

# Change of Fund name

# WE. SMSF

Complete this form and return to [documentservices@wesmsf.com.au](mailto:documentservices@wesmsf.com.au) or mail to PO Box 00 Robina QLD

**4226. Documentation services required** (Tick ☒ whichever is applicable):

**Change of Fund name:** Review of the SMSF's current deed/rules to identify how to effect a change to the SMSF's name, and preparation of appropriate documentation to effect the name change, and

**Amendment of the rules of the SMSF:** Review of the SMSF's current deed/rules to identify who has the power to amend the rules and how such amendment must be done, and preparation of appropriate documentation to facilitate the amendment (No additional costs).

## SECTION A: ACCOUNTANT/ADVISER DETAILS

Contact person		Firm name	
Postal address			
Suburb		State	
Postcode			
Phone		Email	
Mobile		CC email	
Please select how the documents should be delivered:		Email	<u>OR</u> Post
Please select who the documents should be delivered to:		Accountant/Adviser	<u>OR</u> Individual 1

## SECTION B: FUND DETAILS (Tick ☒ whichever is applicable)

SMSF name			
ABN			
Trustee structure	Individual trustees	Corporate trustee (Complete company name and ACN below)	
Company name		ACN	

## SECTION C: DETAILS OF MEMBER(S), TRUSTEES/DIRECTOR(S) ETC (Tick ☒ whichever is applicable)

INDIVIDUAL 1	Member	Individual Trustee	Director (Corporate trustee)
Full <u>legal</u> name (First/Middle/Last)			Title
INDIVIDUAL 2	Member	Individual Trustee	Director (Corporate trustee)
Full <u>legal</u> name (First/Middle/Last)			Title
INDIVIDUAL 3	Member	Individual Trustee	Director (Corporate trustee)
Full <u>legal</u> name (First/Middle/Last)			Title
INDIVIDUAL 4	Member	Individual Trustee	Director (Corporate trustee)
Full <u>legal</u> name (First/Middle/Last)			Title
INDIVIDUAL 5	Member	Individual Trustee	Director (Corporate trustee)
Full <u>legal</u> name (First/Middle/Last)			Title
INDIVIDUAL 6	Member	Individual Trustee	Director (Corporate trustee)
Full <u>legal</u> name (First/Middle/Last)			Title

## SECTION D: LEGAL CAPACITY OF MEMBER(S) (Tick ☒ whichever is applicable, and complete details if necessary)

The member(s) of the SMSF are personally required to sign the amendment documentation. In order to do so, the member must be “sui juris” – aged 18 or over with legal capacity to make a binding legal agreement. In cases where a member is unable to sign the documentation, another person may be able to sign the documentation on behalf of the member.

Are all <b>members</b> aged 18 or over?	Yes	No (if no, list name(s) of any member aged under 18 together with the name(s) of the parent(s) / guardian(s) that will be signing the documentation on behalf of the member)
Does each <b>member</b> have legal capacity to make a binding legal agreement?	Yes	No (if no, list name(s) of any member who does not have legal capacity, together with the name(s) of the attorney(s) that will be signing the documentation on behalf of the member)
Will each <b>member</b> be <u>personally signing</u> the amendment documentation?	Yes	No (if no, list name(s) of any member who will not be personally signing, together with the name(s) of the attorney(s) that will be signing the documentation on their behalf)

## SECTION E: MEMBER(S) WHO ARE NOT AN INDIVIDUAL TRUSTEE/DIRECTOR OF THE CORPORATE TRUSTEE (Tick ☒ whichever is applicable, and complete details if necessary)

Is any <b>member's attorney</b> (under an Enduring Power of Attorney) <b>acting in their place</b> as an individual trustee/director of the corporate trustee?	No	Yes (if yes, list relevant member(s) and the name(s) of the attorney(s))
--	----	--

## SECTION F: NEW FUND NAME

New fund name	
---------------	--

## SECTION G: PLEASE ATTACH THE FOLLOWING (Tick ☒ whichever is applicable, and attach)

The SMSF's current trust deed/rules	<b>OR</b>	I/we confirm the SMSF's current trust deed has been misplaced, possibly inadvertently destroyed
Change of trustee documents (if the trustee has changed since the execution of the current deed/rules)		
Enduring power of attorney documents (if a member's attorney will be signing the amendment documentation on behalf of the member and/or the member's attorney is acting in the member's place as trustee/director of the corporate trustee)		

## ACKNOWLEDGEMENT & AUTHORITY

The trustee(s) or director(s) of the corporate trustee hereby:

- acknowledge they have read, understood, and agreed to the terms detailed in WE SMSF's [Privacy Policy](#),
- declare the information provided on this form is true and correct and agree to pay for the services requested on this form and, in the event that any information on this form is incorrect and WE SMSF are requested to amend the documentation, agree to pay any amendment fees charged,
- acknowledge and understand to complete the documentation WE SMSF will prepare on the basis that, unless told otherwise:
  - a full copy of the deed establishing the SMSF exists, and this establishment deed has been dated and executed correctly, unless told otherwise (note that without such evidence, a Court may rule that the SMSF does not exist which may have tax and estate planning ramifications),
  - all prior deeds/deed amendments or amendments to the rules of the SMSF, any change of trustee and any Enduring Power of Attorney/Power of Attorney have been done correctly, and I/we understand WE SMSF will not be reviewing whether such documents have been done correctly,
  - there are no defined benefit pensions being paid from the fund, and
  - all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct & authorise WE SMSF to provide any relevant information to third parties (eg lawyers) in order to prepare the documentation,
- instruct WE SMSF to provide any requested services to the trustee(s) or director(s) of the corporate trustee using the information provided on this form, and acknowledge and understand that neither the contents of this form, nor the documentation prepared or other services provided constitute 'Financial Product Advice' as defined in the Corporations Act 2001 and should not be regarded as such, and
- acknowledge and understand unless a Statement of Advice from Wealth Effect Group recommending the course of action contemplated by these documents has been obtained, WE SMSF has not reviewed the personal circumstances of any individual to determine whether or not the requested services are appropriate.

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

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

\_\_\_\_\_  
Date

## PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 182-182 Account: 000000000 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit card	<a href="#">Document services payments</a> <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct debit authority in place	