

Instruction Sheet Unit Trust

Use this document to place an order for a Unit Trust.
 Please provide instructions on redemption clause:

- Trustee to have discretion
- Requires percentage consent of Unitholders*. Please complete % consent required _____ %
- Absolute entitlement

If not selection is made then the absolute entitlement clause will be inserted.
 * Trustee of self managed superannuation funds will have absolute entitlement.

Please provide the following contact information:

AR No. (Office use only)			
<input style="width: 100%;" type="text"/>			
Your full Name			
<input style="width: 100%;" type="text"/>			
Organisation			
<input style="width: 100%;" type="text"/>			
Street Number and Name			
<input style="width: 100%;" type="text"/>			
Suburb		State	Postcode
<input style="width: 100%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Postal Address			
<input style="width: 100%;" type="text"/>			
Postal Suburb		State	Postcode
<input style="width: 100%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Telephone	Mobile	Facsimile	Email
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 40%;" type="text"/>

Name of Trust

Trustee 1 (there may be more than one Trustee)

Full Name			
<input style="width: 100%;" type="text"/>			
Street Number and Name:			
<input style="width: 100%;" type="text"/>			
Suburb		State	Postcode
<input style="width: 100%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
ABN/ACN of Trustee (if a company)			
<input style="width: 100%;" type="text"/>			
Name of Director 1 of Trustee company		Name of Director 2 (if applicable)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Name of Director 3 (if applicable)		Name of Director 4 (if applicable)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

Trustee 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)

Name of Director 3 (if applicable) Name of Director 4 (if applicable)

Initial Unit Holder 1 (there may be more than one Initial Unitholder)

Full Name

Street Number and Name:

Suburb State Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company) Name of Director 2 (if applicable)

Name of Director 3 (if applicable) Name of Director 4 (if applicable)

Number of Units

Initial Unit Holder 2 (if applicable)

Full Name

Street Number and Name:

Suburb State Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company) Name of Director 2 (if applicable)

Name of Director 3 (if applicable) Name of Director 4 (if applicable)

Number of Units

Initial Unit Holder 3 (if applicable)

Full Name

Street Number and Name:

Suburb State Postcode

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ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Number of Units

Initial Unit Holder 4 (if applicable)

Full Name

Street Number and Name:

Suburb

State

Postcode

ABN/ACN of Trustee (if a company)

Name of Director 1 (if a company)

Name of Director 2 (if applicable)

Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Number of Units

Value of Initial Units

\$ (per unit) – e.g. \$1.00

Proper Law (e.g. NSW, Victoria etc)

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