

Order form: Class Discretionary Trust

The Castle difference								
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					
]				
Firm name		Email address						
Firm address				J				
]				
Choose your package -	- PDFs included with all packages							
			Presented in:-					
A11.	decision where whether decision are trading of the decision of	uith 2 dividence)	U White Folder	1				
Dromium	documents printed and inserted in a folder (v ound deeds.	vitil 2 dividers).	White Folder with Slip Case	ļ				
			 Black Folder Black Folder with Box and Lid 					
_				1				
Standard All	key documents printed. 2 bound deeds.							
	ail delivery of all documents relevant to this p	oackage in PDF.						
Additional order requirements								
Apply for an ABN	Yes – complete <u>ABN application form</u>	Yes – complete ABN application form (additional fee of \$231 applies) \Box No						
Applicable law		🗆 sa 🗆 wa 🗆	NT 🗆 TAS 🗆 ACT					
Would you like us to attend to stamp duty ¹	□ Yes □ No If Yes please	choose jurisdiction ²	□ VIC □ NSW □ NT					
¹ Additional fees apply for de	eds to be stamped							
² Stamp duty is only applicabl	le in VIC, NSW, and NT							
Delivery			Please provide specific date	1				
Required delivery date	ASAP Specific da	ate						
Deliveryeddross	Firm address (listed al		Please provide other address	l				
Delivery address Street address preferred	□ Other address	Jove)						
Payment – The options	s to pay in 14 or 30 days are only av	ailable for approved cli	ents					
		ues payable to: Castle Corpora						
		Credit Card Authorisation for	m and return with this form.					
Pay now	Account details:	Please provide reference you will use for direct deposit						
Bank deposit BSB: 083-543, Account: 66-332-9114								
Pay in 14 days with your <u>Enduring Credit Card Authorisation</u>								
Pay in 30 days – I, th	he person named above, agree to pa	y Castle for this order w	ithin 30 days of the invoice date					
Declaration								
			I 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								
	stee, Settlor or Appointor (as releving the settion of the aforesaid warranty		the corporate Pty Ltd for any and all loss					
	,							

Trust details		
Name of trust		
Commencement date	\square Same as formation date of corporate trustee	□ Specify date
Settlement sum	\$	
	□ Include foreign beneficiaries	
Type of Deed	Exclude foreign beneficiaries	Recommended for trusts which intend to purchase property in Queensland, New South Wales, South Australia, Tasmania and/or Victoria to avoid duty surcharges.
Settlor		
Settlor	 Castle staff member (*note: this option is availa Other (please specify below) 	able for standard and premium packages)
Settlor name If not Castle staff member		
Settlor address If not Castle staff member		
Trustee(s) – If more than two	o trustees, please provide their details in the 'Additional information' sp	pace 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)	Full Name(s	i) including titles
Additional information	- use this space to give us any other information that may hel	p us to complete your order.

GROUP A: Appointors							
Do you want an appointo	or?	Yes – PleaseNo	fill in details below	If neither box	is ticked we will ass	ume an appointor is not required	
Name		Given name(s)				Surname	
Address							
Name		Given name(s)				Surname	
Address							
If you have completed th	e Appointor's	section, do you	u want a success	ion plan?		🗆 Yes 🛛 No	
First appointor – one per	rson						
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	s			-	_	
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		Eacl	h person succee	ded by his/h	er spouse	nal representative (LPR)	
GROUP A: Primary benef	ficiaries						
		Giver	n name(s)			Surname	
Name							
Address							
Relationship to first appo	ointor		oouse 🛛 Child	Parent		ther	
Name		Give	n name(s)			Surname	
Address							
Relationship to first appo	ointor	🗆 Self 🗆 Sp	oouse 🛛 Child	Parent		ther	
Name		Giver	n name(s)			Surname	
Address							
Relationship to first appo	ointor	Self Sp	ouse 🛛 Child	Parent		ther	
Name		Give	n name(s)			Surname	
Address							
Relationship to first appo	bintor	Self Sp	oouse 🛛 Child	□ Parent		ther	
Name		Give	n name(s)			Surname	
Address							
Relationship to first appo	bintor	Self Sp	oouse 🛛 Child	Parent		ther	

