

Trust name

Order form: Unit trust variation

Important information

When completing this form, please ensure you provide current information in relation to:

- other parties to the deed (including names and addresses)
- the names of director(s) (if a company), and
- the current position if unit holdings have changed since establishment of the trust.

Order placed by

Your name

Telephone

Facsimile

Firm name

Email address

Firm address

Documents to submit with this form

When submitting the form, please also attach the following documents:

- a copy of the trust deed
- a copy of any variations or amendments to the trust deed, and
- a copy of any changes of trustee documentation.

All original documents will be returned to you with the new documentation.

Payment

- Cheque with order form Please make cheque payable to: Castle Legal Pty Ltd.
- Credit card Please complete [Credit Card Authorisation](#) and return with this form.
- Credit terms of 30 days This option is for approved clients only.

Trust details

Name of trust

Date established

 / /

Date of change
Must be today or a future date

 / /

Location for meetings

Variation details

Please select the appropriate option, then use the box provided to advise of any further information.

- Change of name
Please advise the new name in the box below.
- Change of trust powers
In the box below, please provide details of the additional or amended trust powers that are to be dealt with in the deed of variation. If the request for additional trust powers has been made by the trust's bank, the bank usually provides the preferred wording. Please provide the wording along with this form.
- Amendment to vesting date
Please advise the amendment required in the box below.
- Other amendments
Please advise the amendments required in the box below.

Current trustee(s)

Individual trustee(s)

Corporate trustee(s)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	<input type="text"/>
Address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Company name	<input type="text"/>
ACN	<input type="text"/>
Registered office	<input type="text"/>

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	<input type="text"/>
Address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Director 1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Title	
Full name	<input type="text"/>
Residential address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	<input type="text"/>
Address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Director 2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Title	
Full name	<input type="text"/>
Residential address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Full name	<input type="text"/>
Address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Director 3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Title	
Full name	<input type="text"/>
Residential address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Director 4	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:
Title	
Full name	<input type="text"/>
Residential address	<input type="text"/>
Unit holder?	<input type="checkbox"/> Yes

Unit holder(s) – Please provide individual unit holders below. Corporate unit holders can be provided on the next page.

Individual unit holder(s)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	No of units held	<input type="text"/>
Full name	<input type="text"/>		
Address	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	No of units held	<input type="text"/>
Full name	<input type="text"/>		
Address	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	No of units held	<input type="text"/>
Full name	<input type="text"/>		
Address	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other – please specify:	No of units held	<input type="text"/>
Full name	<input type="text"/>		
Address	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	

Unit holder(s) (continued)

Corporate unit holder(s)

Name	<input type="text"/>		
ACN	<input type="text"/>	No of units held	<input type="text"/>
Registered office	<input type="text"/>		
Director names	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	

Name	<input type="text"/>		
ACN	<input type="text"/>	No of units held	<input type="text"/>
Registered office	<input type="text"/>		
Director names	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	

Name	<input type="text"/>		
ACN	<input type="text"/>	No of units held	<input type="text"/>
Registered office	<input type="text"/>		
Director names	<input type="text"/>		
Units are held	<input type="checkbox"/> For the benefit of the holder <input type="checkbox"/> In trust for another entity. Other entity's details:		
	Name	<input type="text"/>	
	Address	<input type="text"/>	

Additional information – Use this space to give us any other information that may help us to complete your order.