



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

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**TRUST DETAILS**

Name of Trust: \_\_\_\_\_

Date of Trust: \_\_\_\_\_

Jurisdiction (State or Territory): \_\_\_\_\_

Names of ALL Trustees: \_\_\_\_\_  
(1<sup>st</sup> listed to be Chairman)

Address for 1<sup>st</sup> Trustee/s Meeting: \_\_\_\_\_

If Trustee is a Company: 1: ACN \_\_\_\_\_  
(1<sup>st</sup> 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.

**SUBSCRIBERS (ORDINARY UNIT HOLDERS)**

1. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

2. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

3. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

4. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

**SPECIAL UNITHOLDERS**

1. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_



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**HYBRID UNIT TRUST ORDER FORM**

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Name: \_\_\_\_\_

**SPECIAL UNITHOLDERS (CONTINUED)**

2. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

3. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

4. Unitholder Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
No. of Units \_\_\_\_\_

**DISCRETIONARY BENEFICIARIES**

The Deed contains provisions for past or present Unit Holders, members of their families, related companies, trust and charities to automatically be included as beneficiaries of this Trust.

**OTHER SPECIAL CONDITIONS OR BENEFICIARIES**

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**STAMP DUTIES**

Stamp Duties will apply in the State or Territory that the trust is created and is the responsibility of the Trustee/s. Please contact the stamp duties office in that jurisdiction to determine applicable duties.

**PAYMENT DETAILS**

Please debit the following credit card by the amount of \$ 550.00

TYPE OF CARD:  Visa  Mastercard  Diners Club  Amex  Bankcard

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: ( / )

NAME ON CARD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_