

SMSF Lost Trust Deed Package Full Service Order Form

What you are required to do to order your Document:

1. Complete all relevant fields in BLOCK LETTERS
2. Ensure you have made every attempt to find existing copies of the Fund's Trust Deed. Some common places to look would be the Fund's solicitor, accountant, financial planner, the firm who drafted the original or subsequent deeds for the Fund, the state revenue office (for older deeds) or the Fund's current or previous bank.
3. Ensure all parties to the Fund are included in this form.
4. Mail this form to Topdocs or 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 LOST TRUST DEED PACKAGE 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			
Address where the meetings of the Trustees are held			
Establishment Date of the Fund	/ /		
Variation Dates of the Fund's Trust Deed	/ / , / /		
	/ / , / /		
State Law the Fund is governed by			

SECTION C: DETAILS OF EACH MEMBER

Member 1	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Member 2	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Member 3	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Member 4	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

SECTION C (II): NON MEMBER TRUSTEE

If the Fund is a single Member Fund with a Trustee *who is not a Member*, enter the details of the Non-Member Trustee below:

Trustee 2	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

SECTION D: CORPORATE TRUSTEE DETAILS (IF APPLICABLE)

Company Name		ACN	-	-
Registered Address				
Company Chairman				

SECTION E: DETAILS OF ADDITIONAL PARTY

Does the Fund have any of the following parties?

Founder
 Principal
 Principal Employer
 Employer Sponsor

Name/s		ACN	-	-
Registered Address				
Director 1		Director 2		
Director 3		Director 4		
Who will act as Company Chairman? (If a Company)				