

CNL

## INCORPORATIONS

CNL

Suite 601, Level 6  
2-12 Foveaux St  
Surry Hills NSW 2010  
www.incorporations.com.au

**CORPORATE  
NETWORK  
PTY LTD**

abn : 79 079196768  
Ph : 02 9212 6399  
Fax : 02 9281 1970  
cnl@incorporations.com.au

## DISCRETIONARY TRUST INSTRUCTIONS

PART 1

<b>FROM:</b>	DATE	FIRM	
	ABN		ACN
	DESCRIPTION	(Accountants/Solicitors/etc)	
	PARTNER		CONTACT
	SUITE/FL		BUILDING
	STREET NO. & NAME		SUBURB/CITY
	STATE		POSTCODE
	PHONE		FAX
	EMAIL		
	<input checked="" type="checkbox"/> Paper \$375 <input type="checkbox"/> PDF ONLY \$250 -		Exclude Foreign Beneficiary
	<small>For landtax &amp; stamp duty purposes</small>		
<b>I/WE ADVISE CORPORATE NETWORK LTD THAT:</b>	<i>WE ACCEPT RESPONSIBILITY FOR PAYMENT OF YOUR CURRENT FEES; AND, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS. ACCEPT</i>		
<b>NAME OF TRUST:</b>	_____		
LEGAL JURISDICTION	(NAME THE STATE WHERE THE DEED WILL BE STAMPED): _____		
DATE TO BE SIGNED	(IF BLANK, DATE TO BE INSERTED WHEN DEED IS SIGNED): _____		
<b>SERVICE ADDRESS:</b>	(FOR CORRESPONDENCE, SERVICE OF NOTICE, ETC)		
AT THE OFFICE OF (C/-)	_____		
	SUITE/FL		BUILDING
	STREET NO. & NAME		SUBURB/CITY
	STATE		POSTCODE
<b>BUSINESS ADDRESS:</b>	(FOR TRUSTEE MEETINGS, ETC)		
AT THE OFFICE OF (C/-)	_____		
	SUITE/FL		BUILDING
	STREET NO. & NAME		SUBURB/CITY
	STATE		POSTCODE
<b>MISC:</b>	NO. OF DEEDS	(STANDARD = 3 COPIES)	(ADDITIONAL COPIES @ \$10 EACH:
	SUM SETTLED	(BY THE SETTLOR)	(SEE NOTES) \$
	DEED	<input type="checkbox"/> TICK HERE IF ANY MODIFICATIONS ARE SPECIFIED IN AN ATTACHED LETTER	
		<input type="checkbox"/> TICK HERE IF TRUSTEE COMPANY IS BEING INCORPORATED BY CNL	
<b>NOTES:</b>	<b>SETTLOR:</b>	<i>PROVIDE ONE (ONLY) IN PART 2. THE SETTLOR IS THE PERSON WHO CREATES THE TRUST AND PROVIDES THE SETTLED SUM. THE SETTLOR MAY NOT BE A TRUSTEE OR A BENEFICIARY.</i>	
	<b>NOMINATOR:</b>	<i>THE NOMINATOR HAS THE POWER TO REMOVE AND APPOINT A TRUSTEE &amp; TO NOMINATE BENEFICIARIES. THE NOMINATOR SHOULD BE DIFFERENT TO THE TRUSTEE IF THE TRUSTEE IS A COMPANY.</i>	

**TRUST NAME :**

**PART 2**

**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE: \_\_\_\_\_

ROLE IN TRUST  SETTLOR  TRUSTEE  NOMINATOR

BENEFICIARY TYPE  BENEFICIARY  EXCLUDED BENEFICIARY

**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

ROLE IN TRUST  SETTLOR  TRUSTEE  NOMINATOR

BENEFICIARY TYPE  BENEFICIARY  EXCLUDED BENEFICIARY

**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

ROLE IN TRUST  SETTLOR  TRUSTEE  NOMINATOR

BENEFICIARY TYPE  BENEFICIARY  EXCLUDED BENEFICIARY

**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

ROLE IN TRUST  SETTLOR  TRUSTEE  NOMINATOR

BENEFICIARY TYPE  BENEFICIARY  EXCLUDED BENEFICIARY

DETAILS OF MORE PARTIES ARE ATTACHED

<b>NAME</b>	GIVEN NAMES			
	SURNAME	ACN (IF A COY)		
ADDRESS:				
	C/-			
	UNIT/SUITE/FL	BUILDING		
	STREET NO. & NAME			
	SUBURB/CITY			
	STATE	POSTCODE:		
ROLE IN TRUST	<input type="checkbox"/> SETTLOR <input type="checkbox"/> TRUSTEE <input type="checkbox"/> NOMINATOR			
BENEFICIARY TYPE	<input type="checkbox"/> BENEFICIARY <input type="checkbox"/> EXCLUDED BENEFICIARY			

<b>NAME</b>	GIVEN NAMES			
	SURNAME	ACN (IF A COY)		
ADDRESS:				
	C/-			
	UNIT/SUITE/FL	BUILDING		
	STREET NO. & NAME			
	SUBURB/CITY			
	STATE	POSTCODE:		
ROLE IN TRUST	<input type="checkbox"/> SETTLOR <input type="checkbox"/> TRUSTEE <input type="checkbox"/> NOMINATOR			
BENEFICIARY TYPE	<input type="checkbox"/> BENEFICIARY <input type="checkbox"/> EXCLUDED BENEFICIARY			

<b>NAME</b>	GIVEN NAMES			
	SURNAME	ACN (IF A COY)		
ADDRESS:				
	C/-			
	UNIT/SUITE/FL	BUILDING		
	STREET NO. & NAME			
	SUBURB/CITY			
	STATE	POSTCODE:		
ROLE IN TRUST	<input type="checkbox"/> SETTLOR <input type="checkbox"/> TRUSTEE <input type="checkbox"/> NOMINATOR			
BENEFICIARY TYPE	<input type="checkbox"/> BENEFICIARY <input type="checkbox"/> EXCLUDED BENEFICIARY			

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	C/-			
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	STREET NO. & NAME			
	SUBURB/CITY			
	STATE	POSTCODE		
ROLE IN TRUST	<input type="checkbox"/> SETTLOR <input type="checkbox"/> TRUSTEE <input type="checkbox"/> NOMINATOR			
BENEFICIARY TYPE	<input type="checkbox"/> BENEFICIARY <input type="checkbox"/> EXCLUDED BENEFICIARY			
	<input type="checkbox"/> DETAILS OF MORE PARTIES ARE ATTACHED			

**TRUST NAME :**

**PART 4**

**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

ROLE IN TRUST  SETTLOR  TRUSTEE  NOMINATOR

BENEFICIARY TYPE  BENEFICIARY  EXCLUDED BENEFICIARY

**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

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SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

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**NAME** GIVEN NAMES \_\_\_\_\_  
SURNAME \_\_\_\_\_ ACN (IF A COY) \_\_\_\_\_

ADDRESS: C/- \_\_\_\_\_  
UNIT/SUITE/FL \_\_\_\_\_ BUILDING \_\_\_\_\_  
STREET NO. & NAME \_\_\_\_\_  
SUBURB/CITY \_\_\_\_\_  
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