

Farm Discretionary Trust name

Order form: Farm 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

Electronic Email delivery of all documents in PDF.

Standard All key documents printed. 2 bound deeds.

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

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 duty¹

Yes No

If Yes please choose jurisdiction²

VIC NSW NT

¹ Additional fees apply for deeds to be stamped in NSW, and NT

² 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

Cheque Please make cheques payable to: Castle Corporate Pty Ltd.

Pay now 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 our [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.

Primary beneficiaries

| | | |
|---------------------------------|--|---------|
| Name | Given name(s) | Surname |
| Address | | |
| Relationship to first appointor | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> LPR <input type="checkbox"/> Other | |

| | | |
|---------------------------------|--|---------|
| Name | Given name(s) | Surname |
| Address | | |
| Relationship to first appointor | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> LPR <input type="checkbox"/> Other | |

| | | |
|---------------------------------|--|---------|
| Name | Given name(s) | Surname |
| Address | | |
| Relationship to first appointor | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> LPR <input type="checkbox"/> Other | |

| | | |
|---------------------------------|--|---------|
| Name | Given name(s) | Surname |
| Address | | |
| Relationship to first appointor | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> LPR <input type="checkbox"/> Other | |

| | | |
|---------------------------------|--|---------|
| Name | Given name(s) | Surname |
| Address | | |
| Relationship to first appointor | <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> LPR <input type="checkbox"/> Other | |

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