|  |  |
| --- | --- |
| 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 VESTING & WINDING UP PACKAGE – 2025/26** |  |

# Your Details

|  |  |
| --- | --- |
| Your Firm |  |
| Your Name |  |
| Delivery Address |  |
| Date |  |
| Phone Number |  |
| Email Address |  |
|  |  |
| Option 1 – Deed in Triplicate (Hardcopy) $350 Y/N? |  |
| Option 2 – Electronic Deed Only $310 Y/N? |  |
| Additional Deed (Hard Copy) $22 Y/N? |  |
| Additional Deed (Soft Copy) $22 Y/N? |  |

# Trust Details

|  |  |
| --- | --- |
| Name of Trust |  |
| Trustee’s Name |  |
| A.C.N. (if applicable) |  |
| Address |  |
| Date of Original Trust Deed |  |
| Dates of Subsequent Amendments (if any) |  |
| Effective Date of Vesting Deed |  |
| Clause in Deed Allowing Trustee to Alter Vesting Date |  |
| Clause in Deed Allowing Trustee to Redeem Units |  |
| Laws of Which State/Territory Apply to This Document |  |
|  |  |
| The Trust has assets only Y/N? |  |
| The trust has both assets and liabilities Y/N? |  |
| The trust has liabilities only Y/N? |  |
| The trust has no assets or liabilities Y/N? |  |

# 

# Founder’s Information (if applicable)

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |

# 1/2

|  | Unitholders | | Joint Unitholders (if applicable) |
| --- | --- | --- | --- |
| Name |  | |  |
| A.C.N. (if applicable) |  | |  |
| Name of Trust (if Unitholder is a Trustee of a Trust) |  | |  |
| Address |  | |  |
| Name of Chairman (if this unitholder is a company) |  | |  |
|  | |  | |
| Name |  | |  |
| A.C.N. (if applicable) |  | |  |
| Name of Trust (if Unitholder is a Trustee of a Trust) |  | |  |
| Address |  | |  |
| Name of Chairman (if this unitholder is a company) |  | |  |
|  |  | |  |
| Name |  | |  |
| A.C.N. (if applicable) |  | |  |
| Name of Trust (if Unitholder is a trustee of a Trust) |  | |  |
| Address |  | |  |
| Name of Chairman (if this unitholder is a company) |  | |  |
|  |  | |  |
| Name |  | |  |
| A.C.N. (if applicable) |  | |  |
| Name of Trust (if Unitholder is a trustee of a Trust) |  | |  |
| Address |  | |  |
| Name of Chairman (if this unitholder is a company) |  | |  |
|  |  | |  |
| Name |  | |  |
| A.C.N. (if applicable) |  | |  |
| Name of Trust (if Unitholder is a trustee of a Trust) |  | |  |
| Address |  | |  |
| Name of Chairman (if this unitholder is a company) |  | |  |
|  | | | |
| Credit Card Payment | | | |
| **Cardholder’s Name** |  | | |
| **Credit Card No.** |  | | |
| **Expiry Date** |  | | |
| **Amount** |  | | |
| **Cardholder’s Signature** |  | | |

# 2/2