

## SMSF Trust Deed Variation 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](mailto:orders@topdocs.com.au)

### SECTION A (I): PERSON / ADVISOR ORDERING DETAILS

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

### SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a TRUST DEED VARIATION for the sum of \$

- Direct Debit\*   
  Visa Card   
  Mastercard   
  Cheque

Card Holder Name			
Credit Card Number	- - -		
Expiry Date	/	<b>Authorised Card Signature</b>	

\*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

<b>NAME OF FUND</b>				
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

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

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

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

<b>Member 4</b>	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:

<b>Trustee 2</b>	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				
<b>Director 1</b>		<b>Director 2</b>		
<b>Director 3</b>		<b>Director 4</b>		
<b>Who will act as Company Chairman? (If a Company)</b>				