



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

- | | | |
|--|---|---|
| <input type="checkbox"/> Change of Name | <input type="checkbox"/> Trust Deed Upgrade | <input type="checkbox"/> Ratification/Correction/Confirmation |
| <input type="checkbox"/> Change of Trustee | <input type="checkbox"/> Vesting Deed | <input type="checkbox"/> 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)

SMSF Amendment 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