



SMSF Amendment Order Form

Name	<input type="text"/>	Phone	<input type="text"/>
Firm	<input type="text"/>	E-mail	<input type="text"/>

SMSF Details

SMSF name

Original Deed Date Last Amendment Date

Meeting Address

Does the fund own Dutiable Property in NSW? Yes No

Please submit a copy of the original trust deed (and any documents that have amended it) together with this order form.

Amendment Details select the types you require

- Change of Name Trust Deed Upgrade Ratification/Correction/Confirmation
 Change of Trustee Vesting Deed Other - specify amendment below

Provide amendment details here:

Trustee Details

IMPORTANT: Full, verifiable names are required.

Name (include ACN if Company)

Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Trustee Position (please select) APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)

Name (include ACN if Company)

Officer Names and Roles (First Officer listed to be Chairman, first 2 Officers to be signatories)	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
	<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Trustee Position (please select) APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)

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Trustee Details continued

Name
(include ACN if Company)

Officer Names and Roles
(First Officer listed to be Chairman, first 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Trustee Position
(please select)

APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)

Name
(include ACN if Company)

Officer Names and Roles
(First Officer listed to be Chairman, first 2 Officers to be signatories)

<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary
<input type="text"/>	<input type="checkbox"/> Director	<input type="checkbox"/> Secretary

Trustee Position
(please select)

APPOINT CONTINUE REMOVE RESIGN OTHER (e.g. death, bankruptcy)

Members

IMPORTANT: Full, verifiable names are required.

Name

Name

Name

Name

Principal Employer/Other Party

Name
(include ACN if Company)

PRINCIPAL EMPLOYER OTHER (list type of role)

Name
(include ACN if Company)

PRINCIPAL EMPLOYER OTHER (list type of role)

Additional Information/Special Instructions

Payment Details

Please debit the following card details by the amount of \$

Type of Card Visa Mastercard Diners Club* Amex* *3% SURCHARGE APPLIES

Card Number Expires CCV

Name on Card Signature