

## Change of Fund Name Order Form

### What you are required to do to order your Document:

1. Complete all relevant fields in BLOCK LETTERS
2. Attach a copy of the Fund's most recent Trust Deed.
3. Mail this form, along with the documentation outlined above, to Superannuation Support. Alternatively, email or this form and the required documentation to Superannuation Support at [admin@supersupport.com.au](mailto:admin@supersupport.com.au)

### SECTION A (I): DETAILS OF PERSON ORDERING THE CHANGE OF FUND NAME

<b>PERSON ORDERING</b>				<b>Signature</b>	
<b>COMPANY NAME</b>					
<b>POSTAL ADDRESS</b>					
<b>DATE OF ORDER</b>				<b>Your Ref</b>	
Phone		Fax		Email	Fkjasdkl;

### SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a SMSF CHANGE OF FUND NAME for the sum of \$

Direct Debit       Visa Card       MasterCard       Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/	<b>Authorised Card Signature</b>	

\*To pay by Direct Debit you must have a current Direct Debit arrangement with Superannuation Support Pty Ltd.

If you would like to arrange for Direct Debit for future purchases please contact Superannuation Support Pty Ltd on 1300 762 663.

### SECTION B: FUND DETAILS

<b>CURRENT FUND NAME</b>	
<b>NEW FUND NAME</b>	
Registered Address of the Fund	
Address where the meetings of the Trustees/Members are held	
Establishment Date of the Fund	
Variation Dates of the Fund's Trust Deed	
State Law the Fund is governed by	
Fund ABN	- - -
Date the Name Change is to occur	

## SECTION C: DETAILS OF EACH MEMBER OF THE FUND

Member 1	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Member 2	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Member 3	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Member 4	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

Which Trustee/Director will sign the Tax Office form registering the Fund Name Change?	
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## SECTION C (II) NON MEMBER TRUSTEE

If the Fund is a single Member Fund with a Trustee *who is not a Member*, enter the details of the Non-Member Trustee below.

Member 1	Full name		
Address			
Individual Trustee (please tick if appropriate)	<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	<input type="checkbox"/>

## SECTION D: TRUSTEE INFORMATION WHERE TRUSTEE IS A COMPANY

Company Name		ACN	-	-
Company Chairman				

## SECTION E: DETAILS OF ADDITIONAL PARTY

Does the Fund have any of the following parties?

Founder       Principal       Principal Employer       Employer Sponsor

Name/s		ACN	-	-
Meetings Address				
<b>Director 1</b>		<b>Director 2</b>		
<b>Director 3</b>		<b>Director 4</b>		
<b>Who will act as Chairman of the Company?</b>				