

SMSF Change of Membership - Order Form

What you are required to do to order your Document:

1. Complete all relevant fields in BLOCK LETTERS
2. **IF THE FUND HAS INDIVIDUAL TRUSTEES** - Attach a copy of the Fund's **most recent** Trust Deed.
3. **IF THE FUND HAS A CORPORATE TRUSTEE** – Attach a copy of the Trustee Company's Constitution.
4. Mail this form, along with the documentation outlined above, to Superannuation Support. Alternatively, email this form and the required documentation to Superannuation Support at admin@supersupport.com.au

SECTION A(I): PERSON/ADVISOR ORDERING MEMBERSHIP CHANGE

YOUR NAME				Signature	
YOUR POSTAL ADDRESS					
YOUR COMPANY NAME					
DATE OF ORDER				Your Ref.	
Phone		Fax		Email	

SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a SMSF MEMBERSHIP CHANGE for the sum of \$

- Direct Debit
 Visa Card
 MasterCard
 Cheque

Card Holder Name			
Credit Card Number	-	-	-
Expiry Date	/	Authorised Card Signature	

*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

NAME OF FUND	
Meeting address of the Trustees of the Fund	
Establishment Date of the Fund (only required for Funds with individual Trustees)	
Trust Deed Variation Dates (only required for Funds with individual Trustees)	
Australian Business Number of the Fund	
State Law Governing the Fund	
Date the Member change is to occur	

SECTION C(I): TRUSTEE DETAILS – IF A CORPORATE TRUSTEE

If the Trustee of the Fund is a Company, ensure you enter the details of the Company Directors in Section C(II).

Company Name		ACN	-	-
Registered Office				
Company Chairman				

SECTION C(II): MEMBER DETAILS

Member 1				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Is the Trustee a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Member 2				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Is the Trustee a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Member 3				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Is the Trustee a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Member 4				
Title		Full Name		
Address				
Date of Birth	/	/	Tax File Number*	- -
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Is the Trustee a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Which Individual Trustee/ Director of the Corporate Trustee, will sign the Tax Office form, notifying the ATO of the change in Trusteeship?	
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SECTION D: REMOVAL OF AN INDIVIDUAL FROM THE FUND

DO YOU WANT TO REMOVE ANY INDIVIDUALS FROM THE FUND? YES NO

Removed Individual 1 Name	
Removed Individual 2 Name	
Removed Individual 3 Name	

SECTION E: ADMISSION OF NEW INDIVIDUAL TO THE FUND

DO YOU WANT TO ADMIT ANY NEW INDIVIDUALS TO THE FUND? YES NO

New Individual 1				
Title		Full Name		
Address				
Date of Birth	/ /	Tax File Number*	-	-
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Will this Individual be a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

New Individual 2				
Title		Full Name		
Address				
Date of Birth	/ /	Tax File Number*	-	-
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Will this Individual be a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

New Individual 3				
Title		Full Name		
Address				
Date of Birth	/ /	Tax File Number*	-	-
Individual Trustee (please tick if appropriate)		<input type="checkbox"/>	Director of Corporate Trustee (please tick if appropriate)	
Will this Individual be a Member of the Fund?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>

* It is not mandatory to supply the Tax File Number of the Members. However after 1 July 2007, if a new Member does not provide their TFN to their Fund, they will be taxed at top marginal tax rates on concessional contributions made to the fund, and the fund will not be able to accept non-concessional contributions from the Member.

SECTION F: ADDITIONAL PARTY DETAILS

Does the Fund have any of the following parties?

Founder Principal Principal Employer Employer Sponsor

Name/s		ACN	-	-
Registered Office				
Director 1		Director 2		
Director 3		Director 4		
Which Director will Chair the Meeting of the Company?				

SECTION G: TAX OFFICE QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE TRUSTEES OF THE FUND ARE INDIVIDUALS:

1. Does the Fund have an individual Trustee who is a legal person representative, or a parent or guardian acting on behalf of a member under a legal disability? YES NO
2. Have any of the Trustees been convicted of an offence in respect of dishonest conduct in the Commonwealth or any state, territory or foreign country? YES NO
3. Has a civil order penalty ever been made in relation to any of the Trustees? YES NO
4. Are any of the Trustees an undischarged bankrupt? YES NO
5. Have any of the Trustees been notified that they are a disqualified person by a regulator (APRA or the Commissioner of Taxation)? YES NO
6. Does the Fund intend to be a self managed superannuation fund for 12 months or longer? YES NO

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE TRUSTEE OF THE FUND IS A COMPANY:

1. Does the Fund have a corporate trustee which has a director who is a legal personal representative or a parent or guardian acting on behalf of a member under a legal disability? YES NO
2. Does the company know or have reasonable grounds to suspect, that a person who is, or is acting as, a responsible officer of the body corporate is a disqualified person? in the Commonwealth or any state, territory or foreign country? YES NO
3. Has a receiver, or a receiver and manager of the company been appointed? YES NO
4. Has the company been placed under official management? YES NO
5. Has a provisional liquidator of the company been appointed? YES NO
6. Is the company being wound up? YES NO
7. Does the Fund intend to be a self managed superannuation fund for 12 months or longer? YES NO