



# 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)

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)

# 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