T O P D O C S . C O M . A U

# TOPDOCS

**MEMBER BENEFIT GUARDIAN APPOINTMENT**

**FULL SERVICE ORDER FORM**

To order your Member Benefit Guardian Appointment documents:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund’s most recent Trust Deed.
3. Mail this form, along with the documentation outlined above, to Topdocs. Alternatively, email this form and the required documentation to Topdocs at [**or**](mailto:orders@topdocs.com.au)[**ders@topdocs.com.au**](mailto:ders@topdocs.com.au)

**SECTION A (I): PERSON/ADVISER ORDERING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Signature: | |
| Company Name: | | | |
| Postal Address: | | | |
| Date Of Order:    /    / | | Your Ref: | |
| Phone: (     ) -       - | Fax: (     ) -       - | | Email: |

**SECTION A (II): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for the sum of: $ | | | | |
| Direct Debit\* | Visa | 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 agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on **1300 65 92 42**

**SECTION B: FUND DETAILS**

|  |
| --- |
| Fund Name: |
| Date of Current Trust Deed: |

**SECTION C: TRUSTEE DETAILS**

**If the Trustee of the Fund is a Company, enter the Company Details below:**

|  |  |
| --- | --- |
| Corporate Trustee Name: | ACN:     -     - |
| Registered Address: | |

**Enter the details of the Individual Trustees, or if the Trustee is a company, the Directors of the Corporate Trustee:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **TRUSTEE** | |
| **Trustee 1** | Full Name: | Individual | Director |
| **Trustee 2** | Full Name: | Individual | Director |
| **Trustee 3** | Full Name: | Individual | Director |
| **Trustee 4** | Full Name: | Individual | Director |

**SECTION D: MEMBER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member** | Full Name: | | |
| Date of Birth:    /    / | | Male | Female |
| Address: | | | |
| Date of previous Member Benefit Guardian Appointments (if any):    /    / | | | |

**SECTION E: MEMBER BENEFIT GUARDIAN DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Benefit Guardian** | Full Name: | | |
| Date of Birth:    /    / | | Male | Female |
| Address: | | | |

**SECTION F: JOINT OR ALTERNATE MEMBER BENEFIT GUARDIAN DETAILS (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Benefit Guardian** | Full Name: | Joint | Alternate |
| Date of Birth:    /    / | | Male | Female |
| Address: | | | |

**SECTION G: SPECIFIC REQUIREMENTS OF MEMBER**

|  |  |  |
| --- | --- | --- |
| Does the Member have details of specific requirements to be attached to the  Member Benefit Guardian Appointment? | Yes – *provide details below* | No |
|  | | |
|  | | |
|  | | |
| Has the Member already provided details of specific requirements to the Member Benefit Guardian? | Yes – *please specify date*    /    / | No |