



Level 1, 224 Rokeby Road Subiaco WA 6008
 PO Box 1725 Subiaco WA 6904
 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 Yes <input type="checkbox"/> /No <input type="checkbox"/> - if no please specify..... | 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 |
| Any other special requirements? Yes <input type="checkbox"/> /No <input type="checkbox"/> 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: 033-157 Account Number: 525 180)
 or Charge our Credit Card: Bankcard Visa Mastercard
 Card Number: Expiry Date:
 Name of cardholder: Signature: