

HYBRID TRUST

Ordered by (Firm) _____ Date _____
 Contact Name _____ Phone _____
 Email Address _____

NAME OF TRUST _____

NAME OF APPOINTER _____

TRUSTEE/S

1. **Individual:** Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

2. **Individual:** Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

Address:

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

INITIAL SUM: \$ _____ Paid Unpaid Partially Paid

(number of units to be issued initially) _____

PRIMARY BENEFICIARIES

1. Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

2. Name _____

Address

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

ORIGINAL UNIT HOLDERS

1. Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

OR

Trust Name _____

Address:

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

Number of Units _____

2. Individual: Family Name _____ Given Names _____

OR

Company Name: _____ Pty Ltd ACN _____

OR

Trust Name _____

Address:

Suite/Unit _____ Level _____ Building Name _____

Street number and name _____

Suburb/City _____ State _____ Post Code _____

Number of Units _____

CLASS AND RIGHTS OF NOMINATED UNIT HOLDERS

Usually equal and we will insert: "All units shall comprise one class and shall at any and all times be of equal."

If different, please specify _____

QUORUM

Advise number of units to constitute a quorum: *Usually 51% of all Issued Units from Time to Time.*

If different, please specify _____

AMOUNT PAYABLE: \$495.00

SIGNATURE _____

PAYMENT OPTIONS

Online Please tick

Return to the Online Shopping Cart and select your product to make payment on line

Payment by Bank Deposit Please tick

Bank: Bank of Queensland Ltd
BSB: 124 001
Account number: 20970825
Account name: Professional Corporate Services

Payment by Credit Card - Mastercard/ Visa Please tick

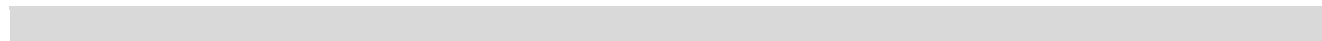
Type of Card: VISA MASTERCARD

Credit card number Expiry date /

Name on Card



Pre Approved Credit Terms Please tick



PRINT AND FAX COMPLETED FORM TO 07 5535 3177