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Order Form – UNIT TRUST – VESTING & WINDING UP PACKAGE - July 2018

YOUR FIRM	
YOUR NAME	
DELIVERY ADDRESS	

DATE	PHONE NO.	FAX NO.	EMAIL ADDRESS

<u>OPTION 1</u> Deed in triplicate (Hardcopy) <input type="checkbox"/> Yes \$305	<u>OPTION 2</u> Electronic Deed Only <input type="checkbox"/> Yes \$270	<u>EXTRAS</u> Deed (Hardcopy) <input type="checkbox"/> Yes \$11 Deed (Electronic) <input type="checkbox"/> Yes \$11
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TRUST INFORMATION

NAME OF TRUST	
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DATE ORIGINAL TRUST DEED SIGNED & DATES OF SUBSEQUENT AMENDMENTS	
CLAUSE IN DEED ALLOWING FOR TRUSTEE TO ALTER THE VESTING DATE	
CLAUSE IN DEED ALLOWING THE TRUSTEE TO REDEEM UNITS	

Which statement applies to this Trust? (Please indicate)

- The Trust has assets only
- The Trust has both assets and liabilities
- The Trust has liabilities only
- The Trust has no assets or liabilities

FOUNDER'S INFORMATION (IF APPLICABLE)

Full Name of the Founder of the Trust	
Full Address of the Founder	

TRUSTEE'S INFORMATION

Full Name of Trustee 1	
A.C.N. (if relevant)	
Address	

Full Name of Trustee 2	
A.C.N. (if relevant)	
Address	

ORDER FORM – UNIT TRUST – VESTING & WINDING UP PACKAGE (CONTINUED)

UNITHOLDERS

	Unitholders	Joint Unitholders (if relevant)
Name of Unitholder 1		
ACN of Unitholder 1 (if any)		
Name of Trust (if Unitholder 1 is a Trustee of a Trust)		
Address of Unitholder 1		
Name of Chairman if this Unitholder is a Company		

Name of Unitholder 2		
ACN of Unitholder 2 (if any)		
Name of Trust (if Unitholder 2 is a Trustee of a Trust)		
Address of Unitholder 2		
Name of Chairman if this Unitholder is a Company		

Name of Unitholder 3		
ACN of Unitholder 3 (if any)		
Name of Trust (if Unitholder 3 is a Trustee of a Trust)		
Address of Unitholder 3		
Name of Chairman if this Unitholder is a Company		

Name of Unitholder 4		
ACN of Unitholder 4 (if any)		
Name of Trust (if Unitholder 4 is a Trustee of a Trust)		
Address of Unitholder 4		
Name of Chairman if this Unitholder is a Company		

GENERAL INFORMATION

The laws of which State/Territory apply to this document	
Effective date of this document	

CREDIT CARD PAYMENT

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