Questionnaire: Hybrid Trust

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

| **QUESTION** | **ANSWER** |
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| **Date of commencement**  This should be either the date of registration of the corporate trustee, if applicable, or the date of receipt of the issue price for the units, whichever is the later date. |  |
| **Name of trust**  This can be a name based around the family or the activities of the trust or the corporate trustee. |  |

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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 | | |
| Name of related person |  | | |
| Residential address of related person |  | | |

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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 | | |
| Name of related person |  | | |
| Residential address of related person |  | | |

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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 | | |
| Name of related person |  | | |
| Residential address of related person |  | | |

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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 | | |
| Name of related person |  | | |
| Residential address of related person |  | | |

**Further information**

For further information, please contact the Corporate Department:

Telephone 61 3 9229 9630

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