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**Order Form – UNIT TRUST – DEED OF VARIATION OF TRUSTEE - July 2018**

<b>YOUR FIRM</b>			
<b>YOUR NAME</b>			
<b>DELIVERY ADDRESS</b>			
<b>DATE</b>	<b>PHONE NO.</b>	<b>FAX NO.</b>	<b>EMAIL ADDRESS</b>

<b><u>OPTION 1</u></b> Deed in triplicate <input type="checkbox"/> Yes \$230 (Hardcopy)	<b><u>OPTION 2</u></b> Electronic Deed Only <input type="checkbox"/> Yes \$195	<b><u>EXTRAS</u></b> Deed (Hardcopy) <input type="checkbox"/> Yes \$11 Deed (Electronic) <input type="checkbox"/> Yes \$11
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<b>NAME OF UNIT TRUST</b>	
<b>DATE OF ORIGINAL DEED</b>	<b>CLAUSE IN DEED ALLOWING AMENDMENT</b>

**WHAT DO YOU WANT THIS VARIATION TO ACHIEVE? (Please indicate)**

- This Deed of Variation is to evidence the appointment of one or more Trustees
- This Deed of Variation is to evidence the resignation and the appointment of one or more Trustees
- This Deed of Variation is to evidence the resignation of one or more Trustees

<b>THE LAWS OF WHICH STATE OR TERRITORY APPLY TO THIS DEED</b>		<b>EFFECTIVE DATE OF THIS DOCUMENT</b>	
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**TRUSTEES OF THE UNIT TRUST - REMAINING**

<b>NAME OF REMAINING TRUSTEE 1</b>	
<b>A.C.N. OF REMAINING TRUSTEE 1 (IF ANY)</b>	
<b>ADDRESS OF REMAINING TRUSTEE 1</b>	

<b>NAME OF REMAINING TRUSTEE 2</b>	
<b>A.C.N. OF REMAINING TRUSTEE 2 (IF ANY)</b>	
<b>ADDRESS OF REMAINING TRUSTEE 2</b>	

**TRUSTEES OF THE UNIT TRUST - RESIGNING**

<b>NAME OF RESIGNING TRUSTEE 1</b>	
<b>A.C.N. OF RESIGNING TRUSTEE 1 (IF ANY)</b>	
<b>ADDRESS OF RESIGNING TRUSTEE 1</b>	

<b>NAME OF RESIGNING TRUSTEE 2</b>	
<b>A.C.N. OF RESIGNING TRUSTEE (IF ANY)</b>	
<b>ADDRESS OF RESIGNING TRUSTEE 2</b>	

**ORDER FORM – UNIT TRUST – DEED OF VARIATION OF TRUSTEE (CONTINUED)**

**TRUSTEES OF THE UNIT TRUST – NEW**

NAME OF NEW TRUSTEE 1	
A.C.N. OF NEW TRUSTEE 1 (IF ANY)	
ADDRESS OF NEW TRUSTEE 1	

NAME OF NEW TRUSTEE 2	
A.C.N. OF NEW TRUSTEE 2 (IF ANY)	
ADDRESS OF NEW TRUSTEE 2	

**INFORMATION CONCERNING THE UNITHOLDERS**

NAME OF UNITHOLDER 1	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

NAME OF UNITHOLDER 2	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

NAME OF UNITHOLDER 3	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

NAME OF UNITHOLDER 4	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

**CREDIT CARD PAYMENT**

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name	Cardholder's Signature		