

Change of Trustee Service

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

- review the current (and where applicable, previous) Trust Deed to identify the clauses that control the retirement & appointment of the trustee and check for any particular issues in relation to the deed that need to be considered prior to the change;
- identify who has the power to retire & appoint the trustee (e.g. members, retiring trustee, employer);
- determine how the change can be made (e.g. by written resolution, a meeting, or by deed); and
- prepare a Deed of Retirement and Appointment of New Trustee for the Fund, an ATO Change of details for superannuation entities form, along with all relevant minutes, declarations and any other documentation required in order to record the retirement & appointment.

Note - a change of trustee needs to be reported to the ATO within 28 days of the change.

The cost of this service is **\$385** (inc GST). If Heffron is also facilitating the establishment of a trustee company the total cost (including the change of trustee) is **\$1,100** (inc GST). Please see payment options below and **send completed form and documents to docprep@heffron.com.au**

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 (and where applicable, previous Trust Deed(s)).

ASIC Company extract (Corporate Trustee only – Retiring and/or New Trustee and, if applicable, Principal Employer)

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: Self Managed Superannuation Fund Details

Name of Fund:
ABN: ____/____/____/____

Section C: Retiring Trustee / Member Details

Individual Trustees:

Corporate Trustee (please attach ASIC Company extract):

Corporate Trustee Name:

ACN: ____ / ____ / ____ Date of Incorporation: ____ / ____ / ____

Company Directors:

Address of Registered Office:

*Trustee Retirement Date: ____ / ____ / ____

***(note that if the retirement date has already occurred, a “Deed Confirming the Change of Trustee” will be issued. Please contact our office if you require further information).**

Trustee / Member 1 – (if there are more than two retiring trustees / members please copy this page).

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

First Name:Middle Name:Surname:

Street Address:

Date of Birth: ____ / ____ / ____ TFN: ____ / ____ / ____

Place of Birth:(only required if Heffron is establishing a new corporate trustee)

Please indicate: a member of the Fund? a trustee (or a director of a trustee company)?

Trustee / Member 2

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

First Name:Middle Name:Surname:

Street Address:

Date of Birth: ____ / ____ / ____ TFN: ____ / ____ / ____

Place of Birth:(only required if Heffron is establishing a new corporate trustee)

Please indicate: a member of the Fund? a trustee (or a director of a trustee company)?

Section D: New Trustee / Member Details

Please Indicate Trustee Type

Individual Trustees:

Existing Corporate Trustee (please attach ASIC Company extract):

Corporate Trustee Name:

ACN: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ Date of Incorporation: ___ ___ / ___ ___ / ___ ___ ___

Company Directors:

Address of Registered Office:

New Corporate Trustee - Heffron to establish a sole purpose superannuation fund trustee company.

Preferred Name:

Alternate Name (if Preferred Name taken):

Address of Registered Office:

Please note: unless advised otherwise, if Heffron is facilitating the establishment of the company, it will be incorporated on the assumption that each member/director will be issued with 1 x \$1 share and Member 1 (above/below) will be the Company Secretary, Signing Officer and Public Officer.

Trustee / Member 1 - (if there are more than two new trustees / members please copy this page).

tick this box only if the same as Section C - Member 1 above, otherwise please complete below

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

First Name:Middle Name:Surname:

Street Address:

Date of Birth: ___ ___ / ___ ___ / ___ ___ TFN: ___ ___ ___ / ___ ___ ___ / ___ ___ ___

Place of Birth:(only required if Heffron is establishing a new corporate trustee)

Please indicate: a member of the Fund? a trustee (or a director of a trustee company)?

Trustee / Member 2

tick this box only if the same as Section C - Member 2 above, otherwise please complete below

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

First Name:Middle Name:Surname:

Street Address:

Date of Birth: ___ ___ / ___ ___ / ___ ___ TFN: ___ ___ ___ / ___ ___ ___ / ___ ___ ___

Place of Birth:(only required if Heffron is establishing a new corporate trustee)

Please indicate: a member of the Fund? a trustee (or a director of a trustee company)?