



SMSF Change Trustee 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

Address for Meeting

Would you like the amendment to include an update to the governing rules contained in the trust deed? Yes No

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.

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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<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)

SMSF Change of Trustee Order Form

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