TESTAMENTARY TRUST - ADDITIONAL INFORMATION SHEET

You may consider a testamentary trust to be appropriate in the following circumstances:

- a potential beneficiary is a business owner or operates under an ABN.
- you have young children and/or children who may be too immature.
- You wish to ensure that your children's inheritance is protected from third parties, including business and personal creditors and as far as practicable the Family Court.
- You have children from different relationships.
- A potential beneficiary is under a disability.
- A potential beneficiary is a spendthrift or would not be able to cope with a large inheritance.

1. TRUSTEE

The person(s) who administers the trust and liaises with the professional advisers, the beneficiaries and/or their guardians.

Trustee (1)

Name:	
Full Residentia	l
Address:	
	(H)(W)
Email Address:	

Trustee (2) (if a	pplicable)
Name:	
Full Residentia	
Address:	
PO Box:	
Occupation:	
Telephone No:	(H)(W)
Mobile No.	
Email Address:	
2. Benefic	iaries
trust we strong the problems a / children in the	re than one beneficiary / child that you wish to benefit under a testamentary by recommend that you set up separate trusts for each of them. This removes a sociated with apportionment and potential conflict amongst the beneficiaries future. Ties are not your children then please provide the following information:
Beneficiary (1)	
Name:	
Full Residentia	
Address:	
PO Box:	
Occupation:	Date of Birth
Telephone No:	(H)(W)
Mobile No.	

Benefi	ciary (2)		
Name:			
Full Re	esidential .		
Addres	ss: .		
РО Во	x:		
Occup	ation:		Date of Birth
Teleph	none No:(H	H)	(W)
Mobile	No		
Email /	Address: .		
(a)	Do you w	vish the beneficiary to beco	me the trustee at some stage?
	Yes □	No □	
	If yes, at	what age? (Usually 25 or 3	0)
	25 □	30 □	other, please specify □

3. Appointor

You will also need to nominate an appointor, who will have the power to remove a trustee and appoint a replacement if the necessity arises. (This is often your solicitor or accountant).

Appointor (1)	
Name:	
Full Residential	
Address:	
PO Box:	
Occupation:	
Telephone No:((H)(W)
Mobile No.	
Email Address:	
Appointor (2)	
Name:	
Full Residential	
Address:	
PO Box:	
Occupation:	
Telephone No:((H)(W)
Mobile No.	
Email Address:	

If a prospective beneficiary does not survive you the part of your estate due to pass to that trust will usually pass to any other trust(s) you have established under you will. But if no beneficiary survives you then you will have to nominate where the funds will go. (This is usually siblings but can be anyone, including charities)

Please provide full name and address of the ultimate recipient(s) of your estate.

Name:	
Full Residentia	
Address:	
PO Box:	
Occupation:	
Telephone No:	(H)(W)
Mobile No.	
Email Address:	
Name:	
Full Residentia	
Address:	
PO Box:	
Occupation:	
Telephone No:	(H)(W)
Mobile No.	
Email Address:	

If you would like to seek clarification on a particular issue or wish to seek any advice before completing this Instruction sheet please contact **Noel Duffy** direct on:

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Mobile: 0422 994 151

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