

HYBRID TRUST ORDER FORM

- Please complete all details in block letters -

SECTION A(I): PERSON/ADVISOR ORDERING HYBRID TRUST

PERSON ORDERING				Signature	
Date document ordered		/ / _		Your Ref.	
Firm name (if applicable)					
Street address					
Postal address, if different					
Phone		Fax		Email	
Special Instructions					

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a HYBRID TRUST for the sum of \$

Direct Deposit Visa Card Mastercard Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/ / _	Authorised Card Signature	

*To pay by Direct Debit you must have a current a Direct Debit arrangement with Superannuation Support.

If you would like to arrange for Direct Debit for future purchases please contact Superannuation Support on (03) 9386 4416.

SECTION B(I): HYBRID TRUST DETAILS

NAME OF TRUST	
Registered Address (if different from postal address of person ordering)	
Date of Establishment	/ / _
State of Registration	

SECTION B (II): SETTLOR DETAILS

Settlor Name	
Address	
Settled Sum	\$

SECTION C(I): TRUSTEE DETAILS WHERE THE TRUSTEE IS A COMPANY

Name			
Address or Registered Office			
ACN	- -	ABN	- - -

Full names of all directors of the Trustee Company

Director 1		Director 2	
Director 3		Director 4	

Will the Trustee be excluded from being a Beneficiary of the Trust? YES NO

SECTION C(II): DETAILS OF TRUSTEES IF INDIVIDUALS

TRUSTEE 1	Full name	-
Address		

TRUSTEE 2	Full name	-
Address		

TRUSTEE 3	Full name	-
Address		

TRUSTEE 4	Full name	-
Address		

Will the Trustees be excluded from being a Beneficiary of the Trust? YES NO

SECTION D: DETAILS OF THE SIGNING OF THE TRUST

Address of the Meeting	
Chairperson of the Meeting	
Attendees of the Meeting (Those people that will be signing the initial meeting minutes)	, , , .

SECTION E: DETAILS OF THE UNIT HOLDERS

UNIT HOLDER 1

Full name of Unit Holder		ACN (if applicable)	-	-
Address				
Joint Unit Holder Name (where applicable)		ACN (if applicable)	-	-
Address				
Number of Units to be allocated to Unit Holder				
Class of Shares		Price per share	\$	
Amount paid per share	\$	Amount owing per share	\$	
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for				

UNIT HOLDER 2

Full name of Unit Holder		ACN (if applicable)	-	-
Address				
Joint Unit Holder Name (where applicable)		ACN (if applicable)	-	-
Address				
Number of Units to be allocated to Unit Holder				
Class of Shares		Price per share	\$	
Amount paid per share	\$	Amount owing per share	\$	
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for				

UNIT HOLDER 3

Full name of Unit Holder		ACN (if applicable)	-	-
Address				
Joint Unit Holder Name (where applicable)		ACN (if applicable)	-	-
Address				
Number of Units to be allocated to Unit Holder				
Class of Shares		Price per share	\$	
Amount paid per share	\$	Amount owing per share	\$	
Will these Units be held in Trust for another Party?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, the name of the Party the Units will be held in Trust for				

If additional Unit Holders are present, please complete their details on a separate sheet of paper and attach it to your fax.