

Trust name

Order form: Unit trust change of trustee

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 this 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

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:	Company Name	
Full name		ACN	
Address		Registered office	
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:	Director 1 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		Full name	
Address		Residential address	
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:	Director 2 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		Full name	
Address		Residential address	
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:	Director 3 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		Full name	
Address		Residential address	
		Director 4 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	
		Residential address	

New 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:	Company name	
Full name		ACN	
Address		Registered office	
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:	Director 1 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		Full name	
Address		Residential address	
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:	Director 2 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		Full name	
Address		Residential address	
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:	Director 3 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		Full name	
Address		Residential address	
		Director 4 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	
		Residential address	

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

Individual unit holders

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: <input type="text" value="If 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: <input type="text" value="If 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: <input type="text" value="If 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: <input type="text" value="If 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 holders

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.