



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

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**1. Applicant details**

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

**2. Trust name**

Name of proposed trust:	
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**3. Trustee of proposed trust**

Name:	
ACN (if applicable):	

**4. Full names of directors of trustee (if company)**

Full name of director:	
Full name of director:	

**5. Beneficiaries**

**NOTE –** The trust is structured as a fixed trust where the primary beneficiary (who makes a loan to the trust and claims deductions for interest on external loan) receives a priority income distribution and all remaining income is distributed to the secondary beneficiary. This secondary beneficiary will usually be a discretionary trust.

Primary beneficiary: Will be lender to the trust (refer Item 9)	
Secondary beneficiary: Will receive all income after primary beneficiary has received priority distributions	
Trustee of secondary beneficiary	
Full name:	
ACN (if applicable):	
Full names of directors of trustee (if company)	



**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.:	