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

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|  | 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** |       |

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