

# Change of Super Fund Trustee Order Form

Name  Phone   
Firm  Email

## SMSF Details

NOTE: Full, verifiable name and address details are required.

Name of SMSF   
Date of Original Deed  Date of Last Amendment   
Names of ALL SMSF Members   
SMSF Address for Meeting

Would you like the amendment to include an update to the governing rules contained in the trust deed?  Yes  No

Does the fund own Dutiable Property in NSW?  Yes  No

Please submit a copy of the original deed (and any documents that have amended it) together with this order form.

## Trustee Details

IMPORTANT: Full, verifiable name details are required.

Name   
Include ACN if Company

Officer Names and Roles   Director  Secretary  
First Officer listed to be Chairman, first 2 Officers to be signatories.  
  Director  Secretary  
  Director  Secretary  
  Director  Secretary

Trustee Position Please Select  Appoint  Continue  Remove  Resign  Other (eg. death, bankruptcy)

Name   
Include ACN if Company

Officer Names and Roles   Director  Secretary  
First Officer listed to be Chairman, first 2 Officers to be signatories.  
  Director  Secretary  
  Director  Secretary  
  Director  Secretary

Trustee Position Please Select  Appoint  Continue  Remove  Resign  Other (eg. death, bankruptcy)

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**Trustee Position**  
Please Select

Appoint  Continue  Remove  Resign  Other (eg. death, bankruptcy)

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**Trustee Position**  
Please Select

Appoint  Continue  Remove  Resign  Other (eg. death, bankruptcy)

**Name**  
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**Officer Names and Roles**  
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**Trustee Position**  
Please Select

Appoint  Continue  Remove  Resign  Other (eg. death, bankruptcy)

**Principal Employer/Other Party** IMPORTANT: Full, verifiable names are required.

**Name**  
Include ACN if company

Principal Employer  Other (list type of role)

**Name**  
Include ACN if company

Principal Employer  Other (list type of role)

**Additional Information/Special Instructions**

**Payment Details**

Please debit the following card details by the amount of \$

**Type of card**  Visa  Mastercard  Diners Club\*  Amex\* \* 3% surcharge applies

**Card Number**  **Expires**

**Name on Card**  **Signature**