



Quick-Phone: 1300 66 86 09
Quick-Fax: 1300 66 87 09

FREE UNIT TRUST ORDER FORM

Name: _____
Firm: _____
Phone: _____
Email: _____

UNIT TRUST DETAILS

Name of Trust: _____
Date of Trust: _____
Jurisdiction (State or Territory): _____
Names of **ALL** Trustees:
(1st listed to be Chairman) _____
Address for 1st Trustee/s Meeting: _____
If Trustee is a Company: 1: ACN _____
(1st listed to be Chairman) → 2: Names of ALL Directors _____

SETTLOR DETAILS

Full Name of Settlor: _____
Street Address of Settlor: _____
Settled Monies (equal to value of units) \$ _____

DETAILS OF UNITHOLDERS

Where Unitholder is a trust or a superannuation fund, please ensure FULL details of Trustee/s eg. XYZ Pty Ltd ACN 123 456 789 ATF The XYZ Trust OR John Xyz & Jane Xyz ATF The XYZ Superannuation Fund.

- 1. Unitholder Name _____
Street Address _____
No. of Units _____ Class of Units - ORDINARY or _____

- 2. Unitholder Name _____
Street Address _____
No. of Units _____ Class of Units - ORDINARY or _____

- 3. Unitholder Name _____
Street Address _____
No. of Units _____ Class of Units - ORDINARY or _____

- 4. Unitholder Name _____
Street Address _____
No. of Units _____ Class of Units - ORDINARY or _____

PAYMENT DETAILS

Must be submitted with the Free Trust Company Order Form