname
---------------	---------

Address

--

Relationship to first appointor

- Self  Spouse  Child  Parent  LPR  Other

Additional information – GROUP F

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