

Unit Trust Change of Trustee Full Service Order Form

What you are required to do to order your Trustee Change:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the current Trust Deed of the Trust to your order form
3. Either fax this form and the Trust Deed of the Trust to Topdocs at (03) 8256 0108; email your form and Trust Deed to Topdocs at orders@topdocs.com.au; or post your documents to Topdocs at Suite 2, Level 2, 22 Albert Road South Melbourne Victoria 3205.

SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

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

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a Unit Trust change of Trustee for the sum of \$

Direct Debit*
 Visa Card
 MasterCard
 Cheque

Card Holder Name			
Credit Card Number	- - -		
Expiry Date	/ /	Authorised Card Signature	

*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: UNIT TRUST DETAILS

NAME OF THE TRUST	
Establishment Date of the Trust	/ /

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

Company Name		ACN	- -
Registered Address			

Director 1		Director 2	
Director 3		Director 4	
Director 5		Director 6	
Who is Chairman of the Company?			

SECTION C (II): CURRENT TRUSTEE DETAILS WHERE THE CURRENT TRUSTEES ARE INDIVIDUALS

TRUSTEE 1	Full name
ADDRESS	
TRUSTEE 2	Full name
ADDRESS	
TRUSTEE 3	Full name
ADDRESS	
TRUSTEE 4	Full name
ADDRESS	
TRUSTEE 5	Full name
ADDRESS	
Who is Chairman of the Trustees?	

SECTION D: DETAILS OF THE CURRENT UNIT HOLDERS

UNIT HOLDER 1	
Full name of Unit Holder	
Address	
UNIT HOLDER 2	
Full name of Unit Holder	
Address	
UNIT HOLDER 3	
Full name of Unit Holder	
Address	
UNIT HOLDER 4	
Full name of Unit Holder	
Address	

UNIT HOLDER 5	
Full name of Unit Holder	
Address	
UNIT HOLDER 6	
Full name of Unit Holder	
Address	

SECTION E (I): NEW TRUSTEE DETAILS WHERE THE NEW TRUSTEE IS A COMPANY

Company Name		ACN (if applicable)	-	-
Registered Office				

Full names of all Directors of the Trustee Company:

Director 1		Director 2	
Director 3		Director 4	
Director 5		Director 6	
Which Director will chair the meetings of the Company?			

SECTION F(II): NEW TRUSTEE DETAILS WHERE THE NEW TRUSTEES ARE INDIVIDUALS

TRUSTEE 1	Full name
Address	
TRUSTEE 2	Full name
Address	
TRUSTEE 3	Full name
Address	
TRUSTEE 4	Full name
Address	
TRUSTEE 5	Full name
Address	
Which Trustee will chair the meetings of the Company?	