

Change of Fund Name Service

By completing this form, you will provide all the information we need in order to change the name of a self managed superannuation fund. As part of our service, we:

PO Box 20
North Maitland NSW 2320
Phone: (02) 4930 2100
Fax: (02) 4930 2199

- review the current Trust Deed to identify the clauses that control the amendment to the Trust Deed (including a change to the Fund name) and check for any particular issues in relation to the deed that need to be considered prior to the change;
- determine how the change can be made (e.g. by written resolution, a meeting, or by deed); and
- prepare a Trust Deed Amendment to effect a change to the name of the Fund, an ATO Change of details for superannuation entities form, along with the relevant minutes and notification letters required in order to record the change to the name of the Fund.

Note - a change to the name of a Fund needs to be reported to the ATO within **28 days** of the change.

The cost of this service is **\$385** (including GST). Please see payment options below.

Confirmation and Acceptance of Terms

I confirm that the information on this form is correct and I have completed the payment details below. *Please note that payment must accompany all requests* (an invoice will be provided in due course).

Name & Signature:

Invoice in the name of:

Payment Details

- Please find a cheque attached
- A Direct Debit agreement is in place in the name of:.....

Account Holder's Signature:

- Please charge the following credit card:
 - MasterCard Visa **Amount:**.....

Cardholder's full name:

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Cardholder's Signature:

Documents to Attach

- Full copy of the Fund's current Trust Deed.

Section A: Contact Details

Person Ordering the Service – documents will be forwarded to this person.

Name & Firm:

Postal Address:

Contact Number: Fax:

Email:

Section B: Fund and Trustee Details

Current Name of Fund:

New Name of Fund:

ABN: ____/____/____/____ Change of Fund Name Date:

Please Indicate Trustee Type

Corporate Trustee:

Company Directors:

ACN:

Address of Registered Office:

Will the Trustee be signing under seal? Yes No
The signing requirements will be dictated by the Company's Constitution.

Individual Trustees:

Section C: Member Details – If there are more than two members/trustees please copy this page.

Member 1

Title: Mr/Mrs/Miss/Ms/Dr Sex: Male/Female

First Name: Surname:

Street Address:

Date of Birth/...../..... TFN:

Please indicate: a member of the Fund? a trustee (or a director of a trustee company)?
(Please tick one or both boxes)

Member 2

Title: Mr/Mrs/Miss/Ms/Dr Sex: Male/Female

First Name: Surname:

Street Address:

Date of Birth/...../..... TFN:

Please indicate: a member of the Fund? a trustee (or a director of a trustee company)?
(Please tick one or both boxes)

Section D: Principal/Sponsoring Employer Details (if named in or a party to current deed)

Company Name:

ACN:

Address of Registered Office:

Will the Company be signing under seal?: Yes No