

## SMSF Trust Deed Variation with Trustee Change 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 SMSF Trust Deed Variation with Trustee Change for the sum of \$

Direct Debit\*   
  Visa Card   
  MasterCard   
  Cheque

<b>Card Holder Name</b>			
<b>Credit Card Number</b>	- - -		
<b>Expiry Date</b>	/ /	<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>			
<b>Fund Meeting Address</b>			
<b>Establishment Date of the Fund</b>	/ /		
<b>Trust Deed Variation Dates</b>	/ / , / / / / , / /		
<b>Australian Business Number of the Fund</b>	- - -		
<b>State Law Governing the Fund</b>			

## SECTION C (I): TRUSTEE DETAILS

Current Trustee Type (please tick one)	Individuals	<input type="checkbox"/>	Corporate	<input type="checkbox"/>
New Trustee Type (please tick one)	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 Address				
Director 1		Director 2		
Director 3		Director 4		
Who will be Company Chairman? (If a 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