

SMSF Change of Trustee Full Service Order Form

What you are required to do to order your Document:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund's most recent Trust Deed, as well as any documentation recording a change in the Fund's Trusteeship/Membership, or the Fund's Principal Employer/Employer Sponsor, since your last Trust Deed Upgrade.
3. Mail this form, along with the documentation outlined above, to Topdocs. Alternatively, email this form and the required documentation to Topdocs at orders@topdocs.com.au

SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

YOUR NAME				Signature	
YOUR COMPANY NAME					
YOUR POSTAL ADDRESS					
DATE OF ORDER		/ /		Your Ref.	
Phone		Fax		Email	

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a SMSF Change of Trustee for the sum of \$

Direct Debit*
 Visa Card
 MasterCard
 Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/		Authorised Card Signature

*To pay by Direct Debit you must have a current Direct Debit arrangement with Topdocs Pty Ltd.

If you would like to arrange for Direct Debit for future purchases please contact Topdocs Pty Ltd on 1300 65 92 42

SECTION B: FUND DETAILS

NAME OF FUND			
Fund Meeting Address			
Establishment Date of the Fund	/	/	
Trust Deed Variation Dates	/	/	, / /
	/	/	, / /
Australian Business Number of the Fund	-	-	-
State Law Governing the Fund			

SECTION C (I): TRUSTEE DETAILS

Current Trustee Type (please tick where appropriate)	Individuals	<input type="checkbox"/>	Corporate	<input type="checkbox"/>
New Trustee Type (please tick where appropriate)	Individuals	<input type="checkbox"/>	Corporate	<input type="checkbox"/>
Will you be removing any Members from the Fund during the Trustee Change?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Will you be Admitting any new Members/Trustees to the Fund during the Trustee Change?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION C (II): CURRENT TRUSTEE DETAILS – CORPORATE TRUSTEE

If the CURRENT Trustee is a Company, ensure you enter the details of the Company Directors in Section D.

Company Name		ACN	-	-
Registered Office				
Company Chairman				

SECTION C (III): CURRENT INDIVIDUAL TRUSTEE / CORPORATE TRUSTEE DIRECTOR DETAILS

Current Individual Trustee/ Corporate Trustee Director 1				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>	
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Current Individual Trustee/ Corporate Trustee Director 2				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>	
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Current Individual Trustee/ Corporate Trustee Director 3				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>	
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Current Individual Trustee/ Corporate Trustee Director 4					
Title		Full Name			
Address					
Date of Birth	/ /	Tax File Number*	-	-	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>		
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

*Supplying the Trustee's Tax File Number is optional

SECTION D(I): NEW TRUSTEE DETAILS – NEW CORPORATE TRUSTEE

Complete this section if the NEW TRUSTEE is a Company: Otherwise continue to Section E.

Company Name		ACN	-	-
Registered Office				
Company Chairman				

SECTION D(II): NEW INDIVIDUAL TRUSTEE / CORPORATE TRUSTEE DIRECTOR DETAILS

Use this section to record the details of:

- Any **new** Individual Trustees / Members being admitted to the Fund if the current and new trustees are individuals
- The details of **all** the Directors of the new corporate Trustee company (if the new trustee is a Company)

New Individual Trustee/ Corporate Trustee Director 1					
Title		Full Name			
Address					
Date of Birth	/ /	Tax File Number*	-	-	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>		
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

New Individual Trustee/ Corporate Trustee Director 2					
Title		Full Name			
Address					
Date of Birth	/ /	Tax File Number*	-	-	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>		
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

New Individual Trustee/ Corporate Trustee Director 3					
Title		Full Name			
Address					
Date of Birth	/ /	Tax File Number*	-	-	
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>		
Is the Trustee a Member of the Fund?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

New Individual Trustee/ Corporate Trustee Director 4				
Title		Full Name		
Address				
Date of Birth	/ /	Tax File Number*	-	-
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>	
Is the Trustee a Member of the Fund?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

*It is not mandatory to supply the Tax File Number of the Members. However after 1 July 2007, if a new Member does not provide their TFN to their Fund, they will be taxed at top marginal tax rates on concessional contributions made to the fund, and the fund will not be able to accept non-concessional contributions from the Member.

SECTION E: REMOVAL OF AN INDIVIDUAL FROM THE FUND

Have any individuals been removed from the Fund? YES NO

Removed Individual 1 Name			
If this person is being removed because they have passed away, please record their date of death	/	/	
Removed Individual 2 Name			
If this person is being removed because they have passed away, please record their date of death	/	/	
Removed Individual 3 Name			
If this person is being removed because they have passed away, please record their date of death	/	/	

SECTION E: ADDITIONAL PARTIES TO THE FUND

Does the Fund have any of the following parties?

Founder Principal Principal Employer Employer Sponsor

Name/s		ACN	-	-
Registered Office				
Director 1		Director 2		
Director 3		Director 4		
Which Director will Chair the Meeting of the Company?				

Tax Office information

This information is used to complete the required tax office documentation to notify the Tax Office of the change in trusteeship.

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE NEW TRUSTEE/S ARE INDIVIDUALS:

1. Does the fund have an individual Trustee who is a legal personal representative, or a parent or guardian acting on behalf of a member under a legal disability? YES NO
2. Have any of the Trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth or any state, territory or foreign country? YES NO
3. Has a civil order penalty ever been made in relation to any of the Trustees? YES NO
4. Are any of the Trustees an undischarged bankrupt? YES NO
5. Have any of the Trustees been notified that they are a disqualified person by a regulator (APRA or the Commissioner of Taxation)? YES NO
6. Does the Fund intend to be a self managed superannuation fund for 12 months or longer? YES NO

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE NEW TRUSTEE IS A COMPANY:

1. Does the Fund have a corporate trustee which has a director who is a legal personal representative or a parent or guardian acting on behalf of a member under a legal disability? YES NO
2. Does the company know or have reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? In the Commonwealth or any state, territory or foreign country? YES NO
3. Has a receiver, or a receiver and manager of the company been appointed? YES NO
4. Has the company been placed under official management? YES NO
5. Has a provisional liquidator of the company been appointed? YES NO
6. Is the company being wound up? YES NO
7. Does the Fund intend to be a self managed superannuation fund for 12 months or longer? YES NO