



REQUEST FOR UNIT TRUST
Please return to Sonia by fax or e-mail

REQUESTED BY: _____ DATE: _____

FIRM: _____

PHONE NUMBER _____ EMAIL: _____

FAX NUMBER _____ Please tick if you require an email copy
of the documents

Name of Unit Trust: _____

Trustee:

Name: _____

A.C.N:
(if a company) _____

Address: _____

Units

Ordinary
Value each unit _____

Special
Value each unit _____

Initial Unit Holders 1. Name: _____
Address: _____

Number & type of units: _____

2. Name: _____
Address: _____

Number & type of units: _____



If further initial unit holders are required, please provide details below or on an additional sheet.

Special Unit Rights: _____

Right of Pre-Emption: _____

Restrictions on Trustee: _____

Name of Unit Trust: _____

Vesting Date: 79 years unless otherwise stated:

Additional Comments or Instructions:

