

Unit Trust Details

Name of Trust: _____

Date of Trust: _____

Address: _____

Name and address Trustee #1): _____

Name and address Trustee #2): _____

If Trustee is a Company: ACN _____ Company Name _____

Address: _____

Names of ALL Directors _____

DETAILS OF UNIT HOLDERS

1. Full Name: _____ No. of units: _____

Street Address: _____

2. Full Name: _____ No. of units: _____

Street Address: _____

3. Full Name: _____ No. of units: _____

Street Address: _____

4. Full Name: _____ No. of units: _____

Street Address: _____

PAYMENT OPTIONS

Credit Card - Please debit the following credit card by \$245.00 (includes merchant fee)

CARD NUMBER: _____ EXPIRY DATE: (/)

NAME ON CARD: _____ SIGNATURE: _____

Direct Deposit - \$240 (Pre Paid) \$250 for approved 30 day account

BSB: 012 349 ACC#: 221 604 238 Account Name: Allan's Off The Shelf

PLEASE COMPLETE Super Fund Order Form Date: __/__/__ Name: _____

Phone: _____ Fax: _____ Email: _____

Delivery Address: _____

Please return this application to **Fax (02) 9997 1844**