

Supplement 6 – Property Trust

Client Surname		First Names	
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- Please affix this supplementary form to the instruction and tick the appropriate box on front page
- The Property Trust covers simple situations only, for complex planning please request a quotation
- A minimum of two trustees are required for this trust, if necessary, nominate an additional trustee below.

Address of property subject to this Trust	

Is the Occupant to be the Surviving Spouse / Partner?	Yes / No
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If NO, Name of Occupant	
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Occupant's Relationship to Testators	
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What event will mark the end of the trust?

Death		Marriage		Period of		Years
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How is the property owned?	Single Name / Joint Names / Tenants in Common
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If in Joint Names, is tenancy to be severed?	Yes / No / NA
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If in Single Name, is Equity to be Transferred, if YES, please complete supplementary form 7	Yes / No / NA
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Are the ultimate beneficiaries to be the same as those to receive the residual estate? If NO, please nominate the beneficiaries below specifying the shares and who's beneficiary.	YES / NO
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First Testator's Beneficiaries

Name		Share %	
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Name		Share %	
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Name		Share %	
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Name		Share %	
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Name		Share %	
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Name		Share %	
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Are the Second Testator's beneficiaries the same as the First Testator? If NO, please nominate beneficiaries below.	YES / NO
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Second Testator's Beneficiaries

Name		Share %	
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Name		Share %	
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Name		Share %	
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Name		Share %	
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Name		Share %	
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Name		Share %	
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