

UNIT TRUST DEED *Please complete all details in block letters.*

date: _____
from (your firm name): _____ ref: _____
email address: _____

PLEASE SEND DOCUMENTS FOR EXECUTION

by overnight courier
by overnight courier tomorrow
by local courier
by email
in due course

NAME OF TRUST

full name of trust _____

TRUSTEE DETAILS

full name (ACN/ARBN/ABN if applicable) _____

director's names (if applicable) _____

residential address / registered office _____

state _____ postcode _____

INITIAL UNITHOLDERS
(ATTACH DETAILS IF MORE THAN 4)

UNITHOLDER 1

no. of units held _____
amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered
office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____



UNITHOLDER 2

no. of units held _____
amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____



UNITHOLDER 3

no. of units held _____

amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____



UNITHOLDER 4

no. of units held _____
amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____



TRUST DETAILS

initial settlement amount _____

issue price per unit _____ other (please specify) _____

total number of units _____

ACCOUNTANTS OF TRUST

firm name _____

address _____

state _____ postcode _____

email address _____

phone _____ contact person _____

BANKER OF TRUST

bank _____

branch address _____

state _____ postcode _____

email address _____

phone _____ contact person _____

