

TRUST SET UP

PREPARED BY		DATE PREPARED	
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PROPOSED NAME OF TRUST	
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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
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NAME OF SETTLOR	
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REGISTERED ADDRESS	
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BUSINESS ADDRESS	
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SETTLEMENT SUM	
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TRUSTEE	
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COMPANY NAME		ACN	
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REGISTERED ADDRESS	
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DIRECTOR NAME	
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DIRECTOR REGISTERED ADDRESS	
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BENEFICIARY #1

Name	
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ADDRESS	
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BENEFICIARY #2

Name	
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ADDRESS	
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BENEFICIARY #3

Name	
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ADDRESS	
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BENEFICIARY #4

Name	
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ADDRESS	
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BENEFICIARY #5

Name	
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ADDRESS	
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BENEFICIARY #6

Name	
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ADDRESS	
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