

Campaign Code (if applicable)

THE SERVICE

About the service

Any changes to your fund (e.g. new fund name, adding or removing trustees, replacing individual trustees with a corporate trustee, etc.) must be properly documented to meet legislative, regulatory and audit requirements. The restructure service provides you with:

- Appropriate minutes, letters and consents
- ATO notifications as required

For more information

If you have any questions about the service or completing this form

Visit our website superconcepts.com.au

Call us on 1300 023 170

Email us at trusteeservices@superconcepts.com.au

APPLYING FOR THE SERVICE

Complete this form

↩ Please write clearly and use black pen to complete the form.

↩ Please mark boxes like this with a ✓ or ✗.

↩ Where you see a box like this skip to the section shown.

↩ Please ensure that you complete all required sections, provide all supporting documents and have signed and dated this form.

Return this form

By mail: SuperConcepts
GPO Box 9981, Adelaide SA 5001

By email: trusteeservices@superconcepts.com.au

1. FUND DETAILS

Fund name

Establishment date

ABN - - -

Was the existing Trust Deed established or amended by SuperConcepts?

Yes Please state the SuperConcepts Fund ID:

No

2. RESTRUCTURE DETAILS

Please indicate the reasons for the Trust Deed restructure and complete the relevant sections.

Fund Details

Change fund name: Go to section 3

Trustee Changes

Appoint Corporate Trustee: Go to section 4

Resign Corporate Trustee: Go to section 5.1

Appoint New Trustee/s or Director/s: Go to section 4.3

Resign Existing Trustee/s or Director/s: Go to section 5.2

Member Changes

Admit New Member/s: Go to section 4.3

Resign Member/s: Go to section 5.2

Note: Each box ticked is a change in structure and a fee of \$249 will apply. For confirmation of price for your Restructure, please contact Trustee Services.

3. CHANGE FUND NAME

Any name can be used but it is best to keep it simple and concise. Please be very precise in relation to spelling and use of capital letters, abbreviations and spaces. Full stops should be avoided. It is not necessary to include "The" as the first word of your fund name.

The ATO recommend including words or letters to denote the Fund as a Super Fund - for example; SMSF, Super Fund or Superannuation Fund.

Current Fund name

New Fund name

Go to section 6

4. TRUSTEE CHANGES - APPOINTING

Appoint Existing Corporate Trustee and resign Individual Trustees - Go to section 4.1

Establish and appoint New Corporate Trustee and resign Individual Trustees - Go to section 4.2

Appoint Individual Trustees and resign Corporate Trustee - Go to section 4.3

4.1. APPOINT AN EXISTING COMPANY AS TRUSTEE

Please complete if you are appointing an existing Company to act as Trustee of your SMSF.

Full company name

ACN

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Please attach a copy of the current ASIC company statement to confirm Directors and registered office details.

Go to section 4.3 to complete Director / Member details

4.2. ESTABLISH & APPOINT A NEW SOLE PURPOSE SMSF TRUSTEE COMPANY DETAILS (ADDITIONAL FEES APPLY)

Please do not use this service if you wish to order a Company for purposes other than being a trustee of a SMSF.

- It is your responsibility to ensure that your company name does not conflict with any existing company name, business name, trade mark or domain name. Please refer to the ASIC Check Name Availability Search and to IP Australia's Trade Mark On-line Search System for assistance.
- If the preferred company name is identical to that of an Australian registered business and the owner(s) of that business is one of the Directors below, the business number and registered state must be supplied in order to complete incorporation.
- The Company will be registered with ASIC as a Sole Purpose SMSF Trustee Company.
- All Directors will be issued with ten (10) Ordinary Shares as standard unless otherwise advised.
- A Company Seal will not be issued (not required under the Corporations Act 2001).
- Each person must provide their written consent to act as a Director and Shareholder prior to appointment (provided for on this Order Form).
- All directors of a SMSF corporate trustee (special purpose company), are required to obtain a Director Identification Number (director ID) before being appointed as Director. Please ensure each individual has obtained their director ID through myGovID and provided this where requested before submitting your application.

Preferred company name	<input type="text"/>	Pty Ltd
Alternate preferred name	<input type="text"/>	Pty Ltd
Registered business number	<input type="text"/>	State of registration <input type="text"/>
Registered office address	<input type="text"/>	
Name of occupier	<input type="text"/>	
Principal business address	<input type="text"/>	

By signing, each Trustee nominated in Section 4.3, consents to act as Director of the Sole Purpose SMSF Trustee Company.

