



# Change of Trustee Order Form Discretionary or Unit Trust

|      |                      |        |                      |
|------|----------------------|--------|----------------------|
| Name | <input type="text"/> | Phone  | <input type="text"/> |
| Firm | <input type="text"/> | E-mail | <input type="text"/> |

## Trust Details

Trust name

Original Deed Date  Last Amendment Date

Address for Meeting

Does the trust own dutiable property in NSW?  Yes  No

Please submit a copy of the original trust deed (and any documents that have amended it) together with this order form.

## Trustees

**IMPORTANT: Full, verifiable names are required.**

Family Name/Company

Given Names/ACN

### Officer Names and Roles

(First Officer listed to be Chairman, first 2 Officers to be signatories)

Director  Secretary

Director  Secretary

Director  Secretary

Director  Secretary

Trustee Position (please select)

APPOINT  CONTINUE  REMOVE  RESIGN  OTHER (e.g. death, bankruptcy)

Family Name/Company

Given Names/ACN

### Officer Names and Roles

(First Officer listed to be Chairman, first 2 Officers to be signatories)

Director  Secretary

Director  Secretary

Director  Secretary

Director  Secretary

Trustee Position (please select)

APPOINT  CONTINUE  REMOVE  RESIGN  OTHER (e.g. death, bankruptcy)

Family Name/Company

Given Names/ACN

### Officer Names and Roles

(First Officer listed to be Chairman, first 2 Officers to be signatories)

Director  Secretary

Director  Secretary

Director  Secretary

Director  Secretary

Trustee Position (please select)

APPOINT  CONTINUE  REMOVE  RESIGN  OTHER (e.g. death, bankruptcy)

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## Trustees continued

Family Name/Company \_\_\_\_\_

Given Names/ACN \_\_\_\_\_

Officer Names and Roles  
(First Officer listed to be Chairman, first 2 Officers to be signatories)

|       |                                   |                                    |
|-------|-----------------------------------|------------------------------------|
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |

Trustee Position (please select)  APPOINT  CONTINUE  REMOVE  RESIGN  OTHER (e.g. death, bankruptcy) \_\_\_\_\_

Family Name/Company \_\_\_\_\_

Given Names/ACN \_\_\_\_\_

Officer Names and Roles  
(First Officer listed to be Chairman, first 2 Officers to be signatories)

|       |                                   |                                    |
|-------|-----------------------------------|------------------------------------|
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |
| _____ | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary |

Trustee Position (please select)  APPOINT  CONTINUE  REMOVE  RESIGN  OTHER (e.g. death, bankruptcy) \_\_\_\_\_

## Principal/Appointor/Unit Holder

**IMPORTANT: Full, verifiable names are required.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

## Additional Information/Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Payment Details

Please debit the following card details by the amount of \$ \_\_\_\_\_

Type of Card  Visa  Mastercard  Diners Club\*  Amex\* \*3% SURCHARGE APPLIES

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CCV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please return this completed form to [acis@acis.net.au](mailto:acis@acis.net.au), Freefax 1800 655 556 or Locked Bag 1, Fortitude Valley Q 4006