

Trust name

## Order form: Class Unit Trust

### The Castle difference

Opt in

At Castle, we pride ourselves on the service we provide and the value we can add to you and your clients. If you tick the 'opt in' box, we will contact you if we have any suggestions or questions about any information you have entered in the form. If you would prefer for your order to be processed exactly as you have entered below, please do not tick the box. However, if we believe something is incorrect in your form, we will contact you to discuss it.

### Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

### Choose your package – PDFs included with all packages

Electronic Email delivery of all documents in PDF.

Standard All key documents printed and inserted in a folder. 2 bound deeds.

Premium All documents printed and inserted in a folder (with 6 dividers). 4 bound deeds.

#### Presented in

- White Folder
- White Folder with Slip Case
- Black Folder
- Black Folder with Vertical Holder
- Black Folder with Box and Lid

### Additional order requirements

Apply for an ABN  Yes – complete [ABN application form](#) (additional fee of \$220 applies)  No

Applicable Law  VIC  NSW  QLD  SA  WA  NT  TAS  ACT

Would you like us to attend to stamp duty<sup>1</sup>  Yes  No If Yes please choose jurisdiction<sup>2</sup>  VIC  NSW  NT

<sup>1</sup> Additional fees apply for deeds to be stamped

<sup>2</sup> Stamp duty is only applicable in VIC, NSW, and NT

### Delivery

Required delivery date

ASAP  Specific date

Please provide specific date

Delivery address

Street address preferred

Firm address (listed above)

Other address

Please provide other address

### Payment – The options to pay in 14 or 30 days are only available for approved clients

Pay now  Cheque Please make cheques payable to: Castle Corporate Pty Ltd.  
 Credit card Please complete a [Credit Card Authorisation form](#) and return with this form.  
 Bank deposit Account details:  Please provide reference you will use for direct deposit  
BSB: 083-543, Account: 66332-9114

Pay in 14 days with our [Enduring Credit Card Authorisation](#)

Pay in 30 days – I, the person named above, agree to pay Castle for this order within 30 days of the invoice date

### Declaration

By submitting this form to Castle Corporate Pty Ltd, I warrant and declare that all statements made and all details shown in this order form are true and correct and that all persons named in this order form have consented in writing to their appointment as a Trustee and/or Unitholder (as relevant). I indemnify Castle Corporate Pty Ltd for any and all loss suffered as a result of my breach of the aforesaid warranty.

Trust details						
Name of trust	<input style="width: 100%;" type="text"/>					
Commencement date	<input type="checkbox"/> Same as formation date of corporate trustee		<input type="checkbox"/> Specify date		<input style="width: 100%;" type="text"/>	
Trustee details						
Trustee name	<input style="width: 100%;" type="text"/>			ACN	<input style="width: 100%;" type="text"/>	
Trustee address	<input style="width: 100%;" type="text"/>					
Corporate trustee director(s) Full Name(s) including titles	<input style="width: 100%;" type="text"/>					
Location of meetings	<input style="width: 100%;" type="text"/>					
Unit Holders						
Unit holder 1						
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other				<input style="width: 100%;" type="text"/> Other – please specify	
Name: Individual	<input style="width: 100%;" type="text"/> Given name(s)			<input style="width: 100%;" type="text"/> Surname		
Company	<input style="width: 100%;" type="text"/>			ACN	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 100%;" type="text"/>					
Number of directors	<input type="checkbox"/> One – advise full name to the right			<input style="width: 100%;" type="text"/> Name of sole director		
	<input type="checkbox"/> Two or more directors - names not required					
Holding units	<input type="checkbox"/> Alone <input type="checkbox"/> Held jointly with		<input style="width: 100%;" type="text"/> Please provide names			
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity Complete other entity's details below					
Name	<input style="width: 100%;" type="text"/>					
Number	<b>A Class</b> (Voting)	<b>B Class</b> (Fixed income)	<b>C Class</b> (Fixed capital)	<b>D Class</b> (Discretionary income)	<b>E Class</b> (Discretionary capital)	
Amount paid for parcel	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Amount owed for parcel	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	

**Unit holder 2**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name: Individual

Company  ACN

Address

Number of directors  One – advise full name to the right   
 Two or more directors - names not required

Holding units  Alone  Held jointly with

Units are held  For the benefit of the holder  In trust for another entity Complete other entity's details below

Name

	A Class (Voting)	B Class (Fixed income)	C Class (Fixed capital)	D Class (Discretionary income)	E Class (Discretionary capital)
Number					
Amount paid for parcel					
Amount owed for parcel	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other

**Unitholder 3**

Title  Mr  Mrs  Ms  Miss  Dr  Other

Name: Individual

Company  ACN

Address

Number of directors  One – advise full name to the right   
 Two or more directors - names not required

Holding units  Alone  Held jointly with

Units are held  For the benefit of the holder  In trust for another entity Complete other entity's details below

Name

	A Class (Voting)	B Class (Fixed income)	C Class (Fixed capital)	D Class (Discretionary income)	E Class (Discretionary capital)
Number					
Amount paid for parcel					
Amount owed for parcel	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other

**Unit holder 4**

Title

Mr  Mrs  Ms  Miss  Dr  Other

Other – please specify

Name:  
Individual

Given name(s)

Surname

Company

ACN

Address

Number of directors

One – advise full name to the right  
 Two or more directors - names not required

Name of sole director

Holding units

Alone  Held jointly with

Please provide names

Units are held

For the benefit of the holder  In trust for another entity Complete other entity's details below

Name

Number

Amount paid for parcel

Amount owed for parcel

	<b>A Class</b> (Voting)	<b>B Class</b> (Fixed income)	<b>C Class</b> (Fixed capital)	<b>D Class</b> (Discretionary income)	<b>E Class</b> (Discretionary capital)
Number					
Amount paid for parcel					
Amount owed for parcel	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other	<input type="checkbox"/> Nil <input type="checkbox"/> Other

**Additional information – use this space to give us any other information that may help us to complete your**