

## Hybrid Trust Establishment Full Service Order Form

**What you are required to do to order your Trust:**

1. Complete all relevant fields in BLOCK LETTERS
2. Fax this form to Topdocs at (03) 8256 0108; or email this form to Topdocs at [orders@topdocs.com.au](mailto:orders@topdocs.com.au)

### SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

<b>YOUR NAME</b>		<b>Signature</b>	
<b>YOUR COMPANY NAME</b>			
<b>YOUR POSTAL ADDRESS</b>			
<b>DATE OF ORDER</b>	/ /	<b>Your Ref.</b>	
<b>Phone</b>		<b>Fax</b>	<b>Email</b>

### SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a Hybrid Trust for the sum of \$

Direct Debit\*    
  Visa Card    
  MasterCard    
  Cheque

Card Holder Name			
Credit Card Number	- - -		
Expiry Date	/	<b>Authorised Card Signature</b>	

\*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.  
If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42.

### SECTION B: TRUST DETAILS

<b>NAME OF TRUST</b>	
Address where the Meetings of the Trustees will be held	
State of Registration of the Trust	

### SECTION C (I): TRUSTEE DETAILS WHERE THE TRUSTEE IS A COMPANY

Company Name		<b>ACN</b>	- -
Registered Address			

**Directors of the Corporate Trustee**

<b>Director 1</b>		<b>Director 2</b>	
<b>Director 3</b>		<b>Director 4</b>	
<b>Director 5</b>		<b>Director 6</b>	
<b>Who will act as Chairman of the Company?</b>			

**SECTION C (II): DETAILS OF INDIVIDUAL TRUSTEES**

<b>TRUSTEE 1</b>	Full name
<b>ADDRESS</b>	

<b>TRUSTEE 2</b>	Full name
<b>ADDRESS</b>	

<b>TRUSTEE 3</b>	Full name
<b>ADDRESS</b>	

<b>TRUSTEE 4</b>	Full name
<b>ADDRESS</b>	

<b>TRUSTEE 5</b>	Full name
<b>ADDRESS</b>	

<b>TRUSTEE 6</b>	Full name
<b>ADDRESS</b>	

<b>Who will act as Chairman of the Trustees?</b>	
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**SECTION D: SETTLOR DETAILS**

Name of Settlor	
Address of Settlor	
Settled Sum	\$

## SECTION E: DETAILS OF UNIT HOLDERS

UNIT HOLDER 1				
Full name of Unit		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Joint Unit Holder		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Number of Units to be allocated to Unit Holder				
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for				

UNIT HOLDER 2				
Full name of Unit		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Joint Unit Holder		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Number of Units to be allocated to Unit Holder				
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for				

UNIT HOLDER 3				
Full name of Unit		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Joint Unit Holder		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Number of Units to be allocated to Unit Holder				
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for				

UNIT HOLDER 4			
Full name of Unit		ACN	- -
Authorised Representatives (2) (if a Company)			
Address			
Joint Unit Holder		ACN	- -
Authorised Representatives (2) (if a Company)			
Address			
Number of Units to be allocated to Unit Holder			
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for			

UNIT HOLDER 5			
Full name of Unit		ACN	- -
Authorised Representatives (2) (if a Company)			
Address			
Joint Unit Holder		ACN	- -
Authorised Representatives (2) (if a Company)			
Address			
Number of Units to be allocated to Unit Holder			
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for			

UNIT HOLDER 6			
Full name of Unit		ACN	- -
Authorised Representatives (2) (if a Company)			
Address			
Joint Unit Holder		ACN	- -
Authorised Representatives (2) (if a Company)			
Address			
Number of Units to be allocated to Unit Holder			
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for			

If additional Unit Holders are present (to a max of 10), record their details on a separate sheet of paper and attach it to your fax.