

Trust Deed Amendment Service

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

- review the current Trust Deed to identify the clause that controls deed amendments;
- identify who has the power to amend the deed (e.g. members, trustees, sponsoring employer);
- determine how the deed can be amended (e.g. by written resolution, or a meeting, or by deed);
- check for any particular issues in relation to the deed that need to be considered prior to amending;
- provide a Trust Deed for the Fund (developed in conjunction with a lawyer specialising in estate planning and specific to self managed superannuation funds), along with all relevant minutes, declarations and any other documentation required in order to record the amendment for signing by the parties; and
- include a Product Disclosure Statement for each member of the Fund.

The cost of this service is **\$715** (including GST). Note reduced rates apply for bulk deed jobs – please contact us to discuss. 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:

Name of Firm:

Postal Address:

Contact Number: Fax:

Email:

Section B: Fund and Trustee Details

Name of Fund:

Please Indicate Trustee Type

Corporate Trustee:

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:

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

Member 2

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

First Name: Surname:

Street Address:

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

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