

Instruction Sheet VIC Property 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)			
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 (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

ABN/ACN of Trustee (if a company)

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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

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

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)
Name of Director 3 (if applicable)	Name of Director 4 (if applicable)
Number of Special Income Units	

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

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

Special Income Unitholder 2 (if applicable)

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)
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Name of Director 3 (if applicable)

Name of Director 4 (if applicable)

Number of Special Income Units

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

Return of Capital

Return of Capital + CPI

Return of Capital + Percentage

Market Value**

**Market value will be used as default, default is recommended.

Value of Special Income Units

\$ (per unit) – e.g. \$1.00

Proper Law

VIC ONLY

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