



THE COMPANY PEOPLE PTY LTD <i>Tel: 1800 039 061</i> Website: www.thecompanypeople.com.au	LEVEL 1, 50-58 MOORABOOL STREET GEELONG VICTORIA 3220 <i>Fax: 1800 633 644</i> email: admin@thecompanypeople.com.au
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FIRM/PERSON PLACING ORDER	
Firm Name:	Contact Name:
Address:	
Phone:	Fax:

A Testamentary Trust is a Trust that incorporates a Will. This order form is divided into four sections (please complete all sections). They are:

- SECTION A: PERTAINING TO BOTH THE WILL AND TRUST
- SECTION B: PERTAINING TO THE WILL
- SECTION C: PERTAINING TO THE TRUST
- SECTION D: PAYMENT DETAILS

SECTION A: PERTAINING TO BOTH THE WILL AND TRUST

State/Territory of Jurisdiction _____

TESTATOR

Name of Testator	_____
Residential Address	_____ _____
Occupation	_____

SECTION B: PERTAINING TO THE WILL

FIRST EXECUTOR

Name of first Executor	_____
Residential Address	_____ _____

SECOND EXECUTOR (Optional)

Name of second Executor	_____
Residential Address	_____ _____

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BENEFICIARIES OF THE WILL

1 Full name _____ 3 Full name _____
2 Full name _____ 4 Full name _____

SPECIFIC BEQUESTS TO BENEFICIARIES OF THE WILL (Optional)

Bequest to Beneficiary 1 _____

Bequest to Beneficiary 2 _____

Bequest to Beneficiary 3 _____

Bequest to Beneficiary 4 _____

NOMINATED GUARDIAN OF DEPENDANTS (Optional)

Full name _____

SECTION C: PERTAINING TO THE TRUST

FIRST TRUSTEE

Same as First Executor ? : YES / NO

If 'NO':

Name of first Trustee _____

Residential address _____

SECOND TRUSTEE (Optional)

Same as Second Executor ? : YES / NO

If 'NO':

Name of second Trustee _____

Residential Address _____

SPECIFIED BENEFICIARIES OF THE TRUST (Optional)

Same as for the Will ? : YES / NO

If 'NO':

1 Full name _____ 2 Full name _____

2 Full name _____ 4 Full name _____

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IS THIS TO BE A JOINT TESTAMENTARY TRUST ? : YES / NO

If 'YES':

Name of Spouse _____

Residential Address of Spouse _____

(If same as Testator – put 'Same')

SECTION D: CONFIRMATION OF ORDER AND PAYMENT DETAILS

I, (print name)

confirm that the persons/corporations named above have consented to act in the capacity shown.

Payment for the company and/or other services will be as indicated below:

- Cheque enclosed \$
- Please debit my account - I understand that my firm/company will be liable to you for payment.
I confirm that I am authorised to place this order on behalf of my firm/company.
- Please charge \$ _____ for this purchase to the following credit card account:
 Bankcard Mastercard Visa

Card Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Expiry Date...../.....

Cardholder name.....

Address.....

Authorised Signatory*.....

* If payment is by credit card - signatory must be the cardholder. If by debit on trading account signatory to be authorised to sign on behalf of firm /company (available to approved clients only).