

Trust Formation

Type of Trust: Unit Discretionary Hybrid ----- State law applied _____

Date

Trust Name: _____ Date Established _____

Trustee Details

Name of Trustee (Individual/s or company) _____

ABN _____ ACN _____ Trustee Address: _____

Contact Name: _____ Position: _____ Phone: _____

Settlor Name: _____ Address: _____

Unit Holder Information (If applicable)

Unit Holder 1 Name: _____ DOB: _____ Address: _____

(If company) ABN: _____ ACN: _____ Beneficially Held Name & Address

Type of Unit Held: (ORD) or _____ Number of Units: _____ Amount Paid per unit \$ _____ Amount Owing \$ _____

Unit Holder 2 Name: _____ DOB: _____ Address: _____

(If company) ABN: _____ ACN: _____ Beneficially Held Name & Address

Type of Unit Held: (ORD) or _____ Number of Units: _____ Amount Paid per unit \$ _____ Amount Owing \$ _____

Unit Holder 3 Name: _____ DOB: _____ Address: _____

(If company) ABN: _____ ACN: _____ Beneficially Held Name & Address

Type of Unit Held: (ORD) or _____ Number of Units: _____ Amount Paid per unit \$ _____ Amount Owing \$ _____

Beneficiary Information

Beneficiary 1 Name: _____ DOB: _____ Address: _____

Beneficiary 2 Name: _____ DOB: _____ Address: _____

Beneficiary 3 Name: _____ DOB: _____ Address: _____

Beneficiary 3 Name: _____ DOB: _____ Address: _____

Corporate Beneficiary Name: _____ ACN: _____

Address: _____

I _____ hereby declare that I hold the necessary written consent/s of the party/s listed above.

Date: _____

Signed