

CNL

INCORPORATIONS

CNL

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Surry Hills NSW 2010
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**CORPORATE
NETWORK
PTY LTD**

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

DISCRETIONARY TRUST INSTRUCTIONS

PART 1

FROM:	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 \$395 <input type="checkbox"/> PDF ONLY \$250 -		Exclude Foreign Beneficiary
	<small>For landtax & stamp duty purposes</small>		
I/WE ADVISE CORPORATE NETWORK LTD THAT:	WE ACCEPT RESPONSIBILITY FOR PAYMENT OF YOUR CURRENT FEES; AND, HAVE READ AND AGREE TO THE TERMS AND CONDITIONS. ACCEPT		
NAME OF TRUST:	_____		
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): _____		
SERVICE ADDRESS:	(FOR CORRESPONDENCE, SERVICE OF NOTICE, ETC)		
AT THE OFFICE OF (C/-)	_____		
	SUITE/FL		BUILDING
	STREET NO. & NAME		SUBURB/CITY
	STATE		POSTCODE
BUSINESS ADDRESS:	(FOR TRUSTEE MEETINGS, ETC)		
AT THE OFFICE OF (C/-)	_____		
	SUITE/FL		BUILDING
	STREET NO. & NAME		SUBURB/CITY
	STATE		POSTCODE
MISC:	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	
NOTES:	SETTLOR:	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.	
	NOMINATOR:	THE NOMINATOR HAS THE POWER TO REMOVE AND APPOINT A TRUSTEE & TO NOMINATE BENEFICIARIES. THE NOMINATOR SHOULD BE DIFFERENT TO THE TRUSTEE IF THE TRUSTEE IS A COMPANY.	

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

NAME	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			

NAME	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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	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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	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			
	<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 _____

ROLE IN TRUST SETTLOR TRUSTEE NOMINATOR

BENEFICIARY TYPE BENEFICIARY EXCLUDED BENEFICIARY

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ROLE IN TRUST SETTLOR TRUSTEE NOMINATOR

BENEFICIARY TYPE BENEFICIARY EXCLUDED BENEFICIARY