

SMSF deed service



Service required

Please tick

Documents that will be provided

- | | |
|--|---|
| <input type="checkbox"/> 1) New deed | Minutes, notices, death nomination forms and 3 copies of deed |
| <input type="checkbox"/> 1 A) QROPS Fund | |
| <input type="checkbox"/> 2) Investment strategy | Investment strategy |
| <input type="checkbox"/> 3) Update existing deed | Minutes and 3 copies of deed |
| <input type="checkbox"/> 4) Change fund trustees | Minutes and 3 copies of deed |
| <input type="checkbox"/> 5) Change fund name | Minutes and 3 copies of deed |
| <input type="checkbox"/> 6) Replace lost deed | Minutes and 3 copies of deed |

Please email this form and scanned copies of existing deeds (as required below) to enquiries@thesmsfmanagers.com.au

The SMSF trustee member rules are as follows:

- A) 1 member: the member and another are the only trustees or trustee directors, or the member is the only trustee director
- B) 2 – 4 members: the members are the only trustees or trustee directors

Fund (complete for all services)

Fund name

Meeting address

Corporate trustee, if applicable (complete for all services)

Name

ACN

Registered address

Members / Individual trustees / Directors (complete for all services)

Name 1

Name:

Date of Birth:

Place of Birth (city/Country):

Address:

Contact Number:

Tax file Number (TFN):

Member Trustee Director Public Officer and Secretary

Appointed Continuing Retired Deceased

Name 2

Name:

Date of Birth:

Place of Birth (city/Country):

Address:

Contact Number:

Tax file Number (TFN):

Member Trustee Director Public Officer and Secretary

Appointed Continuing Retired Deceased

Name 3

Name:

Date of Birth:

Place of Birth (city/Country):

Address:

Contact Number:

Tax file Number (TFN):

Member

Trustee

Director

Public Officer and Secretary

Appointed

Continuing

Retired

Deceased

Name 4

Name:

Date of Birth:

Place of Birth (city/Country):

Address:

Contact Number:

Tax file Number (TFN):

Member

Trustee

Director

Public Officer and Secretary

Appointed

Continuing

Retired

Deceased

Name 5

Name:

Date of Birth:

Place of Birth (city/Country):

Address:

Contact Number:

Tax file Number (TFN):

Member

Trustee

Director

Public Officer and Secretary

Appointed

Continuing

Retired

Deceased

Name 6

Name:

Date of Birth:

Place of Birth (city/Country):

Address:

Contact Number:

Tax file Number (TFN):

Member

Trustee

Director

Public Officer and Secretary

Appointed

Continuing

Retired

Deceased

Existing trust deeds (complete for services 3, 4, 5, 6)

Original deed date

Deed attached Yes No

Amending deed date

Deed attached Yes No

Principal employer, if applicable (complete for service 3)

Employer name

ACN

Address

Retire the employer as a party to the deed

Yes No

Employer still in existence and able to sign

Yes No