

DISCRETIONARY TRUST DEED ORDER FORM

ACCOUNTANT'S DETAILS		
Name:		
Address:		
Phone:		

TRUST DETAILS			
Trust Name:			
Primary Beneficiaries: (Full Names)	2. 3. (Please state full name if individual/s & if company please state company name, ACN & address of registered office)		
Trustee Details: (Include ACN if a Company)			
Appointer Details: (Full Names)	1		
Payment by Credit Card:			
CARD TYPE: MASTERCARD EXPIRY DATE:	VISA BANKCARD		
AMOUNT (AUD): \$			



Fax details to TVP Law (07) 5528 1200



Post to
TVP Law
PO Box 10418
SOUTHPORT QLD 4215



Questions? (07) 5556 5200



UNIT TRUST DEED ORDER FORM

ACCOUNTANT'S DETAILS		
Name:		
Address:		
Phone:		

TRUST DETAILS		
Trust Name:		
Trustee:		
	(Please state full name if individual/s & if company please state company name, ACN & address of registered office)	
Class of Unit:	, , , , , , , , , , , , , , , , , , , ,	
Name of Original Unit Holders	1	
	2	
	3	
Number of Units created on Establishment:		
Number of Units Each Original Unit Holder holds	Unit Holder No of Units	
	1	
	2	
	3	
Number of Unit Holders to Establish a Quorum		
Payment by Credit Card:		
CARDHOLDER FULL NAME:		
CARD NUMBER:		
CARD TYPE: MASTERCARD	VISA BANKCARD	
EXPIRY DATE:		
AMOUNT (AUD): \$	DATE:	
SIGNATURE:		



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HYBRID UNIT TRUST DEED ORDER FORM

	ACCOUNTANT'S DETAILS	
Name:		
Address:		
Phone:		
TRUST DETAILS		
Trust Name:		
Trustee:		
	(Please state full name if individual/s & if company please state company name, ACN & address of registered office)	
Class of Unit:		
Name of Original Unit Holders	1	
	2.	
	2	
	3	
Number of Units Each Original Unit Holder holds	<u>Unit Holder</u> <u>No of Units</u>	
	1	
	2	
	3	
Number of Unit Holders to Establish a Quorum		
Payment by Credit Card:		
CARDHOLDER FULL NAME:		
CARD NUMBER:		
CARD TYPE: MASTERCARD	VISA BANKCARD	
EXPIRY DATE:		
AMOUNT (AUD): \$	DATE:	
SIGNATURE:		



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