

TO: CGW Structures  
 Level 21, 400 George Street, Brisbane 4000  
 GPO Box 834, Brisbane 4001

F 61 7 3231 8955  
 T 61 7 3231 2955  
 E info@cgwstructures.com.au

**1. Applicant/Accountant details**

Firm name:			
Contact name:			
Telephone:		Fax:	
Email address:			
Postal address:			
Suburb/City:		State:	Postcode:
Street address:			
Suburb/City:		State:	Postcode:

**How would you like the documents sent to you?**

Email PDF copy       Hard copy (you will also receive a PDF copy)

**2. Trust name**

Name of trust:	
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**3. Trust type**

Type of unit trust	<input type="checkbox"/> Standard*	<input type="checkbox"/> Fixed**
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\*A **standard unit trust** has the flexibility of being able to issue discretionary income units.

\*\*A **fixed unit trust** is compliant with the Loss Trust Provisions (subdivision 272A).

\*\*If any unitholders are superannuation funds, the trust should be structured as a **fixed unit trust** to reduce the risk of trust income being treated as 'non-arms' length income' under section 295-550.

\*\*If the trust fund will receive franked dividends the trust should be a **fixed unit trust** to ensure unitholders can claim the franking credits.

\*\* If you require a **fixed unit trust** for NSW Land Tax purposes please call our office to arrange.

**4. Trustee**

Individual trustee

Full name of trustee:	
Full name of trustee:	

Corporate trustee

Company name:	
ACN (if company):	
Full names of all directors of corporate trustee:	

The number of directors may impact on the ability of the trustee to claim some of the small business CGT concessions. Care is required in selecting who will be the directors.

**5. Details of ordinary units to be issued**

*If the unitholder is a trust or superannuation fund, include details of the trustee.*

(a)	Full name of unitholder:	
	ACN (if corporate unitholder):	
	Full names of all directors (if corporate unitholder):	
	Are these units being held on trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Name of trust:
	Number of units:	
(b)	Full name of unitholder:	
	ACN (if corporate unitholder):	
	Full names of all directors (if corporate unitholder):	
	Are these units being held on trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Name of trust:
	Number of units:	
(c)	Full name of unitholder:	
	ACN (if corporate unitholder):	
	Full names of all directors (if corporate unitholder):	
	Are these units being held on trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Name of trust:
	Number of units:	

**6. Details of discretionary income units (if any) to be issued**

*Not applicable for a fixed unit trust.*

(a)	Full name of unitholder:	
	ACN (if corporate unitholder):	
	Full names of all directors (if corporate unitholder):	
	Are these units being held on trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Name of trust:
	Number and class of units:	
(b)	Full name of unitholder:	
	ACN (if corporate unitholder):	
	Full names of all directors (if corporate unitholder):	
	Are these units being held on trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Name of trust:
	Number and class of units:	
(c)	Full name of unitholder:	
	ACN (if corporate unitholder):	
	Full names of all directors (if corporate unitholder):	
	Are these units being held on trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Name of trust:
	Number and class of units:	

**7. Jurisdiction**

Please circle the state in which documents will be signed:	QLD	NSW	NT	SA	WA	TAS	VIC
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**Note - If the client anticipates making distributions from a pre-existing trust to this new trust it may be prudent to nominate a vesting date for this trust which is the same or an earlier date as for the pre-existing trust in view of arguments raised by Commissioner of Taxation in *Ramsden's case* - [2004] FCA 632.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of applicant

**OPTIONAL – Payment by credit card**

*If you would like to pay by credit card, please complete the section below. If you would prefer we disburse our costs to your next account, please leave this section blank.*

Card type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Card number:		Expiry date (mm/yy):	/ /
Name of cardholder:		Amount:	
Signature of cardholder:	_____		
Date:	/ /	Contact phone no.:	