

# CHANGE OF FUND NAME CHANGE OF TRUSTEE CHANGE TO FUND ASSOCIATES TRUST DEED AMENDMENT SERVICE FORM



Complete and return this form to Heffron at: [clientsupport@heffron.com.au](mailto:clientsupport@heffron.com.au) OR PO Box 200 Maitland NSW 2320

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR ALL SERVICES: A, B, C, H, J, K

ADDITIONALLY, PLEASE SELECT AND COMPLETE THE RELEVANT SECTIONS FOR THE SPECIFIC SERVICE YOU REQUIRE:

CHANGE OF FUND NAME: D

CHANGE OF TRUSTEE: E, F, G (if applicable)

CHANGES TO FUND ASSOCIATES – ADD MEMBER/DIRECTOR: E

CHANGES TO FUND ASSOCIATES – REMOVE MEMBER/DIRECTOR: G

TRUST DEED AMENDMENT – NO ADDITIONAL SECTION NEEDED

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact Person		Company			
Postal Address					
Suburb		State		Postcode	
Phone		Email			
Mobile Phone		Cc Email			
Please select how you would like to receive the documents			Email	OR	Post
Please select who should receive the documents			Accountant/Adviser	OR	Trustee 1

## SECTION B: FUND DETAILS

Fund Name		ABN	
Please attach the following:			
The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))			
Any previous change of trustee documents			
The Company's current Constitution (for funds with existing corporate trustees)			
A copy of the latest ASIC company statement. (A fee may apply if not provided)			

## SECTION C: CURRENT ASSOCIATE DETAILS

If Corporate Trustee	Name		ACN	
Registered Office Address				
Suburb		State		Postcode
<b>INDIVIDUAL 1</b>	Director	Trustee	Member	
Full Legal Name (First/Middle/Last)				Title
Residential Address				
Suburb		State		Postcode
Postal Address	As above			
Suburb		State		Postcode
Email				
Phone		Mobile		

<b>INDIVIDUAL 2</b>	Director	Trustee	Member
Full Legal Name (First/Middle/Last)			Title
Residential Address			
Suburb		State	Postcode

**NOTE: If there are more than two individuals, please copy this page**

**SECTION D: CHANGE OF FUND NAME**

New Fund Name	
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**SECTION E: NEW ASSOCIATE DETAILS**

Individual Trustees			
Existing Corporate Trustee			
Name		ACN	
New Corporate Trustee (Heffron are instructed to provide any relevant information to 3rd parties in relation to the establishment of this company) - Additional fees apply			
Preferred Name			
Alternate Name			
Would you like Heffron to be the ASIC agent and Registered office? (Additional fees apply.)	Yes		No
Registered Office Address (if not Heffron)			
Suburb		State	Postcode
Occupier of above address (if not the company or Heffron)			
Principal Place of Business Address			
Suburb		State	Postcode
ASIC requires full physical address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property			
<b>Consents of Officers &amp; Shareholders</b>	The officer(s) and shareholder(s) listed below consent to act in the capacities for which they are listed Yes No		
<b>Shareholdings</b>	If special purpose company, <b>only ordinary shares</b> are allowed under the constitution		

<b>INDIVIDUAL 1</b>	Member	Individual Trustee	Director	Secretary
Full Legal Name (First/Middle/Last)			Title	
Gender (M / F / Other)		Date of Birth	TFN	
Residential Address				
Suburb		State	Postcode	
What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)				
<i>Only complete the following if a new Corporate Trustee is being established</i>				
Place of Birth (Country, State, Suburb)			Number of Ordinary shares to be issued	

**SECTION E CONTINUES ON NEXT PAGE**

<b>INDIVIDUAL 2</b>	Member	Individual Trustee	Director	Secretary
Full Legal Name (First/Middle/Last)				Title
Gender (M / F / Other)		Date of Birth	TFN	
Residential Address				
Suburb		State	Postcode	
What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)				
<i>Only complete the following if a new Corporate Trustee is being established</i>				
Place of Birth (Country, State, Suburb)				Number of Ordinary shares to be issued
<b>INDIVIDUAL 3</b>	Member	Individual Trustee	Director	Secretary
Full Legal Name (First/Middle/Last)				Title
Gender (M / F / Other)		Date of Birth	TFN	
Residential Address				
Suburb		State	Postcode	
What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)				
<i>Only complete the following if a new Corporate Trustee is being established</i>				
Place of Birth (Country, State, Suburb)				Number of Ordinary shares to be issued
<b>INDIVIDUAL 4</b>	Member	Individual Trustee	Director	Secretary
Full Legal Name (First/Middle/Last)				Title
Gender (M / F / Other)		Date of Birth	TFN	
Residential Address				
Suburb		State	Postcode	
What is the relationship between this member and the other trustee(s)/director(s)? (eg, spouse, parent, child, no familial relationship)				
<i>Only complete the following if a new Corporate Trustee is being established</i>				
Place of Birth (Country, State, Suburb)				Number of Ordinary shares to be issued

**Note: if there are more than four individuals please copy this page**

**Note also that the Fund may need a *corporate trustee* if there are more than 4 members and the Fund is domiciled in NSW, QLD, VIC, WA or ACT as the corresponding Trustee Acts only allow a maximum of four individual trustees.**

## SECTION F: FUND ASSETS

Where does the Fund hold assets? (Select all that apply)								
NSW	QLD	VIC	WA	SA	TAS	NT	ACT	Overseas
What types of assets?								
Real Estate		Shares		Cash		Other:		

## SECTION G: EXITING INDIVIDUAL DETAILS

Full Legal Name (First/Middle/Last)						Left fund date	
Deceased? (Please provide a copy of the Death Certificate)				Lost capacity? (Please provide a copy of the EPoA)			
<b>Being removed as?</b>	Member	Individual Trustee	Director	Secretary	Shareholder		
<b>Shares being transferred to?</b>	Number of shares						
Full Legal Name (First/Middle/Last)						Title	
Residential Address							
Suburb		State		Postcode			

**NOTE: If there is more than one individual, please copy this page**

## SECTION H: PRIVACY STATEMENT

Heffron SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at Heffron SMSF Solutions, PO Box 200, MAITLAND NSW 2320, or via email at [privacy.officer@heffron.com.au](mailto:privacy.officer@heffron.com.au).

## SECTION I: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge and understand that unless a Statement of Advice from Heffron recommending the course of action contemplated by these documents has been obtained, Heffron has not reviewed my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

\_\_\_\_\_  
Signature of person authorised to make the  
above statements on behalf of the  
member(s) and trustee(s) or director(s) of  
the corporate trustee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

## SECTION K: PAYMENT DETAILS REQUIRED

Amount: \$	
EFT Transfer	BSB: 082 691 Account: 561309446 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit Card – Please call Heffron on 1300-HEFFRON to process Credit card payments. <b>(VISA or MasterCard only)</b>	
Direct Debit Authority in place	