

## TRUST SET UP

PREPARED BY				DATE PREPARED		
PROPOSED NAME OF TRUST						
STATE OF REGISTRATION	<input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> WA <input type="checkbox"/> NT					
NAME OF SETTLOR						
REGISTERED ADDRESS						
BUSINESS ADDRESS						
SETTLEMENT SUM						
TRUSTEE						
COMPANY NAME				ACN		
REGISTERED ADDRESS						
DIRECTOR NAME						
DIRECTOR REGISTERED ADDRESS						

### BENEFICIARY #1

Name						
ADDRESS						

### BENEFICIARY #2

Name						
ADDRESS						

### BENEFICIARY #3

Name						
ADDRESS						

### BENEFICIARY #4

Name						
ADDRESS						

### BENEFICIARY #5

Name						
ADDRESS						

### BENEFICIARY #6

Name						
ADDRESS						