

Family Trust Formation Information Form

St George Tax Care Pty Ltd (SGTCPL)

CPA | Registered Tax Agent | SMSF & Property Finance Specialists

1. Trust Details

Proposed Trust Name: _____

Date of Commencement: ____ / ____ / ____

Type of Trust:

☐ Discretionary (Family) Trust

☐ Unit Trust

☐ Other: _____

2. Appointor(s)

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Contact Number: _____

Email: _____

(Appointor is the person(s) with power to appoint/remove the trustee.)

3. Trustee Details

If Individual Trustee(s):

Trustee 1 Name: _____

Trustee 1 Address: _____

Trustee 2 Name: _____

Trustee 2 Address: _____

If Corporate Trustee:

Company Name: _____

ACN: _____

Registered Office: _____

Director(s): _____

4. Beneficiaries

Primary Beneficiaries (names & DOB): _____

General Beneficiaries (family members/relations covered): _____

5. Settlor Details

Full Name: _____

Address: _____

Initial Settlement Sum: \$_____ (commonly \$10)

(Settlor must be unrelated to beneficiaries and trustee.)

6. Accountant & Adviser Authority

I/we authorise St George Tax Care Pty Ltd (Tax Agent No. [insert]) to:

- Arrange preparation of the trust deed and related documents.
- Apply for ABN and TFN for the Trust.
- Register the Trust for GST/PAYG if required.

7. Bank Account Setup (optional)

Preferred Bank: _____

Account Name: _____

8. Declaration

I/we declare the above information is true and correct and request that St George Tax Care Pty Ltd arrange the formation of the Family Trust as specified.

Signatures of Settlor, Trustee(s), and Appointor(s):

1. _____ Date: ____ / ____ / ____
2. _____ Date: ____ / ____ / ____
3. _____ Date: ____ / ____ / ____

Important Notice:

This form collects details to establish a Family Trust. Trustees are responsible for compliance with the trust deed, tax laws, and reporting obligations. St George Tax Care Pty Ltd can assist with formation, registrations, and ongoing compliance.