

## Self managed superfund Change trustee(s)/ add member or no longer member

Change trustee(s) (new trustee or existing trustee resigning) and add new member or existing member no longer member

### Part 1 Your details

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Telephone (after hours)	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
Postal address (if different)	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>		<input type="text"/>

### Part 2 Self managed superfund (SMSF details)

Name of SMSF

Registered address

ABN of the fund

The trust deed of the fund gives the current trustee the power to change trustees and/or admit/remove members

### Part 3 Existing trustees

Trustee 1 name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>
Trustee 2 name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>
Trustee 3 name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>
Trustee 4 name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>

### Part 3A Trustee status

	Continue as a trustee	Resign as a trustee	If a member, continuing as member	Admit as a member	No longer a member
Trustee 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Part 4 New trustee**

New trustee name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>
New trustee name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>
New trustee name	<input type="text"/>	Date of birth	<input type="text"/>
	<input type="checkbox"/> Is this person also a member?	Tax file number	<input type="text"/>

**Part 4A Consenting to act as trustee (only required if completed Part 4 above)**

I consent to act as a trustee of the self managed superfund named in Part 2 of this form.

I declare that:

- I have not been convicted at any time of an offence involving dishonesty; and
- I have not been subject of any civil penalty under the Superannuation Industry (Supervision) Act; and
- I am not insolvent under administration.

New trustee signature	New trustee signature	New trustee signature	New trustee signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 5 Signature of existing trustees**

I/We instruct Superannuation Accounting Services to prepare the necessary documentation and forms to effect the change of trustee(s) / admit new member or existing member no longer member.

Existing trustee signature	Existing trustee signature	Existing trustee signature	Existing trustee signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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### Payment options

Direct deposit

Deposit into:

BSB: 032 718 Account: 294534  
(use Trustee 1's last name as reference)

Cheque payment

Please enclose a cheque make payable to 'Superannuation Accounting Services'

Credit card

Visa  Mastercard  Bankcard

Card number:

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Please charge  Expiry

Signature

### Checklist

- Check the form is correctly completed and accurate.
- Ensure the trust deed of the fund gives the current trustee the power to change trustees and/or admit/remove members.
- In order to verify your identity and signature, please attach a copy of your Driver's Licence, Passport or other form of photo identification for new trustee(s).

**)] If you need help, call us on 1300 735 254.**

### Returning the form

Fax completed form to:

(02) 9221 0564

Post completed form to:

Superannuation Accounting Services  
GPO Box 4534  
Sydney NSW 2001

Hand deliver form to:

Level 5  
34 Hunter Street  
Sydney NSW 2000

### Terms and conditions

1. You confirm that you have made your own enquiries regarding the structure of your self managed superfund and have sought financial advice where necessary.
2. Once Superannuation Accounting Services ('we', 'us', 'our') receive this form, we will proceed to prepare the relevant documentation based on the information supplied on this form. Once we receive this form, the fees are charged and not refundable.
3. You authorise us to collect, use and disclose your personal information for the purpose it was intended.
4. We reserve the right not to provide you with services. In this case, you will not be charged any fee.
5. You agree to pay Superannuation Accounting Services for the services provided to you within the specified period for setting up the self managed superfund in accordance with the information supplied on this form.
6. You understand that our fee is not refundable.