

Changes to constitution Service Form

WE. SMSF

Complete this form and return to documentservices@wesmsf.com.au or mail to PO Box 00 ROBINA QLD 4226

Our documentation service includes:

- Completion of the documentation necessary for the constitution changes.

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

SMSF name			
ABN			

SECTION C: COMPANY DETAILS

Company name			ACN	
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SECTION D: PLEASE ATTACH THE FOLLOWING (Tick ☒ whichever is applicable, and attach)

A current company extract, <i>or</i>	
A copy of the most recent ASIC annual review statement for the company, and	
A copy of the current company constitution, <i>or</i>	Current constitution is lost

SECTION E: REQUESTED SERVICE (Tick ☒ whichever is applicable)

Replacement of lost constitution
Constitution update
Change to company purpose:
Change to Special purpose trustee company (can only be used as an SMSF trustee)
Change to Private Pty Ltd company (can be used as corporate custodian for LRBAs)

ACKNOWLEDGEMENT & AUTHORITY

The director(s) of the company 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 Heffron 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 all individuals are 18 or older and they have their capacity to sign, unless told otherwise,
- instruct WE SMSF to provide the services requested on this form to the director(s) of the company using the information provided on this form,
- authorise WE SMSF to provide any relevant information to 3rd parties in relation to the preparation of the documentation,
- 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 director(s) of
the company

Print name

Date

PAYMENT INFORMATION

Amount:	\$
EFT transfer	BSB: 180-182 Account: 000000 <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Credit card	Document services payments <i>Please attach transaction receipt of payment to service form as confirmation of payment</i>
Direct debit authority in place	