

## SMSF Trust Deed Variation - 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, as well as any documentation recording a change in the Fund's Trusteeship/Membership, or the Fund's Principal Employer/Employer Sponsor, since your last Trust Deed Upgrade.
3. 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](mailto:admin@supersupport.com.au)

### SECTION A (I): DETAILS OF PERSON ORDERING THE TRUST DEED VARIATION

<b>YOUR NAME</b>				<b>Signature</b>	
<b>YOUR POSTAL ADDRESS</b>					
<b>YOUR COMPANY NAME</b>					
<b>DATE OF ORDER</b>				<b>Your Ref.</b>	
Phone		Fax		Email	

### SECTION A (II): PAYMENT DETAILS

Enclosed is Payment for a TRUST DEED VARIATION 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>NAME OF FUND</b>	
Address where the meetings of the Trustees are held	
Establishment Date of the Fund	
Variation Dates of the Fund's Trust Deed	
State Law the Fund is governed by	

### SECTION C: DETAILS OF EACH MEMBER

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"/>

**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				
Registered Address				

**SECTION E: DETAILS OF ADDITIONAL PARTY**

Does the Fund have any of the following parties?

- Founder
  Principal
  Principal Employer
  Employer Sponsor

Name/s		ACN	-	-
Registered Office				
<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? (if a Company)</b>				