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Instruction Sheet Hybrid Discretionary Trust Deed

Use this document to place an order for a Hybrid Discretionary Trust.

Please provide the following contact information:

AR No. (Office use only)			
Your full Name			
Organisation			
Street Number and Name			
Suburb		State	Postcode
Postal Address			
Postal Suburb		State	Postcode
Telephone	Mobile	Facsimile	Email

Name of Trust

Trustee 1 (there may be more than one Trustee)

Full Name			
Street Number and Name:			
Suburb		State	Postcode
ABN/ACN of Trustee (if a company)			
Name of Director 1 of Trustee company		Name of Director 2 (if applicable)	
Name of Director 3 (if applicable)		Name of Director 4 (if applicable)	

Trustee 2 (there may be more than one Trustee)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Settlor (must *not* be a Beneficiary)

Full Name

Street Number and Name:

Suburb

State

Postcode

Appointor 1 (may have more than one)

Full Name

Street Number and Name:

Suburb

State

Postcode

Appointor 2 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

Principal Beneficiary 1 (may have more than one)

Full Name

Street Number and Name:

Suburb

State

Postcode

Principal Beneficiary 2 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

Controller 1 (Controller Optional, may have more than one)

Full Name

Street Number and Name:

Suburb

State

Postcode

Controller 2 (if required)

Full Name

Street Number and Name:

Suburb

State

Postcode

Special Income Unitholder 1 (there may be more than one Special Income Unitholder)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Number of Units

On redemption receive (Please mark with an 'X')

Return of Capital Return of Capital + CPI Return of Capital + Percentage Market Value**

Note: Market value will be used as default

Special Income Unitholder 2 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Number of Units

On redemption receive (Please mark with an 'X')

Return of Capital Return of Capital + CPI Return of Capital + Percentage Market Value**

Note: Market value will be used as default

Value of Special Income Units

Default may be \$1.00

Settlement Sum

\$

Proper Law (e.g. NSW, Victoria etc)**Excluded Class**

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN (if a company)

Name of Director 1 of Trustee company

Name of Director 2 (if applicable)

Description

Please enter any special instructions for InvestorOne. (e.g. delivery or additional details) or please phone us on 02 9231 5111.

Please print a copy of the completed form for your records.

Please select File then Save As and save a copy of the form as the same name as the trust (i.e. thesmithtrust.pdf) and email to orders@investorone.com.au