



TO: Cooper Grace Ward  
Level 21, 400 George Street, Brisbane 4000  
GPO Box 834, Brisbane 4001

F 61 7 3231 8402  
T 61 7 3231 2402  
E applications@cgw.com.au  
W www.cgw.com.au

**1. Applicant / Accountant details**

Firm name:			
Contact name:			
Telephone:		Fax:	
Email address:			
Postal address:			
Suburb/City:		State:	Postcode:
Street Address:			
Suburb/City:		State:	Postcode:

**How would you like the documents sent to you?**

Email PDF copy       Hard copy

**2. Trust details**

Name of trust:	
Date of trust deed:	

**3. Please send us the following documents with this application form**

Complete copy of signed trust deed:	<input type="checkbox"/>
All deeds of variation and other documents:	<input type="checkbox"/>
All change of trustee/appointor/principal documents:	<input type="checkbox"/>

**4. Current trustee details**

(a)	Name:	
	ACN (if company):	
	Full names of all directors (if company):	
	Address of individual trustee or directors of trustee company:	
	This trustee is:	<input type="checkbox"/> continuing to act as a trustee <input type="checkbox"/> retiring as a trustee
(b)	Name:	
	ACN (if company):	
	Full names of all directors (if company):	
	Address of individual trustee or directors of trustee company:	
	This trustee is:	<input type="checkbox"/> continuing to act as a trustee <input type="checkbox"/> retiring as a trustee

**5. Current appointor / principal / guardian details**

Role:	<input type="checkbox"/> Appointor <input type="checkbox"/> Principal <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Full name(s):	

**6. Trust assets**

What assets does the trust hold?	<input type="checkbox"/> real estate <input type="checkbox"/> shares <input type="checkbox"/> cash <input type="checkbox"/> other _____
Where does the trust hold assets?	QLD    NSW    VIC    WA    SA    TAS    NT    ACT    Overseas

**7. Existing beneficiaries**

Are any of the default, primary or named beneficiaries foreign persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please send this form to Cooper Grace Ward with the relevant documents.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

1021950

**OPTIONAL – Payment by credit card**

*If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.*

Card type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card number:		Expiry date (mm/yy):	/
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:	/ /	Contact phone no.:	