

Request the services of Superannuation Accounting Services to upgrade my SMSF's trust deed

UPGRADE MY SMSF'S TRUST DEED.

ABOUT YOUR SELF MANAGED SUPERFUND

Please complete the below.

existing client

new client

Fund details

Fund name	<input type="text"/>	
Address	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Send all correspondence to this address.
		<input type="checkbox"/> Send all correspondence to main contact person (below).
Fund ABN	<input type="text"/>	

Main contact details

I am a trustee financial adviser other

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

Trustee details (complete either section A or section B only)

Section A - Individuals as trustees

Trustee 1	<input type="text"/>	Date of birth	<input type="text"/>
Trustee 2	<input type="text"/>	Date of birth	<input type="text"/>
Trustee 3	<input type="text"/>	Date of birth	<input type="text"/>
Trustee 4	<input type="text"/>	Date of birth	<input type="text"/>

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Trustee details (complete either section A or section B only)

Section B - Corporate trustee

Company name	<input type="text"/>		
ACN/ABN	<input type="text"/>	<input type="checkbox"/>	This company is a sole purpose company that only acts as trustee of the Fund
Director 1	<input type="text"/>	Date of birth	<input type="text"/>
Director 2	<input type="text"/>	Date of birth	<input type="text"/>
Director 3	<input type="text"/>	Date of birth	<input type="text"/>
Director 4	<input type="text"/>	Date of birth	<input type="text"/>

Members

Member 1	<input type="text"/>	Date of birth	<input type="text"/>
Member 2	<input type="text"/>	Date of birth	<input type="text"/>
Member 3	<input type="text"/>	Date of birth	<input type="text"/>
Member 4	<input type="text"/>	Date of birth	<input type="text"/>

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TRUSTEE AGREEMENT

The Trustee acknowledges that the Trustees are liable to pay the fees to Superannuation Accounting Services for the service provided and are authorised to act on behalf of the Fund.

Date

Signature of trustee/ director

Signature of trustee/ director

Signature of trustee/ director

Signature of trustee/ director

PAYMENT (NON-REFUNDABLE)

Enclosed a cheque made payable to Superannuation Accounting Services

Credit card payment by: Visa Mastercard Bankcard Expiry

Card number

Please charge \$

Signature

RETURNING THE FORM

Fax completed form to:

(02) 9221 0564

Post completed form to:

Superannuation Accounting Services
GPO Box 4534
Sydney NSW 2001

Deliver in person:

Level 5
34 Hunter Street
Sydney NSW 2000

Remember to attach a copy of current SMSF trust deed when returning the form.