|  |  |
| --- | --- |
| ACN 079 220 901admin@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** |       |