GROUP B: Appointors				
Do you want an appointor?	 Yes – Please fill in details No 	below If neither box is ticked we will assu	ume an appointor is not required	
Name	Given name(s)		Surname	
Address				
Name	Given name(s)		Surname	
Address				
If you have completed the Appoir	tor's section, do you want a s	uccession plan?	🗆 Yes 🛛 No	
First appointor – one person			_	
Please nur single appointor succession		en LPR Other	Please provide name and address in Additional information on the following page	
First appointor – two or more pe	rsons			
Last surviv Joint appointors appointor succeeded		en LPR Other	Please provide name and address in Additional information on the following page	
Family appointors	Each person s	succeeded by his/her legal person succeeded by his/her spouse use Additional information section		
GROUP B: Primary beneficiaries				
Name	Given name(s)		Surname	
Address				
Relationship to first appointor	□ Self □ Spouse □	Child Parent LPR Ot	her	
Name	Given name(s)		Surname	
Address				
Relationship to first appointor	□ Self □ Spouse □	Child Parent LPR Ot	her	
Name	Given name(s)		Surname	
Address				
Relationship to first appointor	· ·	Child Parent LPR Ot	her	
Name	Given name(s)		Surname	
Address				
Relationship to first appointor		Child Darent LPR Ot		
Name	Given name(s)		Surname	
Address				
Relationship to first appointor	□ Self □ Spouse □	Child 🗆 Parent 🗆 LPR 🗆 Ot	her	

GROUP C: Appointors						
Do you want an appointor?	Yes – Plea No	ase fill in details below	If neither box i	is ticked we will ass	ume an appointor is not required	
Name	Given name	(s)			Surname	
Address						Ì
Name	Given name(s) Surname				Surname	
Address						J
If you have completed the App	ointor's section, do	you want a succes	sion plan?		Yes No	
First appointor – one person						
Please single appointor success		Children	LPR	Other	Please provide name and address in Additional information on the following page	
First appointor – two or more	persons	·				
Last sur Joint appointors appoint succeed	tor	Children	LPR	Other	Please provide name and address in Additional information on the following page	
Family appointors	🗆 E	ach person succee	ded by his/he	er spouse	al representative (LPR) on at the bottom of page 3.	
GROUP C: Primary beneficiarie	es					
Name		Given name(s)			Surname	
Address						
Relationship to first appointor	🗆 Self 🛛	Spouse 🛛 Child	Parent	🗆 LPR 🗖 Ot	her	
Name		Given name(s)			Surname	
Address						
Relationship to first appointor	□ Self □	Spouse 🛛 Child	Parent	🗆 lpr 🗆 Ot	her	
Name		Given name(s)			Surname	
Address						
Relationship to first appointor	□ Self □	Spouse 🛛 Child	Parent	🗆 lpr 🗆 Ot	her	
Name		Given name(s)			Surname	
Address						J
Relationship to first appointor	Self	Spouse 🛛 Child	Parent	LPR Ot	her	
Name		Given name(s)			Surname	
Address]
Relationship to first appointor	🗆 Self 🛛	Spouse 🛛 Child	Parent	LPR Ot	her	

