

**ORDER FOR DISCRETIONARY TRUST**

**PLEASE SUBMIT PAYMENT WITH ORDER (SEE ATTACHED).**

**NAME OF TRUST:**

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**DATED:**

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**TRUSTEE(S):**

Name and Address(s):

For a Corporate Trustee(s), advise A.C.N., Registered Office and Names of Director and Secretary.

| Trustee Name | Address | A.C.N. of Corporate Trustee<br>(if applicale) | Registered Office (of<br>Corporate Trustee) |
|--------------|---------|---|---|
| 1)           |         |   |   |
| 2)           |         |   |   |
| 3)           |         |   |   |
| 4)           |         |   |   |

**SETTLOR:**

Name and Address:

Please advise if you wish us to act as the Settlor.

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**SETTLEMENT SUM:**

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**APPOINTOR(S):**

Name and Address(s)

**PRIMARY BENEFICIARIES:**

Names (Addresses are optional)

| Beneficiary Name | Address (Optional) |
|------------------|--------------------|
| 1)               |                    |
| 2)               |                    |
| 3)               |                    |
| 4)               |                    |

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ORDERED BY:

NAME/ADDRESS OF FIRM:

TEL:

FAX:

DATE:

## MCP BUSINESS STRUCTURES PAYMENT FORM

REGARDING YOUR TAX INVOICE

ABN: 47 094 435 015

### PAYMENT BY DIRECT DEPOSIT

MCP Business Structures  
Bank: ANZ  
BSB: 013 006  
Account No. 491795994

**Please email or fax evidence of your payment.**

**Fax: (03) 9620 2002 or email: [accounts@mcpgroup.com.au](mailto:accounts@mcpgroup.com.au)**

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### PAYMENT BY CREDIT CARD

TO PROCESS YOUR PAYMENT PLEASE RETURN

Please Tick



Cardholders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ CCV #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Invoice Number/Matter: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

In addition, I hereby authorise you to use the above credit card details for payment of all future accounts for orders with MCP Business Structures until further notice.

Signature: \_\_\_\_\_

Thank you for your business.