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ORDER FORM – UNIT TRUST – DEED OF VARIATION OF TRUSTEE

YOUR FIRM		
YOUR NAME		
DELIVERY ADDRESS		
EMAIL ADDRESS		
DATE	PHONE NO.	FAX NO.

NAME OF UNIT TRUST	
DATE ORIGINAL TRUST WAS SIGNED	

WHAT DO YOU WANT THIS VARIATION TO ACHIEVE? (Please circle)

- This Deed of Variation is to evidence the appointment of one or more Trustees
- This Deed of Variation is to evidence the resignation and the appointment of one or more Trustees
- This Deed of Variation is to evidence the resignation of one or more Trustees

THE LAWS OF WHICH STATE OR TERRITORY APPLY TO THIS DEED		EFFECTIVE DATE OF THIS DOCUMENT	
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TRUSTEES OF THE UNIT TRUST - REMAINING

FULL NAME OF REMAINING TRUSTEE 1	
A.C.N. OF REMAINING TRUSTEE 1 (IF ANY)	
FULL ADDRESS OF REMAINING TRUSTEE 1	
FULL NAME OF REMAINING TRUSTEE 2	
A.C.N. OF REMAINING TRUSTEE 2 (IF ANY)	
FULL ADDRESS OF REMAINING TRUSTEE 2	

TRUSTEES OF THE UNIT TRUST - RESIGNING

FULL NAME OF RESIGNING TRUSTEE 1	
A.C.N. OF RESIGNING TRUSTEE 1 (IF ANY)	
FULL ADDRESS OF RESIGNING TRUSTEE 1	
FULL NAME OF RESIGNING TRUSTEE 2	
A.C.N. OF RESIGNING TRUSTEE 2 (IF ANY)	
FULL ADDRESS OF RESIGNING TRUSTEE 2	

ORDER FORM – UNIT TRUST – DEED OF VARIATION OF TRUSTEE (CONTINUED)

TRUSTEES OF THE UNIT TRUST – NEW

FULL NAME OF NEW TRUSTEE 1	
A.C.N. OF NEW TRUSTEE 1 (IF ANY)	
FULL ADDRESS OF NEW TRUSTEE 1	
FULL NAME OF NEW TRUSTEE 2	
A.C.N. OF NEW TRUSTEE 2 (IF ANY)	
FULL ADDRESS OF NEW TRUSTEE 2	

INFORMATION CONCERNING THE UNITHOLDERS

FULL NAME OF UNITHOLDER 1	
A.C.N. OF UNITHOLDER (IF ANY)	
FULL NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
FULL ADDRESS OF UNITHOLDER	

FULL NAME OF UNITHOLDER 2	
A.C.N. OF UNITHOLDER (IF ANY)	
FULL NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
FULL ADDRESS OF UNITHOLDER	

FULL NAME OF UNITHOLDER 3	
A.C.N. OF UNITHOLDER (IF ANY)	
FULL NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
FULL ADDRESS OF UNITHOLDER	

FULL NAME OF UNITHOLDER 4	
A.C.N. OF UNITHOLDER (IF ANY)	
FULL NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
FULL ADDRESS OF UNITHOLDER	

If you prefer to use your credit card, please fill in below. Please fax or mail this order form to us. Amount \$.....

Mastercard Credit Card No. Expiry Date:

Visa Cardholder's Name (Please Print)

Cardholder's Signature