

# CHANGE OF TRUSTEE

## Super Fund Order Form

Version 6.2

### ACTIONS REQUIRED

#### CHANGE OF TRUSTEE ORDER FORM

- **COMPLETE SECTIONS A, B & C PAGES 2 – 3 FOR ALL CHANGES**
- **ADDITIONAL SECTIONS D & E PAGES 4 – 5 FOR CORPORATE TRUSTEES**
- **COMPLETE CHECKLIST, PAYMENT FORM & SIGN ORDER FORM ON PAGE 6**
- **POST / FAX / EMAIL THE COMPLETED FORM WITH PAYMENT FORM TO:**

Super Plus Australia Pty Ltd  
GPO Box 734  
BRISBANE QLD 4001

Ph: (07) 3211 8766

Fax: (07) 3211 8799

admin@superplus.net.au

#### SUBSEQUENT PROCESS

We will confirm all the details are in order and contact you if anything is missing or not clear.

We will then prepare the appropriate documents and forward them to the contact person, to arrange signature and return to Super Plus.

#### Disclaimer and Trustee Acknowledgement

Super Plus does not engage in legal practice. For the provision of Trust Deeds, Deed Upgrades, Deed of Appointment & Retirement and Company Constitutions, Super Plus only acts as a facilitator for the purpose of sourcing these documents as produced by a qualified legal practitioner on behalf of the SMSF Trustee. Super Plus only provides this service and the Trustee accepts this service and the documents on the basis that Super Plus fully disclaims any liability for the trustees reliance on such documents.

# Super Fund Order Form – Change of Trustee

**PLEASE: Complete all details clearly in block letters**

Name of Fund: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or leave undated

Trustee type:       Individuals       Company

## **SECTION A: ADVISOR/PERSON ORDERING CHANGE**

*(Documents, invoice and receipts will be directed C/- this person, unless otherwise stated)*

Person Ordering the Deed: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## **SECTION B: DETAILS OF CHANGE**

- Adding or Changing Individual Trustee(s)
- Adding or changing Director(s) to Company Trustee
- Replace Individual Trustees with a Corporate Trustee
- Replace Corporate Trustee with Individual Trustees

Will there be a change to the members?       Yes       No

**If yes, provide details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Super Fund Order Form – Change of Trustee

## SECTION C: DETAILS OF EACH INDIVIDUAL TRUSTEE AND/OR MEMBER

### TRUSTEE / DIRECTOR 1:

Title: \_\_\_ Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Other: \_\_\_\_\_

Action:     **New Appointment**             **Being Replaced**             **Remaining**

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

TFN: \_\_\_ / \_\_\_ / \_\_\_ Occupation: \_\_\_\_\_

Is this person also a member?     Yes     No    Marital Status: \_\_\_\_\_

### TRUSTEE / DIRECTOR 2:

Title: \_\_\_ Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Other: \_\_\_\_\_

Action:     **New Appointment**             **Being Replaced**             **Remaining**

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

TFN: \_\_\_ / \_\_\_ / \_\_\_ Occupation: \_\_\_\_\_

Is this person also a member?     Yes     No    Marital Status: \_\_\_\_\_

### TRUSTEE / DIRECTOR 3:

Title: \_\_\_ Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Other: \_\_\_\_\_

Action:     **New Appointment**             **Being Replaced**             **Remaining**

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

TFN: \_\_\_ / \_\_\_ / \_\_\_ Occupation: \_\_\_\_\_

Is this person also a member?     Yes     No    Marital Status: \_\_\_\_\_

# Super Fund Order Form – Change of Trustee

## **TRUSTEE / DIRECTOR 4:**

Title: \_\_\_ Surname Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Other: \_\_\_\_\_

Action:      **New Appointment**            **Being Replaced**            **Remaining**

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

TFN: \_\_\_ / \_\_\_ / \_\_\_ Occupation: \_\_\_\_\_

Is this person also a member?    Yes    No   Marital Status: \_\_\_\_\_

## **SECTION D: TRUSTEE DETAILS IF APPOINTING A COMPANY AS TRUSTEE**

*If the trustee is a Company already incorporated then complete section D (i) only.*

*If the trustee is a new company then complete section E only.*

### **SECTION D (i): TRUSTEE INFORMATION FOR AN EXISTING COMPANY**

Company Name: \_\_\_\_\_

ACN: \_\_\_\_\_ TFN: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address of Registered Office: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

ARE ALL THE DIRECTORS THE SAME AS THE PEOPLE LISTED IN SECTION C?

Yes            No

If No, please provide details of variance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Super Fund Order Form – Change of Trustee

## SECTION E: COMPANY DETAILS – FOR NEW COMPANY ORDER ONLY

Name of Company (1<sup>st</sup> Preference): \_\_\_\_\_

Name of Company (2<sup>nd</sup> Preference): \_\_\_\_\_

### REGISTERED OFFICE FOR COMPANY – (IF NOT TO BE SUPER PLUS OFFICE)

Street Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Business:  Registered Office  Trustee's Address  Other (Please Specify)

### DETAILS OF EACH DIRECTOR – AS PER PEOPLE IN SECTION B

#### DIRECTOR 1:

Full Name: \_\_\_\_\_

Paid up \$1 per share OR: \$\_\_\_\_\_ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: \_\_\_\_\_ Class of Share: \_\_\_\_\_

Position(s) Held:  Shareholder  Secretary  Public Officer

#### DIRECTOR 2:

Full Name: \_\_\_\_\_

Paid up \$1 per share OR: \$\_\_\_\_\_ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: \_\_\_\_\_ Class of Share: \_\_\_\_\_

Position(s) Held:  Shareholder  Secretary  Public Officer

#### DIRECTOR 3:

Full Name: \_\_\_\_\_

Paid up \$1 per share OR: \$\_\_\_\_\_ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: \_\_\_\_\_ Class of Share: \_\_\_\_\_

Position(s) Held:  Shareholder  Secretary  Public Officer

#### DIRECTOR 4:

Full Name: \_\_\_\_\_

Paid up \$1 per share OR: \$\_\_\_\_\_ **If not stated 1 (Ord or A) share \$1 paid up value will be used.**

Number of Shares: \_\_\_\_\_ Class of Share: \_\_\_\_\_

Position(s) Held:  Shareholder  Secretary  Public Officer



# Super Fund Order Form – Change of Trustee

## SECTION F: Checklist

- All existing documents provided or already in Super Plus possession
- Service Payment Form completed and attached
- All details completed
- Spelling correct and legible

## SPECIAL INSTRUCTIONS

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## MAILING DETAILS

Please mail the completed form with the appropriate payment to:

Super Plus Australia Pty Ltd  
 GPO Box 734  
 BRISBANE QLD 4001

Phone: (07) 3211 8766  
 Fax: (07) 3211 8799

## SECTION G: ACKNOWLEDGEMENT AND DISCLAIMER

Super Plus arranges all documents (deeds and companies prepared by legal professional) based on the information provided to us on this form. Please ensure clear and correct instructions are provided as Super Plus will not be held responsible for any errors arising from incorrect information provided. Charges may be incurred to prepare additional documents if an error is located in the information provided on this form.

The Trustees/Director(s) declare the information and answers provided for all trustees/members in this form to be true and correct and authorise Super Plus Australia Pty Ltd to take all necessary steps to arrange said documents and the trustees agree and accept the disclaimer on page 1 of this order form regarding the provision of legal documents.

Signature	Print Name	Date
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