



Fixed Unit 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

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 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 TRUST					
Address where the Meetings of the Trustees will be held					
State of Registration of the Trust					
Is the Trust to be used for NSW Land Tax threshold purposes?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Establishment Date of the Trust	/ /				
Unit Price	\$				

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

Company Name		ACN	-	-
Registered Address				
Director 1		Director 2		
Director 3		Director 4		
Director 5		Director 6		
Who will act as Chairman of the Company?				

SECTION C (II): DETAILS OF INDIVIDUAL TRUSTEES

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 will act as Chairman of the Trustees?	

SECTION D: DETAILS OF UNIT HOLDERS

If there are more than four unit holders in the trust, please print an additional copy of the next page to record their details.

UNIT HOLDER 1				
Full name of Unit Holder		ACN	-	-
Authorised Representatives (2) (if a Company)				
Address				
Joint Unit Holder Name		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 Name		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 Holder		ACN	-	-
Authorised Representatives (2) (if a				
Address				
Joint Unit Holder Name		ACN	-	-
Authorised Representatives (2) (if a				
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 Holder		ACN	-	-
Authorised Representatives (2) (if a				
Address				
Joint Unit Holder Name		ACN	-	-
Authorised Representatives (2) (if a				
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				