

## DEED OF VARIATION OF A UNIT TRUST - ORDER FORM

DETAILS OF VARIATION REQUIRED TO THE TRUST DEED:  Please note that a copy of the existing Trust Deed and any Deeds of Variation must accompany this O  Change to the Trustee(s)  Change to the Name of the Trust  Update the Trust Deed to include the Bamford provisions  Other – please provide details below, or as a separate annexure.  DATE OF THE ORIGINAL TRUST DEED:  DATE OF THE ORIGINAL TRUST DEED(s) OF VARIATION:  Le. any which have been executed since the original Trust was created)  CURRENT INDIVIDUAL TRUSTEE: Name(s) and Address(es):  EF CORPORATE TRUSTEE:	AME OF TRUST AND STATI	E OF OPERATION: State/	Territory:	
Change to the Trustee(s)  Change to the Name of the Trust  Update the Trust Deed to include the Bamford provisions  Other – please provide details below, or as a separate annexure.  DATE OF THE ORIGINAL TRUST DEED:  AATE(S) OF ANY SUBSEQUENT DEED(S) OF VARIATION:  Le. any which have been executed since the original Trust was created)  CURRENT INDIVIDUAL TRUSTEE: Name(s) and Address(es):	ETAILS OF VARIATION RE	QUIRED TO THE TRUST DEED:		
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F CORPORATE TRUSTEE:	ATE(S) OF ANY SUBSEQUENCE. any which have been execute	NT DEED(S) OF VARIATION:/ ed since the original Trust was created)		
	CRREAT INDIVIDURE TROP	Traine(s) and reduces(es).		
NameACN:	F CORPORATE TRUSTEE:			
	ame		ACN:	
Address of Corporate Trustee:	ddress of Corporate Trustee:			



## Phone 1300 ABN ABN Email contact@abnaustralia.com.au

NEW INDIVIDUAL TRUSTEE IF APPLICABLE: Name(s) and Address(es):				
NEW CORPORATE TRUSTEE IF APPLI	ICABLE:			
Name		ACN:		
Address of Corporate Trustee:				
NEW NAME OF TRUST IF APPLICABLE	E:			
To ABNAustralia.com.au: You are appoint solicitor, the particulars for such trust deed a agent, payment of solicitors costs, attending agreed.	ted to act as our agent to procure a Deed and legal documents being set out hereinbefor	e. In consideration for you acting as our		
Disclaimer – We do not provide legal, accountaxation, legal or other liabilities which may a legal and accounting advice in relation to your	rise from the work we perform on your instruc			
APPLICANT DETAILS (FIRM):				
CONTACT PERSON:	PH:	FAX:		
FULL ADDRESS:				
EMAIL:	SIGNATURE:	DATE://		
PAYMENT REQUIRED WITH O	ORDER	Amount \$		
☐ Direct Deposit / EFT				
Bank: ANZ Banking Group	BSB: 015-056 Account: 225324305	Ref: Please use name of Trust		
☐ MasterCard	☐ Visa			
Card Number:	Expiry Date:	CCV		
Name of Cardholder:	Signature			