

Family Trust Incorporation Checklist

Name of Trust : _____

Trading Name: _____

Registered address /
Business address: _____

Postal address: _____

Trustee:
Individual Name _____
TFN _____

Company Name _____
ACN _____

Beneficiary 1:
- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____

- Place of Birth(City and Country): _____

- TFN: _____

Beneficiary 2:
- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____

- Place of Birth(City and Country): _____

- TFN: _____

Beneficiary 3:
- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____

- Place of Birth(City and Country): _____

- TFN: _____

Beneficiary 4:
- First Name: _____ Last Name: _____ Gender _____

- Address:
(No PO Box) _____

- DOB: _____

- Place of Birth(City and Country): _____

- TFN: _____

** Please note that stamp duty of \$500 will be charged by Office of State Revenue.

Certified Practising Accountant | Business adviser | Tax specialist | Loan assistant

Liability limited by a scheme approved under Professional Standards Legislation