

**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 (if applicale)	Registered Office (of 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)

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**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**

### **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 \_\_\_\_\_ / \_\_\_\_\_ 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.

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