

## INSTRUCTION FORM: UNIT TRUST

### YOUR DETAILS

I am  an advisor to an individual seeking to set up a unit trust  
 an individual seeking to set up a unit trust

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Full name

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Address

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Phone

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Email

### DETAILS OF TRUST

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Name of Trust

### SETTLOR

---

Full name

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Address

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Settlement sum (\$)

### TRUSTEE

#### Trustee #1

The trustee is  a company  an individual

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Full name/Company name

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ACN (if applicable)

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Address/Registered office address

**Trustee #2**

The trustee is              a company              an individual

\_\_\_\_\_  
Full name/Company name              ACN (if applicable)

\_\_\_\_\_  
Address/Registered office address

**Trustee #3**

The trustee is              a company              an individual

\_\_\_\_\_  
Full name/Company name              ACN (if applicable)

\_\_\_\_\_  
Address/Registered office address

**Trustee #4**

The trustee is              a company              an individual

\_\_\_\_\_  
Full name/Company name              ACN (if applicable)

\_\_\_\_\_  
Address/Registered office address

*If you have additional trustees, please include all relevant details in the textbox at the end of this form.*

## UNIT HOLDERS

### Unit holder #1

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Full name

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Address

**Special Class of Units (if applicable)**

**No of Units\***

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### Unit holder #2

---

Full name

---

Address

**Special Class of Units (if applicable)**

**No of Units\***

---

---

### Unit holder #3

---

Full name

---

Address

**Special Class of Units (if applicable)**

**No of Units\***

---

---

### Unit holder #4

---

Full name

---

Address

**Special Class of Units (if applicable)**

**No of Units\***

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*If you have additional unit holders, please include all relevant details in the textbox at the end of this form.*

**SPECIAL CONDITIONS**

(if applicable)

Are there any other instructions we should know (including additional trustees etc)?

## **BILLING**

Your chosen payment method:

Cheque in mail

Direct deposit

Bankcard

Mastercard

Visa

Please send me an invoice, which I agree to pay within 14 days

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Card number

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Name of cardholder

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Expiry date

### **Direct deposit details:**

National Bank Australia (Pirie Street)

BSB: 085-005      Account: 525 554 575

Reference: "Shelfdocs [INSERT YOUR COMPANY NAME HERE]"