|  |  |
| --- | --- |
| ACN 079 220 901  [admin@banksiacorporate.com.au](mailto:admin@banksiacorporate.com.au)  [www.banksiacorporate.com.au](http://www.banksiacorporate.com.au) Phone (03) 9734 6780  **Order Form – UNIT TRUST - DEED OF VARIATION OF TRUSTEE – 2025/26** |  |

# Your Details

|  |  |
| --- | --- |
| Your Firm |  |
| Your Name |  |
| Delivery Address |  |
| Date |  |
| Phone Number |  |
| Email Address |  |
|  |  |
| Option 1 – Deed in Triplicate (Hardcopy) $280 Y/N? |  |
| Option 2 – Electronic Deed Only $240 Y/N? |  |
| Additional Deed (Hard Copy) $22 Y/N? |  |
| Additional Deed (Soft Copy) $22 Y/N? |  |

# Trust Details

|  |  |
| --- | --- |
| Name of Trust |  |
| Laws of Which State/Territory Apply to This Document? |  |
| Date of Original Deed |  |
| Effective Date of Variation |  |
| Clause in Deed Allowing Amendment |  |

# 

# WHAT DO YOU WANT THIS VARIATION TO ACHIEVE?

|  |  |
| --- | --- |
| **The appointment of one or more Trustees Y/N?** |  |
| **The resignation and appointment of one or more Trustees Y/N?** |  |
| **The resignation of one or more Trustees Y/N?** |  |

# Remaining Trustees

| Name |  |
| --- | --- |
| A.C.N. (if applicable) |  |
| Address |  |
|  |  |
| Name |  |
| A.C.N. (if applicable) |  |
| Address |  |
| Resigning Trustees | |
| Name |  |
| A.C.N. (if applicable) |  |
| Address |  |
|  |  |
| Name |  |
| A.C.N. (if applicable) |  |
| Address |  |

# Order Form – UNIT TRUST - DEED OF VARIATION OF TRUSTEE – 2024/25

# Page 2

|  |  |
| --- | --- |
| New Trustees | |
| Name |  |
| A.C.N. (if applicable) |  |
| Address |  |
|  |  |
| Name |  |
| A.C.N. (if applicable) |  |
| Address |  |
|  |  |
| Unitholders | |
| Name |  |
| A.C.N. (if applicable) |  |
| Name of Trust if Unitholder is a Trustee |  |
| Address |  |
|  | |
| Name |  |
| A.C.N. (if applicable) |  |
| Name of Trust if Unitholder is a Trustee |  |
| Address |  |
|  | |
| Name |  |
| A.C.N. (if applicable) |  |
| Name of Trust if Unitholder is a Trustee |  |
| Address |  |
|  | |
| Name |  |
| A.C.N. (if applicable) |  |
| Name of Trustee if Unitholder is a Trustee |  |
| Address |  |
| Credit Card Payment | |
| **Cardholder’s Name** |  |
| **Credit Card No.** |  |
| **Expiry Date** |  |
| **Amount** |  |
| **Cardholder’s Signature** |  |