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## INSTRUCTION SHEET FOR SUBSCRIPTION UNIT TRUST

### 1. TRUSTEE

If a company please provide registered name, ACN and registered office. If individual, please provide full name address and occupation.

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### 2. DIRECTORS OF TRUSTEE

Please provide full name, address of the Directors of the Trustee if a Company.

1. \_\_\_\_\_  
2. \_\_\_\_\_

### 3. NAME OF TRUST

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### 4. DATE OF TRUST

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### 5. VESTING DATE (if not 80 years)

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### 6. UNITHOLDERS

(PLEASE NOTE: Special Income Units - Discretionary, have no entitlement to capital). Please provide, if company, registered name, ACN and registered office or if individual, full name, address and occupation.

1. \_\_\_\_\_  
\_\_\_\_\_

Ordinary Units \_\_\_\_\_ Fully paid / Partly paid to \$ \_\_\_\_\_  
Special Units \_\_\_\_\_ Fully paid / Partly paid to \$ \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Ordinary Units \_\_\_\_\_ Fully paid / Partly paid to \$ \_\_\_\_\_  
Special Units \_\_\_\_\_ Fully paid / Partly paid to \$ \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Ordinary Units \_\_\_\_\_ Fully paid / Partly paid to \$ \_\_\_\_\_  
Special Units \_\_\_\_\_ Fully paid / Partly paid to \$ \_\_\_\_\_

### 7. SPECIAL CONDITIONS

State any special conditions to be attached to the subscribing units.

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