

### 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