

Instructions to Establish Unit Trust

YOUR DETAILS

| | |
|--------------------------------|--|
| Date | |
| Name | |
| Company Name | |
| Street Address | |
| Billing Address (if different) | |
| Telephone | |
| Fax | |
| Email | |

Authorised by: _____

Signature:

NAME AND ADDRESS OF SETTLOR

Note: This is the person who establishes the trust. They should be someone who is a relative or close friend of the family, but cannot be a beneficiary of the trust once it is established:

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NAME OF TRUSTEE

Note: It is wise to have a separate company as the trustee of the trust. That company should do nothing but run the trust. If you already have a company that can do this then insert details here. If not then contact us about establishing a new company for you on 02 8296 6222

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ACN OF TRUSTEE

(Not applicable if Trustee is a person)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

ADDRESS OF TRUSTEE

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NAME OF TRUST

The

DIRECTORS OF TRUSTEE COMPANY ATTENDING DIRECTORS MEETING

Insert the names of the directors of the trustee company who will attend the first meeting of the Trust and indicate which of them will be the chairman:

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DATE OF DEED:

Insert here any required date for the commencement of the trust deed. If no special date is necessary then leave blank.

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INITIAL UNITHOLDERS

Note: If there are more than 2 Unitholders please attach separate sheet with identical details of additional Unitholders.

| | | | |
|------------------------------------|--------|-------|--------|
| First Unitholder | | | |
| Individual Surname or Company Name | | | |
| Given Names or ACN | | | |
| Former Names | | | |
| Address | | | |
| | Suburb | State | P/Code |
| No./Class of units | | | |

| | |
|------------------------------------|---------------------|
| Second Unitholder | |
| Individual Surname or Company Name | |
| Given Names or ACN | |
| Former Names | |
| Address | |
| | Suburb State P/Code |
| No./Class of units | |

CONFIRMATION OF ORDER

| | | |
|-----------|------------|-------|
| Signature | Print Name | Date: |
|-----------|------------|-------|

I Confirm that the persons/corporations named above have consented to act in the capacity shown

PAYMENT DETAILS