GROUP D: Appointors							
Do you want an appointo	or?	Yes – PleaseNo	fill in details below	If neither box	is ticked we will ass	ume an appointor is not required	
Name		Given name(s)				Surname	
Address							
Name	Given name(s) Surname				Surname		
Address							
If you have completed the Appointor's section, do you want a succession plan?				🗆 Yes 🛛 No			
First appointor – one per	rson						
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		Eacl	h person succee	ded by his/h	er spouse	nal representative (LPR) on at the bottom of page 3.	
GROUP D: Primary benef	ficiaries						
Name		Give	n name(s)			Surname	
Address							
Relationship to first appo	ointor	🗆 Self 🗆 Sp	oouse 🛛 Child	🗆 Parent	🗆 lpr 🗆 Ot	ther	
Name		Giver	n name(s)			Surname	
Address							
Relationship to first appo	ointor	□ Self □ Sp	oouse 🛛 Child	🗆 Parent	🗆 lpr 🗆 Ot	ther	
Name		Giver	n name(s)			Surname	
Address							
Relationship to first appo	bintor	🗆 Self 🗆 Sp	oouse 🛛 Child	Parent	LPR Ot	ther	
Name		Give	n name(s)			Surname	
Address							
Relationship to first appo	ointor	□ Self □ Sp	oouse 🛛 Child	Parent		ther	
Name		Give	n name(s)			Surname	
Address							
Relationship to first appointor		□ Self □ Spouse □ Child □ Parent □ LPR □ Other				ther	

Additional information – GROUP D

GROUP E: Appointors					
Do you want an appointor?	Yes – Please	e fill in details below	If neither box is	s ticked we will assu	ume an appointor is not required
Name	Given name(s)				Surname
Address					
Name	Given name(s)				Surname
Address					
If you have completed the App	pointor's section, do yo	ou want a successi	ion plan?		🗆 Yes 🛛 No
First appointor – one person					_
Please single appointor in ord succes		Children	LPR	Other	Please provide name and address in Additional information on the following page
First appointor – two or more	e persons				_
□ Joint appointors appoir	Spouse surviving htor eded by:	Children	LPR	Other	Please provide name and address in Additional information on the following page
□ Family appointors	🗆 Ead	ch person succeed	led by his/he	er spouse	al representative (LPR) on at the bottom of page 3.
GROUP E: Primary beneficiari	es				
		en name(s)			Surname
Name					
Address					
Relationship to first appointor	□ Self □ S	pouse 🛛 Child	□ Parent	□ LPR □ Ot	her
Name	Givi	en name(s)			Surname
Address					
Relationship to first appointor	Self S	pouse 🛛 Child	□ Parent I	□ lpr □ Ot	her
Name	Give	en name(s)			Surname
Address					
Relationship to first appointor	Self S	pouse 🛛 Child	Parent	□ LPR □ Ot	her
Name	Givi	en name(s)			Surname
Address					
Relationship to first appointor	□ Self □ S	pouse 🛛 Child	□ Parent	LPR Ot	her
Name	Giv	en name(s)			Surname
Address					
Relationship to first appointor	Self S	pouse 🛛 Child	□ Parent I	□ lpr □ Ot	her

GROUP F: Appointors					
Do you want an appointor?	 ☐ Yes – Please fill in details below ☐ No 	er 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 plar	n? 🗌 Yes 🗌 No			
First appointor – one person					
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 perso	15				
Last surviving Joint appointors succeeded by:	Spouse Children LPR	Other Please provide name and address in Additional information on the following page			
□ Family appointors	\Box Each person succeeded by I	his/her legal personal representative (LPR) his/her spouse al 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 Par	ent 🗆 LPR 🗆 Other			
Name	Given name(s)	Surname			
Address					
Relationship to first appointor	□ Self □ Spouse □ Child □ Par	ent 🗆 LPR 🗆 Other			
Name	Given name(s)	Surname			
Address					
Relationship to first appointor	Self Spouse Child Par	ent 🗆 LPR 🗆 Other			
Name	Given name(s)	Surname			
Address					
Relationship to first appointor	□ Self □ Spouse □ Child □ Par	ent 🗆 LPR 🔲 Other			
Name	Given name(s)	Surname			
Address					
Relationship to first appointor	Self Spouse Child Par	ent 🗆 LPR 🗆 Other			