

SMSF TRUST ORDER FORM

Client Name: _____
CONTACT PERSON: _____
Email: _____

DATE: _____
PHONE: _____
FAX: _____

Australian Shelf Companies Pty Ltd act only as agents in the provision of Trust Deeds. Each individual Deed is prepared by the solicitors whose name appears on the cover sheet. Individual or professional firms ordering a Trust Deed should satisfy themselves that the Deed meets their requirements.

EMAIL VERSION ONLY

Name of Trust _____

APPLICABLE LAW

Unless otherwise indicated below the trust deed will state that the applicable law for the trust is the law of **QUEENSLAND**.

If you require the law of another State to apply instead please indicate. _____

Please contact the relevant **OFFICE OF STATE REVENUE** regarding the duty payable on the establishment of this deed.

TRUSTEE (Full Name or Company name and ACN)

Trustee 1 _____

Address _____

Trustee 2 _____

Address _____

Trustee 3 _____

Address _____

Trustee 4 _____

Address _____

If the Trustee is a company please give the full names of the directors

1. _____ **2.** _____

3. _____ **4.** _____

MEMBERS

Name 1 _____

Address _____

Name 2 _____

Address _____

Name 3 _____

Address _____

Name 4 _____

Address _____