

Free Call: 1300 842 223 Ph: 0755741192 www.shelfcompany.com.au info@shelfcompany.com.au Office: By Appointment Only

Standard Unit Trust (Fixed)

Firm (If any)		Date	
Contact Person	F	Phone	
Email	F	Ref No.	

SHELF COMPANY SERVICES AUSTRALIA PTY LTD act only as agents in the provision of Trust Deeds. Each individual Deed is prepared by the Solicitors whose name appears on the cover sheet. Individuals or professional firms ordering a Trust Deed should satisfy themselves that the Deed meets their requirements.

□ Full documentation hard copy version

Digital version

Name of Trust_____

Stamp Duty

Please contact the Office of State Revenue regarding duty payable on the establishment of this deed.

Applicable Law

Unless otherwise indicated below the trust deed will state that the applicable law for the trust is the law of **QUEENSLAND. If you** require the law of another State to apply instead please indicate.

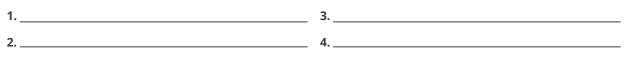
Initial Trust Property

The Deed does not require a Settlor. The initial trust property of the trust is the amount paid by the i.e. Subscriber(s) to the Trustee upon executing the Trust Deed **and these monies are referred to as Application Monies in the Deed.**

Trustee

Name .	
	(Full name or Company name and A.C.N.)
Address .	
Name .	
	(Full name or Company name and A.C.N.)
Address .	

if the Trustee is a company, please give the full names of the Directors



Please complete details of Unitholders on the next page

Unitholders

Name	
Address	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Number of units	
Name	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	
Number of units	
Number of units	
Name	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	
Number of units	
Name	
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	
 Number of units	
Name	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	(Sumaine and an given names of company name and A.C.N. and Hoso Superannoation Fand Name)
Number of units	
Name	
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Number of units	
Name	
	(Surname and all given names or Company name and A.C.N. and Trust/Superannuation Fund Name)
Address	
 Number of units	

These are the persons or entities subscribing for Units.

Application Monies

This is the money paid or to be paid by the Subscriber(s) (i.e. the Unit Holders) in consideration of the issue to them of the Units.

Total Number of Units ______ at \$ _____ Per Unit (e.g. Total Number of Units 10 at \$1.00 per unit)