

**KELLY · KELLY**

LEGAL

# TRUST DEED

Checklist and  
Information  
required

KELLY KELLY LEGAL

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ABN 53 613 105 187

*Liability limited by a scheme approved under professional standards legislation.*

### Applicant's name:

#### Applicant Details

Full Names: Mr / Mrs / Ms \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of accountant \_\_\_\_\_

### Party Responsible for payment:

#### Party responsible for payment:

As listed above (i.e. same as applicant)

Full Names: Mr / Mrs / Ms \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Name of Trust:

#### Trust to be known as:

\_\_\_\_\_

### Settlement Sum:

#### If not specified, it will be \$ by default:

\$ \_\_\_\_\_

### Trustee(s):

<b>Trustee #1</b>  (if a company, please provide ACN and Registered Office address)	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____
	ACN (if company) _____
<b>Trustee #2</b>  (if a company, please provide ACN and Registered Office address)	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____
	ACN (if company) _____

### Specified Beneficiaries(s):

<b>Beneficiary #1</b>	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____
<b>Beneficiary #2</b>	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____

<b>Beneficiary #3</b>	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____

<b>Appointor(s):</b>	
<b>Appointor #1</b>	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____
<b>Appointor #2</b>	Full Names: Mr / Mrs / Ms _____
	Residential Address: _____
	Postal Address: _____
	Telephone: _____ Mobile: _____
	Email: _____
	Occupation: _____ Date of Birth: ____ / ____ / ____

**Authority for Kelly Kelly Legal to commence preparation of Trust**

**CLIENT'S AUTHORITY:**

I \_\_\_\_\_ (name) AUTHORISE AND DIRECT **Kelly Kelly Legal** to commence work on the following:

- Trust Deed
- I acknowledge that I will be liable to pay these costs in the event that the transaction does not proceed
- I am authorised to sign on behalf of the Trust

Signed: \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*\* Indicative fees in respect of the above work is:** Trust Preparation \$350 plus GST