



416 Flinders Mall (PO Box 991)
Townsville Qld 4810

Ph: (07) 4771 5664 Fax: (07) 4772 5742

UNIT TRUST DEED *Please complete all details in block letters.*

date: _____
from (your firm name): _____ ref: _____
email address: _____

PLEASE SEND DOCUMENTS FOR EXECUTION

- by overnight courier
- by overnight courier tomorrow
- by local courier
- by email
- in due course

NAME OF TRUST

full name of trust _____

TRUSTEE DETAILS

full name (ACN/ARBN/ABN if applicable) _____

director's names (if applicable) _____

residential address / registered office _____

state _____ postcode _____

INITIAL UNITHOLDERS
(ATTACH DETAILS IF MORE THAN 4)

UNITHOLDER 1

no. of units held _____

amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered
office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____

UNITHOLDER 2

no. of units held _____

amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered
office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____

UNITHOLDER 3

no. of units held _____

amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered
office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____

UNITHOLDER 4

no. of units held _____

amount paid per unit _____

full name _____

ACN/ARBN/ABN (if applicable) _____

as Trustee for (if applicable) _____

directors names (if applicable) _____

residential / registered
office address _____

state _____ postcode _____

postal address _____

email address _____

phone

work: _____

home: _____

mobile: _____

facsimile work: _____

TRUST DETAILS

initial settlement amount _____

issue price per unit _____ other (please specify)

total number of units _____

ACCOUNTANTS OF TRUST

firm name _____

address _____

state _____ postcode

email address _____

phone _____ contact person

BANKER OF TRUST

bank _____

branch address _____

state _____ postcode

email address _____

phone _____ contact person