

**CHANGE OF FUND NAME
CHANGE OF TRUSTEE
CHANGE TO FUND ASSOCIATES
TRUST DEED AMENDMENT SERVICE FORM**

WE. SMSF

Complete and return this form to WE SMSF at: documentservices@wesmsf.com.au OR PO Box 200 Robina QLD 4226

PLEASE COMPLETE THE FOLLOWING SECTIONS FOR ALL SERVICES: A, B, C, H, J, K

**ADDITIONALLY, PLEASE SELECT AND COMPLETE THE RELEVANT SECTIONS FOR THE
SPECIFIC SERVICE YOU REQUIRE:**

CHANGE OF FUND NAME: D

CHANGE OF TRUSTEE: E, F, G (if applicable)

CHANGES TO FUND ASSOCIATES – ADD MEMBER/DIRECTOR: E

CHANGES TO FUND ASSOCIATES – REMOVE MEMBER/DIRECTOR: G

TRUST DEED AMENDMENT – NO ADDITIONAL SECTION NEEDED

SECTION A: ACCOUNTANT/ADVISER DETAILS (Please start at Section B if not applicable)

Contact Person		Company		
Postal Address				
Suburb		State		Postcode
Phone		Email		
Mobile Phone		Cc Email		
Please select how you would like to receive the documents		Email	OR	Post
Please select who should receive the documents		Accountant/Adviser	OR	Trustee 1

SECTION B: FUND DETAILS

Fund Name		ABN	
Please attach the following:			
The Fund's current Trust Deed (and where applicable, previous Trust Deed(s))			
Any previous change of trustee documents			
A copy of the latest ASIC company statement (for corporate trustee). A fee may apply if not provided			

SECTION C: CURRENT ASSOCIATE DETAILS

If Corporate Trustee	Name				ACN	
Registered Office Address						
Suburb		State		Postcode		
INDIVIDUAL 1	Director	Trustee	Member			
Full Legal Name				Title		
Residential Address						
Suburb		State		Postcode		
Postal Address	As above					
Suburb		State		Postcode		
Email						
Phone		Mobile				

INDIVIDUAL 2	Director	Trustee	Member
Full Legal Name			Title
Residential Address			
Suburb		State	Postcode

NOTE: If there are more than two individuals, please copy this page

SECTION D: CHANGE OF FUND NAME

New Fund Name

SECTION E: NEW ASSOCIATE DETAILS

Individual Trustees			
Existing Corporate Trustee			
Name	ACN		
New Corporate Trustee (WE SMSF to establish a sole purpose SMSF company)			
Preferred Name			
Alternate Name			
Registered Office Address			
Suburb	State	Postcode	
Would you like WE SMSF to be the ASIC agent and Registered office?		Yes	No
Occupier (if not the company)			
Principal Place of Business Address			
Suburb	State	Postcode	

ASIC requires full physical address details and will not accept a PO Box, property name or Mail Service number. If rural property, please provide the name of the access road to the property

Consents of Officers & Shareholders	The officer(s) and shareholder(s) listed below consent to act in the capacities for which they are listed				
	Yes	No			
Shareholdings	If special purpose company, only ordinary shares are allowed under the constitution				
Each director will be issued with 1 x \$1 ordinary share unless otherwise specified					
INDIVIDUAL 1					
Capacity	Director	Secretary	Public Officer	Trustee	Member
Shareholdings	Share class		Number of Shares		
Full Legal Name				Title	
Date of Birth (dd/mm/yyyy)		Place of Birth			
Residential Address					
Suburb		State		Postcode	
INDIVIDUAL 2					
Capacity	Director	Secretary	Public Officer	Trustee	Member
Shareholdings	Share class		Number of Shares		
Full Legal Name				Title	
Date of Birth (dd/mm/yyyy)		Place of Birth			
Residential Address					
Suburb		State		Postcode	

NOTE: If there are more than two individuals, please copy this page

SECTION F: FUND ASSETS

Where does the Fund hold assets? (Select all that apply)							
NSW	QLD	VIC	WA	SA	TAS	NT	ACT
What types of assets?							
Real Estate	Shares	Cash	Other:				

SECTION G: EXITING INDIVIDUAL DETAILS

Full Legal Name				Exiting Date	
Capacity	Director	Secretary	Shareholder	Trustee	Member
Shareholdings	Share class		Number of Shares		
Transferee Details					
Full Legal Name				Title	
Residential Address					
Suburb		State		Postcode	

NOTE: If there is more than one individual, please copy this page

SECTION H: ADDITIONAL PARTIES TO THE CURRENT TRUST DEED THAT ARE STILL ACTIVE

What is the role of the entity	Principal Employer	Employer	Founder	EPoA	Alternate Director	
What is the name of the entity	Company Name		ACN			
	Individual Name(s)					

SECTION I: PRIVACY STATEMENT

WE SMSF Solutions is committed to protecting the privacy and rights of its customers. Our [Privacy Policy](#) contains important information about how we collect, hold, use and disclose personal information. If you have questions or wish to make a complaint, please contact our Privacy Officer at WE SMSF Solutions, PO Box 00, ROBINA QLD 4226, or via email at privacy.officer@wesmsf.com.au.

SECTION J: ACKNOWLEDGEMENT

I confirm that the information on this form is correct and I have the authority to request and pay for the services requested on behalf of the superannuation fund.

I acknowledge and understand that 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 my / our circumstances to determine whether or not such action is appropriate and have simply executed and provided the requested services in accordance with my / our instructions or instructions from my / our adviser(s).

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

Print name

Date

NB: PAYMENT DETAILS REQUIRED ON NEXT PAGE

SECTION K: PAYMENT DETAILS REQUIRED

Amount: \$		Credit Card	
Cardholder's Name:		Card Number:	
Exp Date:		CCV:	
EFT Transfer	BSB: 082 691 Account: 561309446	Direct Debit Authority in place	
<i>Please attach transaction receipt of payment to service form as confirmation of payment</i>			