Questionnaire: Conventional / Fixed Unit Trust

Ensure that all information is typed or legibly handwritten, if you need to add additional unitholders, simply copy the relevant box and insert for any additional parties

**Special requirements**

Consider whether you may need a fixed trust for tax purposes. This is particularly relevant if:

(a) the unit trust will receive distributions from any other sources;

(b) there is likely to be a flow through of franking credits (dividend holding period rule to be considered);

(c) the unit trust is likely to incur trust losses; and

(d) family trust elections are, or will be, made.

If you are in any doubt about the answer to these questions, you should consult your taxation advisor.

| **QUESTION** | **ANSWER** |
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| **Date of commencement**Either the date of registration of the corporate trustee, or the date of receipt of the issue price for the units (whichever is the **later** date). |  |
| **Type of trust (tick whichever is applicable)**Refer to special requirements at the end of this questionnaire and tick appropriate box. | [ ]  Conventional [ ]  Fixed |
| **Name of trust**This may be based on the family name, trustee name or activities of the trust. |  |

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| **Trustee/s**The following details are required in respect of the corporate trustee: |
| Full name |  | ACN |  |
| Registered office |  |
| Name of director/s present to form a quorum at meeting (if sole director, that must be stated) |  |
| Place of meeting (if more than 1 director) |  |
| If Sole Director please advise if Sole Director is also the Secretary | [ ]  Yes [ ]  No - if no provide name of Secretary |
| Proper Law (State/Territory of management and administration of Trust) |  |

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| **Unitholders**The following details are required in respect of each person, company or other legal entity who will become the first unitholders. |
| **Unitholder 1** |
| Full name & ACN (if corporation) |  |
| Residential address / registered office |  |
| Number & class of units |  | Issue price per unit | $ |
| Are units to be partly paid? | [ ]  Yes [ ]  No | Amount paid per unit | $ |
| If unitholder acts as trustee for a trust or trusts - name of trust/s |  |
| Name of director/s present to form a quorum at meeting (if sole director, that must be stated) (if a corporation) |  |
| Place of meeting (if more than 1 director) |  |
| If Sole Director please advise if Sole Director is also the Secretary | [ ]  Yes [ ]  No - if no provide name of Secretary |

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| **Unitholder 2** |
| Full name & ACN (if corporation) |  |
| Residential address / registered office |  |
| Number & class of units |  | Issue price per unit | $ |
| Are units to be partly paid? | [ ]  Yes [ ]  No | Amount paid per unit | $ |
| If unitholder acts as trustee for a trust or trusts - name of trust/s |  |
| Name of director/s present to form a quorum at meeting (if sole director, that must be stated) (if a corporation) |  |
| Place of meeting (if more than 1 director) |  |
| If Sole Director please advise if Sole Director is also the Secretary | [ ]  Yes [ ]  No - if no provide name of Secretary |

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| **Unitholder 3** |
| Full name & ACN (if corporation) |  |
| Residential address / registered office |  |
| Number & class of units |  | Issue price per unit | $ |
| Are units to be partly paid? | [ ]  Yes [ ]  No | Amount paid per unit | $ |
| If unitholder acts as trustee for a trust or trusts - name of trust/s |  |
| Name of director/s present to form a quorum at meeting (if sole director, that must be stated) (if a corporation) |  |
| Place of meeting (if more than 1 director) |  |
| If Sole Director please advise if Sole Director is also the Secretary | [ ]  Yes [ ]  No - if no provide name of Secretary |

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| **Unitholder 4** |
| Full name & ACN (if corporation) |  |
| Residential address / registered office |  |
| Number & class of units |  | Issue price per unit | $ |
| Are units to be partly paid? | [ ]  Yes [ ]  No | Amount paid per unit | $ |
| If unitholder acts as trustee for a trust or trusts - name of trust/s |  |
| Name of director/s present to form a quorum at meeting (if sole director, that must be stated) (if a corporation) |  |
| Place of meeting (if more than 1 director) |  |
| If Sole Director please advise if Sole Director is also the Secretary | [ ]  Yes [ ]  No - if no provide name of Secretary |

**Further information**

For further information, please contact the Corporate Department:

Telephone 61 3 9229 9630

CorporateDepartment@abl.com.au