



QBM Lawyers

Discretionary Trust Instruction Sheet

Please complete this form with as much detail as you can. If you are unsure of anything, please write your questions on the form.

1.	Personal Information	
1.1	Full Name:	
1.2	Email:	
1.3	Mobile:	
1.1	Trustee/s and Director Information	
2.1	Names of Proposed Trustee/s (Individuals):	
	First Trustee: Name:	
	Second Trustee: Name:	
	Third Trustee: Name:	
	Fourth Trustee: Name:	
2.2	Name of Proposed Trustee/s if Company:	
	Company Name:	
	ACN:	
2.3	If the Trustee is a Company, Names of Directors and Members: <i>(If applicable, please write the Company ACN next to the name of the Company)</i>	
	First Trustee: Name:	
	Second Trustee: Name:	
	Third Trustee: Name:	
	Fourth Trustee: Name:	
2.4	Names of Appointor/ Principal: <i>(The Appointor/ Principal has the power to dismiss a Trustee and appoint a new one) There can be more than one Appointor, and it can be a Company.</i>	



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	First Appointor: Name:	
	Second Appointor: Name:	
	Third Appointor: Name:	
	Fourth Appointor: Name:	
2.5	Name of Alternate Appointor/ Principal in the event of the death or incapacity of the first Appointor:	
	Alternative Appointor: Name:	
3.	Beneficiaries:	
2.6	Name of Primary Beneficiaries: <i>(These Beneficiaries are the Beneficiaries who will make income and capital if no distribution is made by the Trustee, and it is generally their relatives and associated companies and trusts who will be other possible Beneficiaries under the trust deed)</i>	
	First Beneficiary: Name:	
	Second Beneficiary: Name:	
	Third Beneficiary: Name:	
	Fourth Beneficiary: Name:	
2.7	Do you want other possible Beneficiaries to be immediate family of the Primary Beneficiaries that include extended relations?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.8	Do you want spouses of Beneficiaries to be in as possible beneficiaries?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.9	Is there any particular person that you want excluded from benefiting from the trust?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	First Person: Name:	
	Second Person: Name:	

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	Third Person: Name:	
	Fourth Person: Name:	

