



TO: Cooper Grace Ward
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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)	

6. Settlor

Full name of settlor:	
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7. Appointor

Full name of appointor (who has power to change trustee):	
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Loan agreement details**8. Lender**

Lender to the trust (the individual who will be lending funds to the trust and claiming interest deduction):	
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9. Loan

Amount of loan to the trust:	\$
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10. External financier

Name of external financier:	
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11. External loan

Amount of external loan:	\$
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12. Loan account number

Loan account number (external loan):	
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The client should consider whether the lender/beneficiary will merely require reimbursement of interest incurred on the external loan or whether the trustee should pay some additional margin over and above the interest.

Margin required (if any): %.

If no percentage margin is inserted, we will prepare the documents on the basis that the priority distribution will be equal to the interest charged on the external loan.

Dated 2022.

Signature of applicant

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.:	