INSTRUCTIONS FOR UNIT TRUST

1. **Client and Delivery Instructions** Date Required By: _____

TO: MELLOR OLSSON Lawyers 5/80 King William Street Adelaide SA 5000 Ph: 8414 3400 Fax: 8414 3455 Att: TIM HALL	FROM: _____ Delivery _____ Address _____ Ph: _____ Fax: _____ Att: _____

2. **Trust Details**

2.1 Name of Mutual Client: _____

2.2 Address of Mutual Client: _____

2.2 Trust Type: Fixed ☐ Discretionary ☐

2.2 Name of Trust: _____

2.3 Principal Activity: _____

3. **Settlor**

3.1 Name: _____

Address: _____ P/C _____

3.2 Settled Sum: $_____ (equal to initial number of units issued)

4. **Trustee**

4.1 Name: _____

A.C.N.: _____

Single Director Company ☐

4.2 Address: _____ P/C _____

5. **Unitholder Details**

5.1 Name: _____ A.C.N. ____ ____ ____

As Trustee for: _____ Number & Class of Units: _____

Address: _____ P/C _____

5.2 Name: _____ A.C.N. ____ ____ ____

As Trustee for: _____ Number & Class of Units: _____

Address: _____ P/C _____

5.3 Name: _____ A.C.N. ____ ____ ____

As Trustee for: _____ Number & Class of Units: _____

Address: _____ P/C _____

5.4 Name: _____ A.C.N. ____ ____ ____

As Trustee for: _____ Number & Class of Units: _____

Address: _____ P/C _____