



Level 1, 18 Richardson Street, West Perth WA 6005  
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Tel: (08) 9388 0551  
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### 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 2<sup>nd</sup> 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:.....

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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:.....

<b>Number of Members and Units held for Quorum:</b> 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.....	<b>Number of Votes for Special Resolution:</b> The standard Deed specifies three quarter majority Yes <input type="checkbox"/> /No <input type="checkbox"/> - if no please specify .....
<b>Any other special requirements?</b> 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: .....