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## Instruction Sheet Capital Vested Trust

Use this document to place an order for a Capital Vested Trust.

Please provide the following contact information:

AR No. (Office use only)			
Your full Name			
Organisation			
Street Number and Name			
Suburb		State	Postcode
Postal Address			
Postal Suburb		State	Postcode
Telephone	Mobile	Facsimile	Email

Name of Trust

Trustee 1 (there may be more than one Trustee)

Full Name	
Street Number and Name:	
Suburb	State Postcode
ABN/ACN of Trustee (if a company)	
Name of Director 1 of Trustee company	Name of Director 2 (if applicable)
Name of Director 3 (if applicable)	Name of Director 4 (if applicable)

**Trustee 2 (if there is only one Trustee, go to field labelled "Settlor")**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

**Settlor (must *not* be a Beneficiary)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

**Appointor 1 (may be more than one)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

**Appointor 2 (if required)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

**Controller 1 (Controller Optional.) May be more than one.**

Full Name

Street Number and Name:

Suburb

State

Postcode

**Controller 2 (if required)**

Full Name

Street Number and Name:

Suburb

State

Postcode

**Capital Vested Beneficiary 1 (there may be more than one Capital Vested Beneficiary)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

**Capital Vested Beneficiary 2 (if applicable)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

**Capital Vested Beneficiary 3 (if applicable)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

**Capital Vested Beneficiary 4 (if applicable)**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

<input type="text"/>	<input type="text"/>
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**Settlement Sum**

\$

**Proper Law (e.g. NSW, Victoria etc)**

**Excluded Class**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

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Description

**Please enter any special instructions for InvestorOne. (e.g. delivery or additional details) or please phone us on 02 9231 5111.**

**Please print a copy of the completed form for your records.**

**Please select File then Save As and save a copy of the form as the same name as the trust (i.e. thesmithtrust.pdf) and email to [orders@investorone.com.au](mailto:orders@investorone.com.au)**