



Please seek advice from your accountant or solicitor in relation to establishing a trust and the type of unit trust that best suits you before completing this order form.

Form of Trust: Fixed Trust Unfixed Trust

Name of Trust: The _____

Address: _____

State of jurisdiction: _____

Name of Settlor: _____
(Cannot be a beneficiary of the trust)

Address of Settlor: _____

Amount of Settled Sum: \$ _____

Details of Trustee

Trustee (If Individual):

Name _____ Date of Birth _____

Address _____ Place of Birth _____

_____ State _____

Name _____ Date of Birth _____

Address _____ Place of Birth _____

Trustee (If Company):

Company Name and ACN _____

Address _____

Director(s) _____

Chairman of Trustee _____

Unitholders

First unitholder

Name of Unitholder : _____

Company ACN (if applicable): _____

Address: _____

If the Unitholder is a company, please provide the name(s) of the Director(s) attending the Directors Meeting:

Chairman of Directors if the Unitholder is a company: _____

Name of company secretary _____

Is the company to hold the Units as a trustee? Yes No

If so, name of Trust or beneficiaries: _____

Number of units to be held: _____

Value per Unit: \$ per unit

Second unitholder

Name of Unitholder : _____

Company ACN (if applicable): _____

Address: _____

If the Unitholder is a company, please provide the name(s) of the Director(s) attending the Directors Meeting:

Chairman of Directors if the Unitholder is a company: _____

Name of company secretary _____

Is the company to hold the Units as a trustee? Yes No

If so, name of Trust or beneficiaries: _____

Number of units to be held: _____

Value per Unit: \$ per unit

Do you consent to Qorporate Service managing _____
the trust register?

Deed Stamped? (Additional fees apply, varies per state) _____

Tax Registrations? (free) _____

Please circle the tax registrations required: ABN TFN GST PAYG

Declaration:

I declare that the information provided in this form is true and correct. I declare that I am authorised to provide you instructions to complete this order.

Name _____

Phone _____ Email _____

Address _____

Signature: _____

By completing this form, you acknowledge that Qorporate Services will act as the lodging agent for all forms to be lodged with ASIC relating to this order.

EMAIL THIS FORM TO: enquiries@qorporateservices.com

If you need to register a company to be the trustee of this trust, please also complete a company registration form.

Disclaimer - Qorporate Services does not provide accounting, financial, legal or stamp duty advice. We do not take responsibility for your legal, taxation or other liabilities which may arise from the work we complete from your instructions. We advise you to first obtain legal and accounting advice in relation to your affairs and this transaction.