Go to section 4.3 to complete Director / Member details

4.3. APPOINTING - NEW INDIVIDUAL TRUSTEE/S, DIRECTOR/S AND FUND MEMBER/S

Effective date of appointment	<input type="text"/>
TRUSTEE 1 / DIRECTOR 1	
Capacity	<input type="checkbox"/> Individual Trustee or <input type="checkbox"/> Director of Trustee Company
	<input type="checkbox"/> Legal personal representative or <input type="checkbox"/> Enduring Power of Attorney
Fund member	<input type="checkbox"/> Yes <input type="checkbox"/> No Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="text"/>
Residential address	<input type="text"/>
Tax File Number	<input type="text"/> - <input type="text"/> - <input type="text"/> Note: Please refer to page 7 for our Tax File Number Collection Notice.
Director ID	<input type="text"/> Date of birth <input type="text"/>
Place of birth	City <input type="text"/> State <input type="text"/> Country <input type="text"/>
Type and quantity of Shares to be issued if standard allocation listed in section 4.2 is not suitable	<input type="text"/>
Signature	<input type="text"/> Note: Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.2.

4.3. APPOINTING - NEW INDIVIDUAL TRUSTEE/S, DIRECTOR/S AND FUND MEMBER/S (CONTINUED)

TRUSTEE 2 / DIRECTOR 2

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No Gender Male Female

Name

Residential address

Tax File Number -- **Note:** Please refer to page 7 for our Tax File Number Collection Notice.

Director ID Date of birth

Place of birth City State Country

Type and quantity of Shares to be issued if standard allocation listed in section 4.2 is not suitable

Signature **Note:** Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.2.

TRUSTEE 3 / DIRECTOR 3

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No Gender Male Female

Name

Residential address

Tax File Number -- **Note:** Please refer to page 3 for our Tax File Number Collection Notice.

Director ID Date of birth

Place of birth City State Country

Type and quantity of Shares to be issued if standard allocation listed in section 4.2 is not suitable

Signature **Note:** Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.2.

TRUSTEE 4 / DIRECTOR 4

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No Gender Male Female

Name

Residential address

Tax File Number -- **Note:** Please refer to page 7 for our Tax File Number Collection Notice.

Director ID Date of birth

Place of birth City State Country

Type and quantity of Shares to be issued if standard allocation listed in section 4.2 is not suitable

Signature **Note:** Place of birth is only required if a New Sole Purpose SMSF Trustee Company is being established in section 4.2.

Go to section 6

5. TRUSTEE CHANGES - RESIGNING

Effective date of resignation

5.1. RESIGN CORPORATE TRUSTEE

Full company name

ACN --

5.2. RESIGN - INDIVIDUAL TRUSTEE/S, DIRECTOR/S AND FUND MEMBER/S

TRUSTEE 1 / DIRECTOR 1

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No

Name

Gender Male Female

Residential address

If deceased, Date of Death

TRUSTEE 2 / DIRECTOR 2

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No

Name

Gender Male Female

Residential address

If deceased, Date of Death

TRUSTEE 3 / DIRECTOR 3

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No

Name

Gender Male Female

Residential address

If deceased, Date of Death

TRUSTEE 4 / DIRECTOR 4

Capacity Individual Trustee or Director of Trustee Company
 Legal personal representative or Enduring Power of Attorney

Fund member Yes No

Name

Gender Male Female

Residential address

If deceased, Date of Death

13. DECLARATION

By signing below, I, on behalf of the trustees of the Fund:

- declare that I am authorised to make declarations on behalf of the persons named in this application form;
- declare that the information completed on this Application Form is complete and to the best of my knowledge, accurate and correct. To the extent that any information is subsequently identified as incorrect or found to be omitted from this Application Form, I authorise SuperConcepts to correct any errors and complete any omissions on this Application Form, following my confirmation (either orally or in writing);
- acknowledge that I have read and understood the Terms and Conditions for the Service and the Service Material, as updated from time to time, and agree to be bound by them;
- have read and understood the Fee Schedule applicable for the Services, found at www.superconcepts.com.au as updated from time to time and agree to be bound by them;
- authorise the collection, use and disclosure of my personal information for the purpose of the assessment of the application and if accepted, the management and administration of services in which I have applied. I understand that unless I consent to the collection, use and disclosure of this information, SuperConcepts will not be able to process my application or deliver the relevant Service(s);
- understand that SuperConcepts may routinely disclose my personal information to third parties such as: organisations undertaking compliance functions of SuperConcepts' information; organisations maintaining SuperConcepts' information technology system; authorised financial institutions; organisations providing mailing and printing services and my nominated representative (if applicable); and,
- accept that SuperConcepts or any of its related bodies corporate may send me information about its services from time to time. I understand that I may notify SuperConcepts of my decision not to receive further information by contacting SuperConcepts directly.

Signature

Print Name

Date

Mailing address
GPO Box 9981
Adelaide SA 5001

Phone 1300 023 170
Email trusteeservices@superconcepts.com.au
Website superconcepts.com.au



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