

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 <u>incorrect</u> in your form, we will contact you to discuss it.								
	Order placed by								
	Your name			Telephone		Facsimile			
Г	Firm name	irm name			Email address				
Г	Firm address								
	Choose your package – I	PDFs included with	all packages						
	Electronic Email de	elivery of all documents i	in PDF.						
	Standard All key d	locuments printed. 2 bo	und deeds.						
	Premium All documents printed and inserted in a folder (with 2 dividers). All documents printed and inserted in a folder (with 2 dividers). All documents printed and inserted in a folder (with 2 dividers). Black Folder with Slip Case Black Folder Black Folder with Vertical Holder Black Folder with Box and Lid								
	Additional order require	ements							
	Apply for an ABN		ABN application form	(additional foo of \$	220 applies)	No			
	Applicable Law VIC NSW QLD SA WA NT TAS ACT						_		
	Would you like us to attend to stamp duty ¹ 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 🗆 Sp	ecific date	Please	provide specific date			
	Delivery address Street address preferred		ddress (listed above address)	Please provide	other address			
	Payment – The options t	to pay in 14 or 30 d	ays are only avai	lable for approv	ved clients				
		Cheque Ple	ease make cheques p	ayable to: Castle Co	rporate Pty Ltd.				
	🗆 Pay now 🛛	Credit card Ple	ease complete a <u>Cred</u>	it Card Authorisatio	<u>n form</u> and return	with this form.			
	Bank deposit Account details: Please provide reference you will use for direct deposit BSB: 083-419, Account: 66332-9114 Please provide reference you will use for direct deposit								
	Pay in 14 days with our <u>Enduring Credit Card Authorisation</u>								
	Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date								
	Declaration								
	BysubmittingthisformtoCastleCorporatePtyLtd,Iwarrantanddeclarethatallstatementsmadeandalldetailsshowninthis orderformaretrueandcorrectandthatallpersonsnamedinthisorderformhaveconsentedinwritingtotheirappointmentas aTrustee,Settlor orAppointor(asrelevant). I indemnify CastleCorporate Pty Ltdforany andall loss suffered asaresult ofmy breach oftheaforesaidwarranty.								

Trust details								
Name of trust								
Type of trust	□ 7 [·] 7	ū		L '	[.] 7 ι	J		
Commencement date	□ Same as for	rmation date of co	rporate trustee	□ Specify	y date			
Settlement sum	\$							
Note* not be acquirin		ng residential pro	perty located in	Queensland	l, New So	umption that the trust shall uth Wales, South Australia,		
Settlor	Tasmania and/or Victoria. If this assumption is incorrect, please contact us.							
Settlor	□ Castle staff member (*note: this option is available for standard and premium packages) □ Other (please specify below)							
Settlor name If not Castle staff member								
Settlor address If not Castle staff member								
Trustee(s) – If more than two	o trustees, please provi	de their details in the 'Adc	itional information' spa	ace at the bottom	of page 3.	_		
Trustee name					ACN			
Trustee address								
If corporate trustee, name of director(s)	Full Name(s) including titles							
Trustee name					ACN			
Trustee address								
If corporate trustee, name of director(s)								
Appointors								
Do you want an appoin	tor?	es – Please fill in details O – Please proceed to p		ither box is ticked pintor is not requii		e an		
Name		Given name(s)			2	urname		
Address								
710101 000								
Name		Given name(s)			2	iurname		
Name		Given name(s)			2	iurname		
Name Address	'he Appointor's s		It a succession pl	lan?	2			
Name Address If you have completed t			It a succession pl	lan?	2	urname		
Name Address		ection, do you war				🗆 Yes 📄 No		
Name Address If you have completed t		ection, do you war			S Other			
Name Address If you have completed f First appointor – one p	Please number in order of succession	ection, do you war				Please provide name and address in Additional information at the bottom		
Name Address If you have completed to First appointor – one p Single appointor	Please number in order of succession	ection, do you war Spouse Cł	nildren LF	PR C		Please provide name and address in Additional information at the bottom		
Name Address If you have completed t First appointor – one p Single appointor First appointor – two o	Please number in order of succession or more persons Last surviving appointor	ection, do you war Spouse Cł Spouse Cł	nildren LF nildren LF	PR C)ther)ther	Please provide name and address in Additional information at the bottom of page 3 Please provide name and address in Additional information at the bottom		
Name Address If you have completed t First appointor – one p Single appointor First appointor – two o	Please number in order of succession or more persons Last surviving appointor	ection, do you war Spouse Ch Spouse Ch	nildren LF nildren LF	PR C PR C)ther)ther	Please provide name and address in Additional information at the bottom of page 3 Please provide name and address in Additional information at the bottom of page 3		

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