



Level 1, 18 Richardson Street, West Perth WA 6005
 PO Box 1906 West Perth WA 6872
 Tel: (08) 9388 0551
 Fax: (08) 9388 6551

Unit Trust Instructions

Name of Trust: **State:**.....

Note: The standard Deed allows the Trustee to issue **both** Ordinary Units and Special Income Units (discretionary income but no capital or voting rights)

Is a "Fixed" Trust Required?(only Ordinary Units can be issued/no Special Income Units permitted at any stage)Yes /No

TRUSTEE DETAILS

Name of Trustee:.....
 A.C.N. or 2nd Trustee:.....
 Address:.....
 Suburb: State:..... Postcode:.....

UNIT HOLDERS DETAILS

Name of Unit holder:.....
 A.C.N: No. Ord Units:.....
 Address: No. Income Units:
 Suburb:..... State:..... Postcode:.....

Name of Unit holder:
 A.C.N: No. Ord Units:.....
 Address: No. Income Units:
 Suburb: State: Postcode:.....

Name of Unitholder:
 A.C.N: No. Ord Units:.....
 Address: No. Income Units:.....
 Suburb:..... State:..... Postcode:.....

Number of Members and Units held for Quorum: The standard Deed specifies at least 2 Members holding at least 40% of the voting Units	Number of Votes for Special Resolution: The standard Deed specifies three quarter majority
Yes <input type="checkbox"/> /No <input type="checkbox"/> - if no please specify.....	Yes <input type="checkbox"/> /No <input type="checkbox"/> - if no please specify

Any other special requirements? Yes /No if yes please specify
 (further costs may apply, we will contact you to discuss)

APPLICANT DETAILS

Applicants Name: Contact Person:
 Address:
 Suburb: State: Postcode:.....
 Telephone: Facsimile:
 Email Address:

Payment Details: \$231 or \$286 (with register) Chq Encl.
 Direct Deposit (BSB: 124-001 Acct No.: 01048552)
 or Charge our Credit Card: Bankcard Visa Mastercard
 Card Number: Expiry Date:
 Name of cardholder: Signature: