



ABN 70 087 651 438 AFS Licence No 246659  
 145 Brunswick Street, P.O. Box 198 Fitzroy 3065  
 Ph: 9419 4533, 9419 4624. Fax: 9416 1626

### Trust Accounts – Individual, Joint & Company Trustees

Date:

Please open a trust account in the Trust Name below:  Account Number

➤ **For a Sole Trustee Account**

(1) Surname

First Name

Membership No.

Sign .....

➤ **For a Joint Trustee Account**

(1) Surname  (2) Surname

First Name  First Name

Membership No.  Membership No.

Sign ..... Sign .....

➤ **Joint Account Method of Operation**

Any One to Sign

All parties to sign

Other (specify)

➤ **For a Company Trustee**

Company Trustee

Membership No.  Sign .....

I/we make the following disclosures about the trust:

➤ **Trust Name**

Full name of trust from Trust deed eg Smith Family Trust

Name of deceased estate (Please bring Probate, Letters of Administration or the will, or a copy of any of them, for us to sight)

➤ **Beneficiary's Details – for more than 4 beneficiaries, attach a separate list**

(1) Full name of beneficiary, person subject to Guardianship Order or infant

Residential Address

<b>(2) Full name of beneficiary, person subject to Guardianship Order or infant</b>	
<b>Residential Address</b>	
<b>(3) Full name of beneficiary, person subject to Guardianship Order or infant</b>	
<b>Residential Address</b>	
<b>(4) Full name of beneficiary, person subject to Guardianship Order or infant</b>	
<b>Residential Address</b>	
<b>➤ Details of the Class of Beneficiaries for Discretionary Trusts – if unsure, check details with your accountant</b>	
<b>If the trust is a discretionary trust, give details of the class of beneficiaries</b>	

Customer Identification Procedure – Trustee carried out

**Record details of Probate, Letters of Administration or Guardianship Order**

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